



Due By: AUGUST 15

COUNCIL NO. _____ **CITY** _____ **STATE** _____

SCHEDULE A – MEMBERSHIP

ADDITIONS	INS.			ASSO.			TOT.		
	INS.	ASSO.	TOT.	INS.	ASSO.	TOT.	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.		
	INS.	ASSO.	TOT.	INS.	ASSO.	TOT.	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		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./other 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

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