KNIGHTS OF COLUMBUS

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.
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			

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. See Knights of Columbus Leadership Resources (#5093) booklet.

SCHEDULE A — ALTERNATIVE

☐ 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./invest. accts.	$_____
Miscellaneous	$_____
Total disbursements	$_____
Net balance on hand	$_____

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		$_____

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

_____ Trustee

_____ Trustee

_____ Trustee

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

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