



AUDIT REPORT

Date September 1, 2021 Fiscal Year 2020-2021
 Name of Unit Ashley Falls PTA IRS EIN 38-0822293
 Council North Coastal District PTA 9th
 Bank Name Wells Fargo Account Name 3985920424
 Bank Address PO Box 6995 City/Zip Portland, OR 97228-6995
 Membership Dues Per Bylaws \$ 30.00
 Total Members YTD 307 E-Members YTD N/A

Dates covered by this audit January 1, 2021 to June 30, 2021

Check numbers reviewed in this audit 3497 to 3576

BALANCE ON HAND at date of last audit <u>12/31/20</u> (date)	\$	<u>94,181.97</u>
RECEIPTS since last audit	\$	<u>19,155.47</u>
	TOTAL	\$ <u>113,337.44</u>
DISBURSEMENTS since last audit	\$	<u>34,447.59</u>
BALANCE ON HAND as of <u>June 30, 2021</u> (date)	\$	<u>78,889.85</u> *

BANK RECONCILIATION

BANK STATEMENT BALANCE as of <u>June 30, 2021</u> (date)	\$	<u>79,678.28</u>
DEPOSITS not yet credited (add to balance)	\$	<u> </u>
\$ <u> </u> \$ <u> </u> \$ <u> </u>		

UNCLEARED CHECKS (List check number and amount)

# <u>3537</u>	\$ <u>200.58</u>	# <u>3573</u>	\$ <u>67.85</u>	# <u> </u>	\$ <u> </u>
# <u>3550</u>	\$ <u>400.00</u>	# <u>3576</u>	\$ <u>120.00</u>	# <u> </u>	\$ <u> </u>

TOTAL uncleared checks (subtract from balance)	\$	<u>788.43</u>
BALANCE in checking account as of <u>June 30, 2021</u> (date)	\$	<u>78,889.85</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 Ashley Falls 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 September 1, 2021 Date Audit Reviewed by Committee N/A

Date Executive Board Adopted _____ Date Association Adopted _____

Auditor's Signature Julie Laake Auditor's Printed Name Julie Laake

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.)