

Attachment 9 – Request for Annual Review

MEMORANDUM FOR 42 FSS/FSR
_____ (Date)

FROM: _____ (Name of Private Organization)

SUBJECT: Request for Annual Review of Private Organization (PO)

1. In accordance with AFI 34-223, I request the annual review of _____
_____ (Name of Private Organization). Information to assist in your review is as follows:

- a. Number of members as of 31 Dec _____ (year) is: _____
- b. Cash assets (checking and savings accounts, CDs, and cash on hand) as of 31 Dec:
- c. Current liabilities (bills owed to someone) as of 31 Dec: _____
- d. Gross annual income (total income received before expenses) from 1 Jan to 31 Dec:
- e. Type of audit or financial review conducted (circle one): CPA, Accountant, or internal.
- f. Name of reviewer (or firm): _____
- g. Constitution and Bylaws (Attachment 1).
- h. Rules or charter (Attachment 2).
- i. Financial statement(s) as of 31 Dec (Attachment 3).
- j. Certified Public Accountant (CPA) audit (gross annual income over \$250,000) or accountant's financial review (gross annual income over \$100,000) (Attachment 4).
- k. Proof of insurance coverage/approved waiver of insurance requirement (Attachment 5). (Include applicable phrase and attached applicable attachment **only if changes.**) **If your waiver of insurance is more than 1 year old, you must resubmit.**
- l. List of Current Officers (Attachment 6).
- m. Meeting minutes (Attachment 7).
- n. Copy of document according Internal Revenue Service Tax Exemption Status (**if applicable or if changed from previous submission**). (Attachment 8)

2. We understand we must submit this request for approval, with attachments, **no later than the 2nd Friday in January of each year**. If at any time we decide to discontinue as an organization, we will immediately file a notice of dissolution, according to AFI 34-223

Attachment 9 – Request for Annual Review (cont.)

President Signature

Secretary Signature

8 Attachments (check the ones that apply):

- 1. Constitution and By-laws
- 2. Rules or Charter
- 3. Financial Statement
- 4. CPA Audit Report
- 5. Insurance Coverage or Waiver
- 6. List of Officers
- 7. Meeting Minutes
- 8. IRS Tax Exemption Document
- 9. Other:

Date

1st Ind, 42 FSS/FSR
Memorandum For _____

Approved / Disapproved

42 FSS/FSR
Resource Manager