

CHAPTER TRUSTEE REPORT

2007 - 2008

THIS REPORT SHOULD BE COMPLETED BY THE CHAPTER TRUSTEES. PLEASE PROVIDE BRIEF AND TO-THE-POINT INFORMATION TO HELP THE NATIONAL INSPECTOR PREPARE A MEANINGFUL REPORT TO THE NATIONAL CONVENTION.

1. CHAPTER NAME: _____ NUMBER: _____
2. INTERNAL REVENUE SERVICE EMPLOYER ID NUMBER (EIN): _____
3. CITY/STATE: _____
4. A) NAME OF BANK(S): _____
B) ACCOUNT NUMBER(S): _____
5. DATE OF LAST AUDIT: _____ BY WHOM?: _____
6. CASH ASSETS: _____ AS OF: _____
7. ARE CHECKS COUNTERSIGNED? YES NO BY WHOM?: _____
8. IS YOUR CHAPTER INCORPORATED? YES NO
9. DO YOU HAVE YOUR OWN CONSTITUTION AND BYLAWS? YES NO
10. A) DO YOU ASSESS YOUR MEMBERS AN AMOUNT IN ADDITION TO ANNUAL DUES? YES NO
B) IF 10 (A) IS YES, HOW MUCH? \$ _____
11. DO YOU FILE AN ANNUAL FORM 990 WITH THE INTERNAL REVENUE SERVICE? YES NO
12. A) DO YOU CONDUCT ANY FUNDRAISING* EVENTS OTHER THAN VIOLA DRIVES? YES NO
B) IF 12 (A) IS "YES," IS A PROFESSIONAL FUNDRAISER USED? YES NO
C) IF 12 (A) IS "YES," PLEASE PROVIDE DETAILS: _____

(CONTINUE ON REVERSE OR ADDITIONAL SHEETS IF NECESSARY)

13. WAS YOUR CHAPTER VISITED BY YOUR DEPARTMENT INSPECTOR? YES NO

PLEASE LIST ANY PROBLEMS YOU WANT TO BRING TO THE ATTENTION OF YOUR DEPARTMENT OR NATIONAL HQS:

TITLE PRINT/TYPE NAME SIGNATURE
TELEPHONE#: _____ EMAIL: _____

*IF SUBMITTING ELECTRONICALLY TO THE INSPECTOR BY EMAIL YOU ARE AGREEING TO THE CONDITIONS SET FORTH IN THIS DOCUMENT BY TYPING YOUR NAME ABOVE.

* LINE 12 ABOVE ALSO INCLUDES SELLING FUNDRAISING ITEMS LIKE JACKETS, HATS, PLAQUES, SIGNS, CLOCKS, & ETC.

CHAPTER TRUSTEES: COMPLETE FORM FOR CHAPTER AND MAKE REMARKS ON ADDITIONAL SHEETS OF PAPER CONCERNING ABOVE ITEMS WITH INSUFFICIENT SPACE OR ANY OTHER EXPLANATIONS.

CHAPTERS: SEND ORIGINAL FORM TO THE NATIONAL INSPECTOR NO LATER THAN JUNE 15TH.

SEND ONE (1) COPY TO YOUR DEPARTMENT INSPECTOR & RETAIN ONE (1) COPY FOR YOUR FILE.

NATIONAL INSPECTOR:

**NEIL VAN ESS
P. O. BOX 665
TOTOWA, NJ 07512**

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