

# Auxiliary Compliance Survey

Aux. No: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

This survey is meant to be a guide for evaluating the proper operation of an Auxiliary. There are many more facets of an Auxiliary's operation which can lead to its success or failure. The completion of this survey should give you an overall picture of the Auxiliary's operation and indicate areas where improvements are required.

Please check the following to determine if the Auxiliary is operating in Compliance with our fraternal laws.

## **Madam President (Section 10.1)**

### **(A) Committee Appointments (Section 20.2)**

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|-----|---------------------------------------------------------------------------------|------------------------------|-----------------------------|
| 1.  | Appointment of Auxiliary Auditor (21.1)                                         | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2.  | Conciliation Committee (20.5)                                                   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3.  | By-Laws Committee (7.1)                                                         | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
|     | Date By-Laws were last updated: _____                                           |                              |                             |
| 4.  | Visiting Committee (20.3)                                                       | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 5.  | Membership Committee (20.4)                                                     | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 6.  | Finance Committee (20.6)                                                        | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 7.  | Attendance Committee (20.9)                                                     | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 8.  | Publicity Committee (20.7)                                                      | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 9.  | Interviewing Committee (20.8)                                                   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 10. | Aerie Officers meeting with Ladies' Auxiliary at least quarterly (72.1)         | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 11. | Is there a harassment policy in effect and posted?                              | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 12. | Has the Affiliation Agreement been signed and sent to the Grand Aerie (10.1(f)) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
|     | If yes, the date it was sent: _____                                             |                              |                             |
| 13. | Is the Ritual being conducted in Accordance with the Rules & Regulations        | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 14. | Have All Officer positions been filled?                                         | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

### **(B) Bonding**

- |    |                                                                            |                              |                             |
|----|----------------------------------------------------------------------------|------------------------------|-----------------------------|
| 1. | Are all Officers & Employees that are handling money bonded/insured? (8.6) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. | Has notice of bonding/insurance been forwarded to the Grand Aerie? (8.6)   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

**Explain specifically, the nature of the violation by the Worthy President of a particular Statute, By-Law or House Rule for all "NO" answers:**

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## Madam Secretary (Section 13.1)

### (A) Records

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|-----|----------------------------------------------------------------------------------|------------------------------|-----------------------------|
| 1.  | Minute Book up to date (13.2)                                                    | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2.  | Using the MMS completely                                                         | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
|     | a. Officers List Completed                                                       | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
|     | b. Payment History                                                               | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
|     | c. Batch Entry                                                                   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
|     | d. Initiation/Dropped                                                            | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
|     | e. Delinquent Report                                                             | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
|     | f. Dues Reminder Invoice(s) Paid                                                 | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
|     | g. Using Official Dues Receipts prescribed by the Grand Aerie                    | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3.  | Receipts for money received credited to the proper funds (13.4)                  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
|     | Total Balance of the Following Funds: General Fund \$_____                       |                              |                             |
|     | Benefit Fund \$_____                                                             |                              |                             |
|     | Is the balance of your Benefit Fund sufficient to cover Per Capita Taxes         | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
|     | Other Funds (please list each) \$_____                                           |                              |                             |
| 4.  | Receipts provided for money turned over to the Treasurer (13.4)                  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 5.  | Secretary's Cash Book up to date and signed by Treasurer (13.4)                  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 6.  | IRS Form 990 completed and current (Due Annually October 15th)                   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
|     | If no, has an extension been filed?                                              | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 7.  | State Tax Forms completed and current - If yes, date filed: _____                | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 8.  | Was a copy of last year's IRS Form 990 included with the Auditor's Annual Report | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 9.  | Articles of Incorporation have been filed and current?                           | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 10. | Have Federal and State Tax ID Numbers been obtained?                             | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 13. | Is the Auxiliary Tax Exempt?                                                     | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
|     | If no, has a 1024 been filed?                                                    | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 15. | Is your fiscal year June 1-May 31?                                               | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

