



AUDIT REPORT

PLEASE COMPLETE AND RETURN THIS FORM BY FEBRUARY 15, 2025.

INCLUDE: 12 months of bank statements A copy of a voided check and signature card.

Impact Team Name and No: _____

Treasurer's Name: _____

Email: _____ Phone No: _____

For the calendar year ended 2024. **BALANCE FROM LAST AUDIT REPORT** \$ _____

RECEIPTS - Funds Received

Annual Impact Team Operating Expense Funding (COE).....\$ _____

2024 Activity Funding (by completing required activities and Officer Training)\$ _____

Hearts & Hands Raised (funds raised by Impact Team)\$ _____

Impact Team Additional Funding Event: _____\$ _____

ReLiEF Fund (Seminarian Burse)\$ _____

Alzheimer's Support Raised\$ _____

All other activities: _____ \$ _____

_____ \$ _____

_____ \$ _____

TOTAL OF RECEIPTS \$ _____

ADD 'Balance From Last Year's Audit' + 'Total of Receipts' = **RECEIPTS BALANCE** \$ _____

DISBURSEMENTS - Expenses / Donations

Hearts and Hands Disbursement (amount disbursed to recipient).....\$ _____

Impact Team Additional Funding Event: _____\$ _____

ReLiEF Fund (Seminarian Burse)\$ _____

Alzheimer's Support\$ _____

Charitable Donations\$ _____

Masses\$ _____

All other: _____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

TOTAL DISBURSEMENTS / EXPENSES \$ _____

SUBTRACT 'Receipts Balance' - 'Total Disbursements / Expenses' = \$ _____

This amount should coincide with the checking account statement.

FUNDS NOT DISPERSED THROUGH YOUR IMPACT TEAM'S CHECKING ACCOUNT:

Example: You participate in a local fundraising walk; your team collects donations through the walk's website, funds do not go into the Impact Team's checking account.

| | | |
|--------------|------------------------|---------------------------|
| Event: _____ | Amount raised \$ _____ | Amount disbursed \$ _____ |
| Event: _____ | Amount raised \$ _____ | Amount disbursed \$ _____ |
| Event: _____ | Amount raised \$ _____ | Amount disbursed \$ _____ |

LIST ALL CHECKS ISSUED – BUT NOT CLEARED AS OF 12/31/2024:

| | | |
|---------------|-------------|-----------------|
| Check # _____ | Payee _____ | Amount \$ _____ |
| Check # _____ | Payee _____ | Amount \$ _____ |
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12 months of bank statements must be submitted with this form with a copy of a voided check and signature card.

RESPONSIBILITIES OF THE PRESIDENT AND TREASURER

The President and Treasurer will audit the books and accounts of the Impact Team every 12 months.

1. All funds of the Impact Team are to be deposited by the Treasurer in an account in the Impact Team's name in a bank approved by the Home Office.
2. Impact Team funds are to be used for the purposes intended and shall not be allowed to accumulate beyond what is necessary to maintain the Impact Team.
3. Impact Team funds are to be used only for conducting the objectives of 1891 Financial Life and for the payment of Impact Team expenses.
4. The Audit Report is to be completed once a year, for the period ending December 31st.
5. One copy must be received in the Home Office no later than February 15th of each year. Retain one copy for the Impact Team's records.
6. All receipts and disbursements of the Impact Team (adult and junior), and all funds of the Impact Team are included in this report.

The signatures below certify that we have examined the books, vouchers, receipts, and bankbooks and find them to balance in every respect:

| Name (please print) | Date | Signature (two signatures required) |
|---------------------|-------|-------------------------------------|
| President _____ | _____ | _____ |
| Treasurer _____ | _____ | _____ |



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For the calendar year ended 2024. **BALANCE FROM LAST AUDIT REPORT** \$ _____

RECEIPTS - Funds Received

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| Annual Impact Team Operating Expense Funding (COE)..... | \$ _____ |
| 2024 Activity Funding (by completing required activities and Officer Training) | \$ _____ |
| Hearts & Hands Raised (funds raised by Impact Team) | \$ _____ |
| Impact Team Additional Funding Event: _____ | \$ _____ |
| ReLiEF Fund (Seminarian Burse) | \$ _____ |
| Alzheimer's Support Raised | \$ _____ |
| All other activities: _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |

TOTAL OF RECEIPTS \$ _____

ADD 'Balance From Last Year's Audit' + 'Total of Receipts' = **RECEIPTS BALANCE** \$ _____

DISBURSEMENTS - Expenses / Donations

| | |
|--------------------------------------------------------------------|----------|
| Hearts and Hands Disbursement (amount disbursed to recipient)..... | \$ _____ |
| Impact Team Additional Funding Event: _____ | \$ _____ |
| ReLiEF Fund (Seminarian Burse) | \$ _____ |
| Alzheimer's Support | \$ _____ |
| Charitable Donations | \$ _____ |
| Masses | \$ _____ |
| All other: _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
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| _____ | \$ _____ |

TOTAL DISBURSEMENTS / EXPENSES \$ _____

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