

**PTA ANNUAL AUDIT/FINANCIAL REVIEW FORM (Page 1 of 2)**

**Purpose:** To meet Florida PTA and IRS audit compliance requirement stated in the bylaws.

**Instructions:** The Executive Board shall select an audit committee of three members or hire a professional auditor/CPA annually according to the Local Unit Bylaws, Article VII, Section 5. The PTA/PTSA Treasurer shall organize and submit to the auditor(s) all financial records and forms listed below after the end of the fiscal period, June 30, each year. **The completed audit must be presented and adopted by the members at the first general membership meeting in the following year.** To remain in good standing, PTAs are required to email or mail a completed, signed and dated, copy of the Audit Report to Florida PTA. It must be postmarked, emailed or faxed on or before September 30 annually.

**Email to:** audit@FloridaPTA.org    **FAX:** 407-240-9577    **Mail to:** Florida PTA, 1747 Orlando Central Parkway, Orlando, FL 32809

*This audit must be completed before filing the IRS 990. Please provide a completed copy of this audit to the person preparing your Form 990.*

Date of Audit: \_\_\_\_\_ 8 Digit Local PTA Unit ID 

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FULL PTA/PTSA Name: \_\_\_\_\_ County: \_\_\_\_\_

Audit Contact Person: \_\_\_\_\_ PTA Position: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Auditor/Audit Committee: Please complete Sections A and B.    Audit Period Covered: July 1, 20 \_\_\_\_\_ to June 30, 20 \_\_\_\_\_**

**Section A**

**To the Audit Committee: Please check the boxes of the financial records provided to you from the Treasurer:**

- |  |  |
|--|--|
| <input type="checkbox"/> Copy of last annual audit report, (as of June 30 previous year)                       | <input type="checkbox"/> If any were conducted, copies of any interim audits that were conducted during the year                                 |
| <input type="checkbox"/> All Bank Statements (including PayPal, Square, etc.)                                  | <input type="checkbox"/> Treasurer’s reports from <b>ALL</b> PTA/PTSA meetings including final general membership Annual Meeting                 |
| <input type="checkbox"/> <b>Checkbook register with running balance</b> (handwritten, excel, QuickBooks, etc.) | <input type="checkbox"/> Copy of Final Approved budget and all amendments (approved by the members)  |
| <input type="checkbox"/> Checkbook   | <input type="checkbox"/> Minutes of <b>all</b> board, executive committee/association meetings (From Secretary’s Procedure Book)                 |
| <input type="checkbox"/> Cancelled checks  | <input type="checkbox"/> A current copy of “Annual Financial Review (PTA Audit)” from Florida PTA Kit of Materials, Section 3, Dollars and Sense |
| <input type="checkbox"/> Copies of ALL credit card statements (if applicable)                                  | <input type="checkbox"/> Bylaws - Current copy of approved local unit bylaws   |
| <input type="checkbox"/> All Deposit Receipts/Records  | <input type="checkbox"/> Filed copy of IRS Form 990, 990EZ or 990N ( <i>e-Postcard</i> ) confirmation Email from previous tax year.              |
| <input type="checkbox"/> All Cash Verification Forms and Receipts  |  |
| <input type="checkbox"/> All Check Request Forms with receipts/bills attached                                  |  |
| <input type="checkbox"/> Approved Authorization Forms for credit and debit card expenses                       |  |
| <input type="checkbox"/> Receipts of bills paid or itemized statements   |  |
| <input type="checkbox"/> Treasurer’s Ledger Book (Excel Spreadsheet, QuickBooks, etc.)                         |  |

**Section B**

1. Does amount shown on first bank statement (adjusted for outstanding checks and deposits) correspond to the starting balance recorded in checkbook register, ledger, treasurer’s report and ending balance of audit from previous annual audit?  Y  N
2. Were bank statements reconciled monthly by the treasurer and signed by another person not authorized to sign checks or related to a check signer?  Y  N
3. Did all checks written contain two signatures (President, Treasurer or other Elected Official / bank signatory)?  Y  N
4. Were all checks properly recorded in checkbook register, ledger and with treasurer reports?  Y  N
5. Were all bank charges and interest recorded in checkbook register, ledger and treasurer reports?  Y  N
6. Did the PTA purchase insurance?  Y  N
7. Were all check requests and reimbursement authorizations approved by the president or designee and contain receipts?  Y  N
8. Did the PTA make payments by credit card or debit card?  Y  N
9. Did the PTA use Cash Verification Forms or Cash Count Sheet?  Y  N
10. Were all funds received and counted by two persons and verified by the treasurer?  Y  N
11. Did funds received match deposits recorded in the checkbook register ledger and treasurer reports?  Y  N
12. Was income spent according to the approve/amended budget?  Y  N
13. Did the general membership meeting minutes include budget approval?  Y  N
14. Did the general membership meeting minutes include a motion and vote for approval of all budget amendments?  Y  N
15. \_\_\_\_\_ # of memberships sold \_\_\_\_\_ # of membership dues paid to the state - Do they match?  Y  N

