



CREDIT UNION SECTION

**SUPERVISORY COMMITTEE
INTERNAL AUDIT REPORT**

Year _____

CREDIT UNION NAME

Internal Audit Date: _____
(Month End) **mm/dd/yyyy**

Date Audit Completed: _____
mm/dd/yyyy

IMPORTANT NOTICE

This state agency is requesting disclosure of information that is necessary to accomplish the statutory purpose as outlined under Paragraph 305/34 of the Illinois Credit Union Act. Disclosure of this information is required. **Failure to submit the report within 120 days** after the end of the calendar or fiscal year under audit or fiscal period for which the agreed upon procedures are performed may result in a late filing fee for each day the report is overdue pursuant to the Department's Rules & Regulations 190.50 (effective July 16, 2013) unless an extension is requested and approved prior to the due date for good cause.