

## Audit List

**Name of Organization:**

**Name of Treasurer:**

**Period of Audit Covers  
(dates):**

**Administration**

Is insurance in place?

Yes

No

Who is buying insurance for next year?

Name: \_\_\_\_\_

**Budget**

Is there an approved motion in the minutes for the budget?

Yes

No

**Banking**

Were all transactions properly categorized according to budget?

Yes

No

Is there an invoice/bill/receipt for each expenditure (item paid out)?

Yes

No

Are all checks sequentially numbered and accounted for (including voided checks)?

Yes

No

Were all bank reconciliations completed (should have been done monthly)?

Yes

No

Were there 2 signatures on all checks (and neither signature was from a person to whom check was made out to)?

Yes

No

Are Treasurer's Reports on file (one per month)?

Balance on hand at year end \$ \_\_\_\_\_

**IRS**

**Was the 990/N/EZ filed for the previous financial year?**

Yes

No

Gross Income \$ \_\_\_\_\_

*Use Gross Income amount to compare to the 2014 - Rough guide of income filing levels listed below; figures are based on 3-year averages (be sure to verify your unique standing by reading IRS 990 Instructions):*

\$50,000 or less (*file the 990N online Postcard*)

\$50,001 - \$200,000; end-of-year assets under \$500,000  
(*file the 990EZ*)

Over \$200,001 (*file the 990*)

**Who's responsible for filing the 990/N/EZ this year?**

Name: \_\_\_\_\_

*(All IRS 990 forms are due 4-1/2 months after the close of your financial year)*

**MN Attorney General**

Was the Annual Charitable Report filed for the previous financial year?

**Who's responsible for filing the Annual Charitable Report this year?**

Name: \_\_\_\_\_

*(An organization's annual report must be postmarked by the 15th day of the seventh month after its fiscal year-end.)*

**MN Secretary of State  
("Business Annual  
Renewal")**

Was the organization's status renewed with the Secretary of State this year? Date renewed? \_\_\_\_\_

**Who's responsible for renewing the status this year?**

**(Due date: \_\_\_\_\_)**

Name: \_\_\_\_\_

**SEE BACK**

**Explain any responses checked "NO":** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Audit Date:**

\_\_\_\_\_

By

\_\_\_\_\_

By

\_\_\_\_\_

By

\_\_\_\_\_