

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 upload a completed, signed and dated, copy of the Audit Report to Florida PTA as soon as it is completed or by the due date specified in bylanes Article IV Basic Policies, item i.

If you are unable to upload your audit via MemberHub, please send the audit ONE of the following ways to Florida PTA:

| Email to: audit@FloridaPTA.org FAX: 407-240-9577 Mail to: F This audit must be completed before filing the IRS 990. Please provide a co | Florida PTA, 1747 Orlando Central Parkway, Orlando Completed copy of this audit to the person preparing your Form | o, FL 32809 990. |
|---|--|---------------------|
| Date of Audit: 1/7/2021 8 Digit Local P | PTA Unit ID 1 2 2 8 7 2 | 4 6 |
| FULL PTA/PTSA Name: SB MONTESSORI PTA | County: Broward | |
| Audit Contact Person: Yasira Angulo | PTA Position: Treasurer | |
| Street Address: 1947 NW 169th Ave | City: Pernbroke Pines Zip: 33028 | 3 |
| Cell Phone: 786-449-1706 Home Phone: | | 1 |
| Auditor/Audit Committee: Please complete Sections A and B. Auditor/Audit Committee: Please complete Sections A and B. | dit Period Covered: July 1, 2019to June 30, | 20 20 |
| Section A | | |
| To the Audit Committee: Please check the boxes of the financial recu | ords provided to you from the Treasurer: | |
| Copy of last annual audit report, (as of June 30 previous year) | If any were conducted, copies of any interim audits the | at were |
| All Bank Statements (including PayPai, Square, Venmo, etc.) Checkbook register with running balance (handwritten, excel, QuickBooks, etc.) | conducted during the year Treasurer's reports from ALL PTA/PTSA meetings inclu | ding final |
| Checkbook | general membership Annual Meeting | |
| Cancelled checks | ☐ Copy of Final Approved budget and all amendments (v | |
| Copies of ALL credit card statements (if applicable) | and approved by the membership at a general meeting Minutes of all board, executive committee and associa | |
| ☐ All Deposit Receipts/Records ☐ All Cash Verification Forms and Receipts | meetings (From Secretary's Procedure Book) | |
| All Check Request Forms with receipts/bills attached | A current copy of "Annual Financial Review (PTA Audit | |
| ☐ Pre-Approval & Authorization Forms for credit, debit, and EFT expenses | Florida PTA Kit of Materials, Section 3, Dollars and Sen Bylaws - Current copy of your bylaws, stamped approv | se md hv FPTΔ |
| Receipts of bills paid or itemized statements | Filed copy of IRS Form 990, 990EZ or 990N "accepted" | confirmation |
| Treasurer's Ledger Book (Excel Spreadsheet, QuickBooks, etc.) | from previous tax year. | |
| Section B | | |
| Does amount shown on first bank statement (adjusted for outstanding balance recorded in checkbook register, ledger, treasurer's report and | g checks and deposits) correspond to the starting I ending balance of audit from previous annual audit? | Øf □N |
| Were bank statements reconciled monthly by the treasurer and signed related to a check signer? | d by another person not authorized to sign checks or | Y |
| 3. Old 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 w | vith treasurer reports? | |
| 5. Were all bank charges and interest recorded in checkbook register, lec | dger and treasurer reports? | |
| 6. Did the PTA purchase insurance? | | □v □w |
| 7. Were all check requests and reimbursement authorizations approved | by the president or designee and contain receipts? | Пл Пи |
| 8. Did the PTA get pre-approval for all payments made via electronic fund | ds transfer (EFT), credit card, and/or debit card? | □n □m |
| 9. Did the PTA use Cash Verification Forms or Cash Count Sheet? | | ∐v ∐n |
| 10. Were all funds received and counted by two persons and verified by the | | Th Th |
| 11. Did funds received match deposits recorded in the checkbook register | ledger and treasurer reports? | |
| 12. Was income spent according to the approved/amended budget? | | ΠΛ ΠΝ |
| 13. Did the general membership meeting minutes include budget approva | | ∐Y □N |
| 24. Did the general membership meeting minutes include a motion and vo | ate for approval of all budget amendments? | VY □N |
| 15. 10 # of memberships sold 10 # of membership of | dues paid to the state - Do they match? | |
| Please contact and return the completed audit to the incoming treasurer. | Incoming Treasurer cannot write checks until audit is o Date: 1/11/21 | ompleted. |
| Outgoing Treasurer's Signature: Davtime Phone Number: 786-449-1706 | Email: yangulo88@gmail.com | |
| Martin A and a | Cinqui Jangoro Sandinonii | |
| Incoming Treasurer's Name: Yasira Angulo 786-449-1706 | Email: yangulo88@gmail.com | |



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

| Date o | f Audit: 1/11/21 | 8 Digit Local PTA Un | it ID 1 2 2 8 7 | 2 4 6 |
|---|--|--|--|--|
| PTA/P1 | TSA Name: | | County: | |
| Dates | covered by this Audit/Fiscal | l Year: July 1, 20 19 to June 3 | 20, 20 20 | |
| | numbers covered by this au | - 4 5.04 | Ending check # N/A | _ |
| 1. | BALANCE ON HAND (at tir | ne of last audit on June 30th of previous yea | r)\$ 0 | |
| 2. | | ed since last audit | | |
| 3. TOTAL CASH (add Line 1 and Line 2 together for Total Cash) | | | <u> </u> | |
| 4. EXPENSES/DISBURSEMENTS since last audit | | \$ 0 | | |
| 5. | BALANCE ON HAND as of | date of audit (subtract Line 4 from Line 3) | <u> </u> | * |
| 6. | BANK STATEMENT BALAN | CE as of June 30, 20 20 | <u> </u> | |
| 7. | | rite total amount of outstanding checks) | | |
| | Dute of Check | Check # Amount of Tran | saction | |
| | | | | |
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| equ f receip | Reconciliation Note: Line 5 and the state of | int (Subtract Line 7 from Line 6) | ooks to bank. If Line 5 and Line & osits. oss receipts for the past (3) years | s are greater |
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FLORMA PTA COMPLIANCE: (1)A copy of the signed and dated Audit Report must be submitted to Florida PTA by September 30 annually (2) ALL ORIGINAL SIGNATURES ARE REQUIRED ON PAGE 2. (2) Once the appropriate 990 is filed with the IRS, on to 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.

Rev 2019.2020