

Annual Audit List

Name of organization:	
Name of treasurer:	
Period audit covers:	

BUDGET	Was the approved budget noted in meeting minutes?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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BANKING	Were all transactions properly categorized according to budget?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>Random Sample</i>	Compare cash receipts and deposits to the bank statements, all accurate?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>Random Sample</i>	Check addition and subtraction on cash receipts and deposits, all accurate?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Confirm that all disbursements were properly approved, all approved?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Confirm that all disbursements have been properly documented with an invoice or receipt	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Confirm that all checks have been deposited or cashed by the payee indicated and that no information on the face of the check is altered	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Were there two signers on each check?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Are all checks sequentially numbered and accounted for?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Were all bank reconciliations completed by month?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>Random Sample</i>	Are the treasurer's monthly reports reviewed and on file?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	If exceptions are noted during the audit (errors, irregularities), consult with the treasurer and president to resolve the exception. Treasurer is responsible for making any corrections to the checkbook ledger	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	If exceptions are noted, prepare a separate exception report to submit with a review report and worksheet. The exception report should detail: <ul style="list-style-type: none"> • Exceptions noted • Steps taken to remedy the exceptions • Recommendations to prevent further occurrence of these exceptions (the treasurer and president are responsible for acting on the recommendations) 	<input type="checkbox"/> Yes	<input type="checkbox"/> No

	Balance on hand at the end of year: \$ _____		
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IRS	Was the 990/N/EZ filed for the previous fiscal year?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Gross income: \$ _____		
	\$50,000 or less 990N Postcard • \$50,001-\$200,000 990EZ • Over \$200,001 990		

MN Attorney General	Was the Annual Charitable Report filed for the previous year?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Who is responsible for filing: _____		

MN Secretary of State	Was the organization's status renewed with the Secretary of State? <i>*Must be postmarked by the 15th day of the seventh month after fiscal year-end.</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Who is responsible for filing: _____		

ADMINISTRATION	Do you have insurance in place?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Who will renew insurance and when? _____ _____		

Signature: _____ Date: _____