



COUNCIL NO. _____ CITY _____ STATE _____

SCHEDULE A – MEMBERSHIP

ADDITIONS	DEDUCTIONS		
	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			

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		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: (Explain kind and amount)	\$ _____	Transfers from sav./invest. accts.	\$ _____
_____	\$ _____	Interest earned on investments	\$ _____
_____	\$ _____	Total receipts	\$ _____
_____	\$ _____	<u>Disbursements</u>	
Total cash received	\$ _____	Per capita: Supreme Council	\$ _____
Transferred to treasurer	\$ _____	State council	\$ _____
Cash on hand at end of period	\$ _____	General council expenses	\$ _____
		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 — General acct.	\$ _____	Supplies	\$ _____
— Special acct.	\$ _____	Catholic advertising	\$ _____
— Savings/investment accts.	\$ _____	Other	\$ _____
Due from _____ members	\$ _____	Due state council	\$ _____
Total current assets	\$ _____	Advance payments by _____ members	\$ _____
Less: current liabilities	\$ _____	Misc. liabilities	\$ _____
Net current assets	\$ _____	_____	\$ _____
Investments:		_____	\$ _____
*Furniture	\$ _____	_____	\$ _____
*Stocks & bonds	\$ _____	Total current liabilities	\$ _____
Misc. investments	\$ _____		
Total investments	\$ _____	Signed this _____ day of _____ 20 _____	
Less: Investment liabilities	\$ _____	_____ Grand Knight	
Net investment assets	\$ _____	_____ Trustee	
Total assets	\$ _____	_____ Trustee	
		_____ Trustee	

*Use reverse side to describe.
Please complete all items. Insert "None" where no figures are to be shown.

SEND ONE COPY TO: Council Accounts **COPIES TO: State Deputy, District Deputy, Council File**

Email: council.accounts@kofc.org
Fax: 203-752-4103
Mail: 1 Columbus Plaza, New Haven, CT 06510