**Please contact and return the completed audit to the new incoming treasurer. Incoming Treasurer cannot write checks until audit is completed.**

Outgoing Treasurer’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Daytime Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_  
 Incoming Treasurer’s Name: \_\_\_\_\_  
 Daytime Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**PTA ANNUAL AUDIT/FINANCIAL REVIEW FORM** (Page 2 of 2)

Date of Audit: \_\_\_\_\_ 8 Digit Local PTA Unit ID 

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PTA/PTSA Name: \_\_\_\_\_ County: \_\_\_\_\_

**Dates covered by this Audit/Fiscal Year:** July 1, 20\_\_\_\_ to June 30, 20\_\_\_\_

Check numbers covered by this audit: Beginning check # \_\_\_\_\_ Ending check # \_\_\_\_\_

1. **BALANCE ON HAND** (at time of last audit on June 30<sup>th</sup> of previous year).....\$ \_\_\_\_\_
2. **RECEIPTS/INCOME** received since last audit.....\$ \_\_\_\_\_
3. **TOTAL CASH** (add Line 1 and Line 2 together for Total Cash) .....\$ \_\_\_\_\_
4. **EXPENSES/DISBURSEMENTS** since last audit.....\$ \_\_\_\_\_
5. **BALANCE ON HAND** as of date of audit (subtract Line 4 from Line 3).....\$ \_\_\_\_\_ ★
6. **BANK STATEMENT BALANCE** as of June 30, 20\_\_\_\_ .....\$ \_\_\_\_\_
7. **OUTSTANDING CHECKS** (write total amount of outstanding checks).....\$ \_\_\_\_\_

Date of Check	Check #	Amount of Transaction

8. **Balance in Checking Account** (Subtract Line 7 from Line 6).....\$ \_\_\_\_\_ ★

**★ Reconciliation Note: Line 5 and Line 8 must be the same to balance the PTA books to bank.**

If receipts reported on line 2 is greater than or equal to \$50,000, and **your average gross receipts for the past (3) years are greater than \$50,000**, YOU MUST COMPLETE THIS SECTION below to calculate the Gross Income and Total Expenses to be used on your IRS Form 990EZ or 990 (long form).

9. Total Members Paid for this Fiscal Year \_\_\_\_\_ x \$3.50 = (payments made to FPTA) \$ \_\_\_\_\_
10. Subtract line 9 from line 2 to calculate **Gross Receipts used for IRS reporting on Form 990** \$ \_\_\_\_\_
11. Subtract line 9 from line 4 to calculate **Total Expenses used for IRS reporting on Form 990** \$ \_\_\_\_\_

***This audit must be completed before filing the IRS 990. Please provide a copy of this audit to the person preparing your Form 990.***

**PLEASE CHECK ONE:**

- \_\_\_\_\_ I (We) have audited the books and find them to be correct.  
 \_\_\_\_\_ I (We) have audited the books and found the following problems and or/make these suggestions.  
 \_\_\_\_\_ I (We) have audited the books and found significant problems that must be reported to the district PTA immediately for assistance.

**AUDIT COMMENTS REQUIRED:** If the audit committee finds missing funds, inadequate records, or if standard best practices and accounting procedures are not used, this information must be detailed on attached findings and recommendations.

I (We) have attached our findings/recommendations to this form.

\_\_\_\_\_  
**Auditor 1 /Reviewer Signature**  
 Professional Auditor or CPA

\_\_\_\_\_  
**Auditor 2 /Reviewer Signature**

\_\_\_\_\_  
**Auditor 3 /Reviewer Signature**

\_\_\_\_\_  
 Printed Name Auditor 1/Reviewer

\_\_\_\_\_  
 Printed Name Auditor 2/Reviewer

\_\_\_\_\_  
 Printed Name Auditor 3/Reviewer

\_\_\_\_\_  
 Current President's Signature

\_\_\_\_\_  
 Current Treasurer's Signature

\_\_\_\_\_  
 Date

**FLORIDA PTA COMPLIANCE:** (1) A copy of the signed and dated **Audit Report must be submitted to Florida PTA by September 30 annually.** (2) Once the appropriate 990 is filed with the IRS, on or before November 15, **you are required to forward an "accepted" copy of the 990N or a complete signed and dated copy of the 990EZ or 990 to Florida PTA. Include copies of all 990EZ and 990 Schedules.**