### (B) Reports

- |    |                                                                              |                              |                             |
|----|------------------------------------------------------------------------------|------------------------------|-----------------------------|
| 1. | Financial Reports made at every Auxiliary Meeting (13.7)                     | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. | Was a copy of last year's IRS Form 990 or equivalent sent to the Grand Aerie | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. | Copy of annual Auditor Reports sent to the Grand Aerie                       | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 4. | Copy of annual Treasurer Reports sent to the Grand Aerie                     | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

**Explain specifically, the nature of the violation by the Secretary of a particular Statute, By-Law or House Rule for all "NO" answers:**

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## **Madam Treasurer (Section 14.1)**

### **(A) Records**

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|----|----------------------------------------------------------------------|------------------------------|-----------------------------|
| 1. | Bank deposits being made by the Treasurer (14.1)                     | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. | Money deposited within 48 hours of receipts with deposit slips shown | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. | Proper receipts endorsed/exchanged by Secretary and Treasurer        | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

### **(B) Reports**

- |    |                                                                  |                              |                             |
|----|------------------------------------------------------------------|------------------------------|-----------------------------|
| 1. | Treasurer's Annual Report properly filed with Grand Aerie (14.7) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
|----|------------------------------------------------------------------|------------------------------|-----------------------------|

**Explain specifically, the nature of the violation by the Treasurer of a particular Statute, By-Law or House Rule for all "NO" answers:**

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## **Madam Trustees (Section 17.1)**

### **(A) Duties**

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|----|--------------------------------------------------------------------|------------------------------|-----------------------------|
| 1. | Chairman and Secretary elected (17.2)                              | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. | Approval of Expenditures by the Finance Committee (20.6)           | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. | Trustees maintaining proper records                                | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 4. | Trustees reporting to Auxiliary as required                        | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 5. | Is Auxiliary a co-owner on the Aerie insurance policy (17.5(a))    | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
|    | Date the Insurance Policy Expires: _____                           |                              |                             |
| 6. | Maintain current and up-to-date inventory on all personal property | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

### **(B) Records**

- |    |                                                        |                              |                             |
|----|--------------------------------------------------------|------------------------------|-----------------------------|
| 1. | Books Audited monthly by the Auxiliary Auditor? (17.6) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. | Minutes kept on each Board Meeting? (17.2(a))          | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

**Explain specifically, the nature of the violation by the Trustees of a particular Statute, By-Law or House Rule for all "NO" answers:**

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Auditor (Section 21.1)

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|----|---------------------------------------------------------------|------------------------------|-----------------------------|
| 1. | Copy of the Rules & Regulations made available to the Auditor | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. | Monthly Audit of Records completed and reports made           | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
|    | Secretary Records audited                                     | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
|    | Treasurer Records audited                                     | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
|    | Trustees Records audited                                      | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
|    | All Committees handling Auxiliary money                       | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

Explain specifically, the nature of the violation by the Auditor of a particular Statute, By-Law or House Rule for “NO” answers:

Compliance Checklist

- |    |                                                                        |                              |                             |
|----|------------------------------------------------------------------------|------------------------------|-----------------------------|
| 1. | Has the Affiliation Agreement been signed and sent to the Grand Aerie? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. | Last IRS 990 or equivalent has been filed?                             | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. | Copy of Insurance Policy on file with the Grand Aerie?                 | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 4. | Are the Grand Aerie Per Capita Taxes Current?                          | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
|    | If not, what is their current balance? \$_____                         |                              |                             |
|    | Are they currently on a payment plan with the Grand Aerie?             | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 5. | Are the State/Provincial Auxiliary Per Capita Taxes Current?           | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
|    | If not, what is their current balance? \$_____                         |                              |                             |
| 6. | Are all of the payroll and State Taxes paid? (IRS 940 & 941)           | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

Explain specifically, the nature of the violation of a particular Statute, By-Law or House Rule for “NO” answers:

YOUR RECOMMENDATIONS:

(If suspension is recommended, your report must be very specific in listing all violations to the Statutes, By-Laws, House Rules, etc. If these violations are too vague, the suspension or removal order cannot be issued.)

Add Additional Pages If Necessary

Completed By: \_\_\_\_\_ Date: \_\_\_\_\_