



**Knights of  
Columbus®**

# Semiannual Council Audit Report

## For Period Ended December 31, 20\_\_

**DUE BY: FEBRUARY 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				Transfers — ins. to associate			
Re-entries				Transfers to other councils			
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		LIABILITIES	
Cash:		Due Supreme Council:	
Undeposited funds	\$ _____	Per capita	\$ _____
Bank — Checking acct.	\$ _____	Supplies	\$ _____
— Savings acct.	\$ _____	Catholic advertising	\$ _____
— Money market accts.	\$ _____	Other	\$ _____
Due from _____ members	\$ _____	Due State Council	\$ _____
Number		Advance payments by _____ members	\$ _____
Total current assets	\$ _____	Misc. liabilities	
Less: current liabilities	\$ _____	_____	\$ _____
Net current assets	\$ _____	_____	\$ _____
Other Assets:		_____	\$ _____
Short term CD	\$ _____	Total current liabilities	\$ _____
Money Market Mutual Funds	\$ _____		
Misc. assets	\$ _____		
Total other assets	\$ _____		
Total assets	\$ _____		

*Please complete all items. Insert "None" where no figures are to be shown.*

#### SEND ONE COPY TO: Council Accounts

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 #11619 *Fraternal Excellence Guide*.

\*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.

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