



Friends of Jax Beach Elementary PTO

ANNUAL AUDIT / FINANCIAL REVIEW FORM (page 1 of 3)

(Rev. July 2018)

Purpose: To meet the compliance requirements stated in the bylaws.

Instructions: The Executive Board must select an audit committee of three members or hire a professional auditor / CPA annually according to the bylaws. The Treasurer will 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 approved by the members at the first meeting in the following year. The audit report must be completed, signed and dated, and a copy printed and kept with the Treasurer's books as well as provided to the President.

Email to: FOJBEPtopresident@gmail.com

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: 9/2/2020
 Audit Contact: Lanae Peters PTO Position: Volunteer
 Contact Address: 315 10th St S, Jax City: Jax Beach Zip: 32250
 Phone: 904-247-5942 Email: FOJBEPtopreasurer@gmail.com
 Auditor / Audit Committee: Please complete Sections A and B. Audit Period Covered: July 1, 20 19 to June 30, 20 20

Section A

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

- | | |
|---|---|
| <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Copy of last annual audit report as of June 30 previous year. <input checked="" type="checkbox"/> All Bank Statements including PayPal, Square, etc. <input checked="" type="checkbox"/> Treasurer's Ledger Book (handwritten, Excel, QuickBooks, etc.) <input checked="" type="checkbox"/> Checkbook <input checked="" type="checkbox"/> Checkbook register with running balance (handwritten, Excel, QuickBooks, etc.) <input type="checkbox"/> Cancelled Checks <u>NIA</u> <input type="checkbox"/> Copies of all credit card statements (if applicable) <u>NIA</u> <input checked="" type="checkbox"/> All Deposit Receipts / Records <input checked="" type="checkbox"/> All-Cash Verification Forms and Receipts <input checked="" type="checkbox"/> All Check Request Forms with receipts / bills attached <input type="checkbox"/> Approved Authorization Forms for credit and debit card expenses (if applicable) <u>NIA</u> | <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Receipts of bills paid or itemized statements <input checked="" type="checkbox"/> Treasurer's reports from all meetings <input type="checkbox"/> Copies of any interim audits conducted during the year (if applicable) <u>NIA</u> <input checked="" type="checkbox"/> Copy of Final Approved Budget and all amendments approved by the members <input checked="" type="checkbox"/> A current copy of the Annual Audit / Financial Review Form <input checked="" type="checkbox"/> Bylaws <input checked="" type="checkbox"/> Minutes from all membership meetings (from the secretary's book) <u>Website</u> <input checked="" type="checkbox"/> Copy of the IRS Form 990 from previous tax year <input checked="" type="checkbox"/> Proof of filing the IRS Form 990 from previous tax year |
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Section B

1. Does the amount shown on the first bank statement (adjusted for outstanding checks and deposits) correspond to the starting balance recorded in the checkbook register, ledger, treasurer's report and ending balance of audit from previous annual audit?	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> 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?	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N
3. Did all checks written contain two signatures (President, Treasurer or other Elected Official / bank signatory)?	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N
4. Were all checks properly recorded in the checkbook register, ledger, and with treasurer reports?	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N
5. Were all bank charges and interest recorded in the checkbook register, ledger, and with treasurer reports?	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N
6. Did the PTO purchase insurance?	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N
7. Were all check requests and reimbursement authorizations approved by the president or designee and contain receipts?	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N
8. Did the PTO make payments by credit card or debit card?	<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N
9. Did the PTO use Cash Verification Forms or Cash Count Sheets?	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N
10. Were all funds received and counted by two persons and verified by the treasurer?	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N
11. Did funds received match deposits recorded in the checkbook register, ledger, and treasurer reports?	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N
12. Was income spent according to the approved / amended budget?	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N
13. Did the general membership meeting minutes include the budget approval?	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N
14. Did the general membership meeting minutes include a motion and vote for approval of all budget amendments (if applicable)?	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N

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

Outgoing Treasurer's Signature: Nicole A. Schkutz Date: 9/2/2020

Phone: 904-370-4669 Email: FJBEPTOTreasurer@gmail.com

Incoming Treasurer's Name: Nicole Schkutz

Phone: 904-370-4669 Email: FJBEPTOTreasurer@gmail.com



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Dates covered by this Audit / Fiscal Year: July 1, 20 19 to June 30, 20 20

Check numbers covered by this audit: Beginning Check # 1367 to Ending Check # 1551

- | | |
|--|------------------------------|
| 1. BALANCE ON HAND (at time of last audit on June 30 th of previous year) | \$ <u>81940.82</u> |
| 2. RECEIPTS / INCOME (received since last audit) | \$ <u>117823.58</u> |
| 3. TOTAL CASH (add Line 1 and Line 2) | \$ <u>199764.40</u> |
| 4. EXPENSES / DISBURSEMENTS (since last audit) | \$ <u>147247.52</u> |
| 5. BALANCE ON HAND (subtract Line 4 from Line 3) | \$ <u>52616.88</u> |
| 6. BANK STATEMENT BALANCE (as of June 30, 20 <u> </u>) | \$ <u>15990.50</u> |
| 7. OUTSTANDING CHECKS (total amount, include list of checks with date, check #, amount)
<i>see attached</i> | \$ <u>-7268.12 + 43894.5</u> |
| 8. BALANCE IN CHECKING ACCOUNT (subtract Line 7 from Line 6) | \$ <u>52616.88</u> |
- ♦ Reconciliation Note: Line 5 and Line 8 must be the same to balance the books to the bank.

If receipts reported on line 2 is greater than or equal to \$50,000 and your average gross receipts for the past three (3) years are greater than \$50,000, YOU MUST use the Gross Income (Line 2) and Total Expenses (Line 4) on your IRS Form 990.

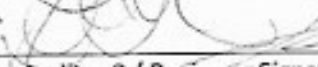
This audit must be completed before filing the IRS 990. Please provide a copy of this audit to the person preparing your Form 990.

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 president 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	Auditor 2 / Reviewer Signature	Auditor 3 / Reviewer Signature
<input type="checkbox"/> Professional Auditor or CPA		
<u>Lanae Peters</u>	<u>Melinda Waldron</u>	<u>LEAH JONES</u>
Printed Name Auditor 1 / Reviewer	Printed Name Auditor 2 / Reviewer	Printed Name Auditor 3 / Reviewer
		<u>9/2/2020</u>
Current President's Signature	Current Treasurer's Signature	Date

COMPLIANCE: (1) A copy of the signed and dated Audit Report must be submitted to the president by September 30 annually. (2) Once the appropriate 990 is filed with the IRS, on or before November 15, you are required to forward a complete signed and dated copy of the 990 with all schedules to the president.

Date	Check #	Amount
10/8/18	#1180	21.71
4/24/19	#1292	150.00
5/2/19	#1305	50.00
8/20/19	#1389	0.00
5/7/20	#1515	200.00
6/19/20	#1535	30.20
6/19/20	#1537	23.97
6/22/20	#1538	1155.60
6/22/20	#1539	50.00
6/22/20	#1540	69.71
6/25/20	#1541	70.00
6/25/20	#1542	35.50
6/25/20	#1544	687.96
6/25/20	#1545	1140.48
6/25/20	#1546	2500.00
6/25/20	#1547	661.67
7/5/20	#1548	50.00
7/5/20	#1549	185.84
7/20/20	#1550	135.95
7/20/20	#1551	49.53
		7268.12

Date	Deposit	Amount
7/6/20	Yearbook	30.00
7/6/20	FUND Run	43864.50
		43894.50