

## 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	\$
<ul> <li>Money market accts.</li> </ul>	\$		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.\*