



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 | | | | | | | | | | Tranfers 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. 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 | | 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./invest. 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 | \$ _____ |
| Total current assets | \$ _____ | Advance payments by _____ members | \$ _____ |
| Less: current liabilities | \$ _____ | 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
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

Available in electronic format at kofc.org/forms