**Semiannual Council Audit Report For Period Ended December 31, 20**\_\_\_

**DUE BY: FEBRUARY 15** Council No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SCHEDULE A — MEMBERSHIP**

**ADDITIONS** Total members start of period Initiations

Transfers from other councils Transfers — assoc. to insurance Transfers — ins. to associate

Re-entries

Total for period

Minus total deductions

Number members end of period

INS. ASSO. TOT. **DEDUCTIONS** INS. ASSO. TOT. Suspensions

Deaths Withdrawals

Transfers — assoc. to insurance Transfers — ins. to associate Tranfers to other councils

Total deductions

*Do not include inactive insurance members in this section.\**\*

**SCHEDULE A — ALTERNATIVE**

M Our council uses Member Management/Member Billing. The requirement for completing Schedule A is satisfied.

**SCHEDULE B — CASH TRANSACTIONS**

**FINANCIAL SECRETARY**

Cash on hand beginning of period $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cash received — dues, initiations $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cash received from other sources:

(Explain kind and amount) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_

Total cash received $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Transferred to treasurer $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cash on hand at end of period ~~$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_~~

**TREASURER**

Cash on hand beginning of period Received from financial secretary Transfers from sav./other accts. Interest earned

Total receipts

Disbursements

Per capita: Supreme Council State Council

General council expenses Transfers to sav./other accts. Miscellaneous

Total disbursements Net balance on hand

$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ~~$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_~~

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**SCHEDULE C — ASSETS AND LIABILITIES**

**ASSETS** Cash:

Undeposited funds Bank — Checking acct.

— Savings acct.

— Money market accts. Due from \_\_\_\_\_\_\_\_ members

Number

Total current assets Less: current liabilities Net current assets

Other Assets: Short term CD

Money Market Mutual Funds Misc. assets

Total other assets Total assets

$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**LIABILITIES** Due Supreme Council:

Per capita $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Supplies $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Catholic advertising $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Due State Council $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Advance payments by \_\_\_\_\_\_ members $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number

Misc. liabilities

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Total current liabilities $~~\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_~~

Signed this \_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 20 \_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grand Knight

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

**SEND ONE COPY TO: Council Accounts** Email: council.accounts@kofc.org

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**COPIES TO: State Deputy, District Deputy, Council File**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Trustee \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Trustee \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Trustee

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. 1295 2/25