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### AUDIT REPORT

Date August 27, 2020 Fiscal Year 07/01/2019-06/30/2020  
 Name of Unit Marshall Fundamental PTSA IRS EIN 95-6204203  
 Council Pasadena PTA Council District PTA First District  
 Bank Name Wells Fargo Account Name 0895041629  
 Bank Address 1830 E. Washington Blvd. City/Zip Pasadena 91104  
 Membership Dues Per Bylaws \$ 10  
 Total Members YTD 503 E-Members YTD 108

Dates covered by this audit 01/01/2020 to 06/30/2020

Check numbers reviewed in this audit 952 to 959

BALANCE ON HAND at date of last audit <u>12/31/2019</u> (date)	\$ <u>9,697.23</u>
RECEIPTS since last audit	\$ <u>1,211.64</u>
<b>TOTAL</b>	\$ <u>10,908.87</u>
DISBURSEMENTS since last audit	\$ <u>2,183.31</u>
BALANCE ON HAND as of <u>07/31/2020</u> (date)	\$ <u>8,725.56</u> *

**BANK RECONCILIATION**

BANK STATEMENT BALANCE as of <u>07/31/2020</u> (date)	\$ <u>7,278.95</u>
DEPOSITS not yet credited (add to balance)	\$ <u>0</u>
\$ _____ \$ _____ \$ _____	

**UNCLEARED CHECKS** (List check number and amount)

# _____ \$ _____	# _____ \$ _____	# _____ \$ _____
# _____ \$ _____	# _____ \$ _____	# _____ \$ _____

TOTAL uncleared checks (subtract from balance)	\$ _____
BALANCE in checking account as of <u>07/31/2020</u> (date)	\$ <u>8,725.56</u> *

\*These lines must balance

Read the following when the auditor's report is given: I have examined the financial records of the treasurer of Marshall Fundamental PTSA PTA/PTSA and find them:

- correct.
- substantially correct with the attached recommendations and findings.
- partially correct. More adequate accounting procedures need to be followed so that a more thorough audit report can be given.
- incorrect.

Attach separate report of explanation and recommendations to executive board.  
A separate audit form must be completed for each bank account.

Date Audit Completed August 27, 2020 Date Audit Reviewed by Committee \_\_\_\_\_

Date Executive Board Adopted September 01, 2020 Date Association Adopted September 16, 2020

Auditor's Signature  Auditor's Printed Name Cecile Aquino

Review Committee Signature(s) \_\_\_\_\_

(Copies to: unit president, secretary, and treasurer; council treasurer or auditor and district PTA treasurer or auditor as directed by the district PTA. Attach copies of tax filings to copies provided to next level PTA.)