



DUE BY: AUGUST 15

Council No.: _____ City: _____ State: _____

SCHEDULE A — MEMBERSHIP

ADDITIONS	INS.	ASSO.	TOT.	DEDUCTIONS	INS.	ASSO.	TOT.
Total members start of period				Susensions			
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

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	\$ _____

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	\$ _____
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

For more details, see Knights of Columbus *Leadership Resources* (#5093) booklet.

*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.