



## Sample Financial Review Report Form

Assn #: 80348 Assn Name: Great Salt Lake Bowling Association State: UT

The purpose of this form is to notify the association board and members that the association has met its requirement to complete an annual financial review and has considered, at a minimum, the items outlined below.

If the association has met the following requirements, please check the appropriate boxes. If the committee or outside audit firm finds the association has not completed any of the requirements, do not check the box but indicate how the association will satisfy this requirement in the space provided for "Recommendations." Give a copy of this form to the Association Manager and President.

An examination was performed by the Sarah Phillips. The Sarah Phillips has examined the financial records of the GSLBA for the period 08/01/2019 through 07/31/2020

Incorporation papers were renewed with the State (if applicable).

Recommendations: \_\_\_\_\_

At a minimum, the appropriate Internal Revenue Service (IRS) forms were filed, i.e.

- |  |  |
|--|--|
| <input type="checkbox"/> 990 – Annual Information Return                           | <input checked="" type="checkbox"/> Not applicable |
| <input type="checkbox"/> 990-N – e-Postcard – Electronic Annual Information Return | <input checked="" type="checkbox"/> Not applicable |
| <input checked="" type="checkbox"/> 990-EZ – Annual Information Return             | <input type="checkbox"/> Not applicable            |

NOTE: IRS REQUIRES THAT THE APPROPRIATE 990 REPORT IS FILED YEARLY



<input checked="" type="checkbox"/> 941 – Employee Income Tax	<input checked="" type="checkbox"/> Applicable if paid \$99/yr. or more
<input type="checkbox"/> 990-T – Unrelated Business Income	<input type="checkbox"/> Applicable if Unrelated Business Income is \$1,000 or more
<input type="checkbox"/> 1099 MISC – Income Paid Non-employee(s)	<input type="checkbox"/> Applicable for non-employees who earned(combined) over \$600
<input type="checkbox"/> Other: _____	

Recommendations: \_\_\_\_\_  
\_\_\_\_\_

The appropriate State reports were filed.

Workman’s Compensation Tax

Unemployment Tax

Other: \_\_\_\_\_

Recommendations: \_\_\_\_\_  
\_\_\_\_\_

President verified accounts monthly.

Recommendations: \_\_\_\_\_  
\_\_\_\_\_

Financial disclosure, including salaries, was provided to the membership.

Recommendations: \_\_\_\_\_  
\_\_\_\_\_

Deposits were made within seven days of receipt.

Recommendations: \_\_\_\_\_  
\_\_\_\_\_



Withdrawals and payments on association accounts had two signatures who are non-family members

Recommendations: \_\_\_\_\_

Receipts were issued. (e. g. for expensed items such as office supplies or to league secretaries upon receiving dues.)

Recommendations: \_\_\_\_\_

The association has received a gaming license/permit from the State Gaming Board, State Gaming Commission or its equivalent, to conduct games of chance for fundraising purposes (Applicable for raffles, 50/50, etc.).

Does not apply.


Recommendations: \_\_\_\_\_

Based upon our examination, we the undersigned Sarah Phillips  
consider the financial statements for the period 08/01/2019 through 07/31/2020  
to be an accurate summary of transactions conducted during that period.

**Please provide a copy of this report to the:**

**Association Board of Directors  
Association members**

Sincerely,

  
\_\_\_\_\_  
Committee Chairman / Outside Auditor

Date 10/31/2020

N/A  
\_\_\_\_\_  
Outside Auditor Firm Name

Date \_\_\_\_\_