KNIGHTS OF COLUMBUS
IN SERVICE TO ONE. IN SERVICE TO ALL.

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.
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 *Financial Secretary Handbook,* Council Audit, Schedule A.

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./invest. accts. $_____
Interest earned on investments $_____
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 — General acct. $_____
— Special acct. $_____
— Savings/investment accts. $_____
Due from _____ (Number) members $_____
Total current assets $_____
Less: current liabilities $_____
Net current assets $_____

Investments:
*Furniture $_____
*Stocks & bonds $_____
Misc. investments $_____
Total investments $_____
Less: Investment liabilities $_____
Net investment assets $_____
Total assets $_____

*Use reverse side to describe.

LIABILITIES

Due Supreme Council:
Per capita $_____
Supplies $_____
Catholic advertising $_____
Other $_____
Due state council $_____
Advance payments by _____ (Number) members $_____
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: 203-752-4103
Mail: 1 Columbus Plaza, New Haven, CT 06510

COPIES TO: State Deputy, District Deputy, Council File