

SEMIANNUAL COUNCIL AUDIT REPORT

FOR PERIOD ENDED JUNE 30, 20

| | | | | Due By: AUGUST 15 |
|--|-----------|--------|---|------------------------|
| COUNCIL NO CITY | | | STATE | |
| SCHEDULE A – MEMBERSHIP | | | | |
| ADDITIONS | INS. ASSO | . TOT. | DEDUCTIONS | INS. ASSO. TOT. |
| 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 Re-entries | | | Transfers—ins. to associate Tranfers to other councils | |
| Total for period | | | Total deductions | |
| Minus total deductions | | | Do not include inactive insurance mem | |
| Number members end of period | | | See Knights of Columbus Leadership Res | |
| 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 S Disbursements | ⊅ |
| <u>ې</u> | | | _ Per capita: Supreme Council S | \$ |
| Total cash received \$ | | | State council | \$ |
| Transferred to treasurer \$ | | | - O | \$ |
| Cash on hand at end of period $\$_{}$ | | | Transfers to sav./other accts. | \$ |
| | | | Miscellaneous | \$ |
| | | | Total disbursements | ⊅ ≄ |
| | | | | P |
| SCHEDULE C – ASSETS AND LIABILITIES | | | | |
| ASSETS Cash: | | | | |
| | \$ | | Due Supreme Council: Per capita | \$ |
| Bank – Checking acct. | ⊈ \$ | | Supplies | \$ |
| - Savings acct. | \$ | | Catholic advertising | \$ |
| Money market accts. | \$ | | Other | \$ |
| Due from members | \$ | | Due state council | \$ |
| Total current assets | \$ | | Advance payments by member | 's \$ |
| | \$ | | Misc. liabilities | |
| Net current assets | \$ | | | \$ |
| Other Assets: | | | | \$ |
| Short term CD \$ | | | | \$ |
| Money Market | | | Total current liabilities | \$ |
| Mutual Funds \$ | | | Signed this day of | 20 |
| Misc. assets \$ | | | | Grand Knight |
| Total other assets | \$ | | | Trustee |
| Total assets | \$ | | · | Trustee |
| | | | | Trustee |
| Please complete all items. Insert "None" where no figures are to be shown. | | | | |
| SEND ONE COPY TO: Council Accounts COPIES TO: State Deputy, District Deputy, Council File | | | | |
| Email: council.accounts@kofc.org Fax: 855-228-1396 | | | | |
| Mail: 1 Columbus Plaza, New Haven, C | CT 06510 | | Available in electronic format at kofc.or | rg/forms 1295 12/16 |
| | | | | 1235 12/10 |

All U.S. Councils must file form 990 with IRS annually. For info call 203-752-4281 or refer to Officer's Desk Reference.