



# KNIGHTS OF COLUMBUS SEMIANNUAL COUNCIL AUDIT REPORT

Due By:  
**August 15**

FOR PERIOD ENDED JUNE 30, \_\_\_\_\_

COUNCIL NO. \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_

### SCHEDULE A – MEMBERSHIP

ADDITIONS	INS. ASSO. TOT.			DEDUCTIONS	INS. ASSO. TOT.		
	INS.	ASSO.	TOT.		INS.	ASSO.	TOT.
Total Members Start of Period	_____	_____	_____	Suspensions	_____	_____	_____
Initiations	_____	_____	_____	Deaths	_____	_____	_____
Transfers from other councils	_____	_____	_____	Final Withdrawals	_____	_____	_____
Transfers -Assoc. to Ins.	_____	N/A	_____	Transfers -Assoc. to Insurance	_____	N/A	_____
Transfers- Ins. to Assoc.	N/A	_____	_____	Transfers-Ins. to Associate	_____	N/A	_____
Reinstatements & Re-admissions	_____	_____	_____	Transfers to Other Councils	_____	_____	_____
Total for Period	_____	_____	_____	Total Deductions	_____	_____	_____
Minus Total Deductions	_____	_____	_____				
Number Members End of Period	_____	_____	_____	(For this form only, exclude inactive insurance members)			

### SCHEDULE B – CASH TRANSACTIONS

FINANCIAL SECRETARY	TREASURER
Cash on Hand Beginning of Period \$ _____	Cash on Hand Begin. Period \$ _____
Cash Received-Dues, Initiations \$ _____	Received from Fin. Sec. \$ _____
Cash Received from other Sources: \$ _____	Interest Earned on Investments \$ _____
(Explain Kind and Amount)	Total Receipts \$ _____
_____ \$ _____	<u>Disbursements</u>
_____ \$ _____	Per Capita: Supreme Council \$ _____
_____ \$ _____	State Council \$ _____
Total Cash Received \$ _____	General Council Expenses \$ _____
Paid to Treasurer \$ _____	Transfers to Sav. & Invest. Accts. \$ _____
Cash on Hand at End of Period \$ _____	Miscellaneous \$ _____
	Total Disbursements \$ _____
	Net Balance on Hand \$ _____

### SCHEDULE C – ASSETS AND LIABILITIES

ASSETS	LIABILITIES
Cash:	Due Supreme Council:
Undeposited Funds \$ _____	Per Capita \$ _____
Bank - General - Acct. \$ _____	Supplies \$ _____
- Special Acct. \$ _____	Catholic Adv. \$ _____
- Savings & Investment Acct. \$ _____	Other \$ _____
Due From _____ Members \$ _____	Due State Council, \$ _____
Total Current Assets \$ _____	Advance Payments By _____ Members \$ _____
Less: Current Liabilities \$ _____	Misc. Liabilities _____
Net Current Assets \$ _____	_____ \$ _____
Investments:	_____ \$ _____
*Real Estate \$ _____	_____ \$ _____
*Furniture \$ _____	Total Current Liabilities \$ _____
*Stocks & Bonds \$ _____	Signed this _____ day of _____ 20 _____
Total Investment \$ _____	_____ Grand Knight
Less: Investment Liabilities _____	_____ Trustee
Net Investment Assets \$ _____	_____ Trustee
Total Assets \$ _____	_____ Trustee

\*Use reverse side to describe

Please complete all items. Enter zero where no figures are to be shown.

1295 1/2001

SUBMIT ORIGINAL TO: Council Accounts

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

**THIS FORM MAY ONLY BE COMPLETED, PRINTED OUT AND SUBMITTED THROUGH MAIL**