

Semiannual Council Audit Report

For Period Ended December 31, 20

DUE BY: FEBRUARY 15 Council No.: _____ City: _____ State: ____ SCHEDULE A — MEMBERSHIP ASSO. TOT. INS. ASSO. TOT. **ADDITIONS DEDUCTIONS** Total members start of period Suspensions Initiations Deaths Transfers from other councils Withdrawals Transfers — assoc. to insurance Transfers — assoc. to insurance Transfers — ins. to associate Transfers — ins. to associate Tranfers to other councils Re-entries Total for period Total deductions Minus total deductions Number members end of period Do not include inactive insurance members in this section.** SCHEDULE A — ALTERNATIVE Our council uses Member Management/Member Billing. The requirement for completing Schedule A is satisfied. **SCHEDULE B — CASH TRANSACTIONS** FINANCIAL SECRETARY **TREASURER** Cash on hand beginning of period Cash on hand beginning of period Cash received — dues, initiations Received from financial secretary Cash received from other sources: Transfers from sav./other accts. (Explain kind and amount) Interest earned Total receipts Disbursements Per capita: Supreme Council Total cash received \$ State Council Transferred to treasurer General council expenses Cash on hand at end of period Transfers to sav./other accts. Miscellaneous Total disbursements Net balance on hand SCHEDULE C — ASSETS AND LIABILITIES **ASSETS** Cash: Due Supreme Council: Undeposited funds Per capita Bank — Checking acct. Supplies Savings acct. Catholic advertising Money market accts. Other ____ members Due State Council Due from ___ Advance payments by _____ members \$_ Total current assets Less: current liabilities Misc. liabilities Net current assets Other Assets: Short term CD Money Market Mutual Funds Total current liabilities Misc. assets Signed this _____ day of _____ 20 ___ Total other assets Total assets _____ Grand Knight Please complete all items. Insert "None" where no figures are to be shown.

SEND ONE COPY TO: Council Accounts

 ${\it Email: council.accounts@kofc.org}$

Fax: 855-228-1396

Mail: 1 Columbus Plaza, New Haven, CT 06510

COPIES TO: State Deputy, District Deputy, Council File

For more details, see Knights of Columbus Leadership Resources (#5093) booklet.

*All U.S. Councils must file form 990 with IRS annually. For info, email tax.ein@kofc.org or refer to Officer's Desk Reference.