Annual Assembly Audit Worksheet

Use the worksheet to prepare the information to complete and submit the Annual Assembly Audit Report in Officers Online or www.korc.org/forms

*** Do not send this worksheet to the Supreme Council ***

Assembly # _____ District _____ For Period Ending June 30, _____

Do you have a Assembly Account with the Knights of Columbus Charitable Fund? ☐ Yes ☐ No

IRS Employer Identification Number (EIN) _____

Every US Assembly should have their own unique EIN # (Email Tax.EIN@KofC.org with questions)

Did your Assembly submit the IRS Form 990 tax filing this year? ☐ Yes ☐ No

Every US Assembly must file a Form 990 annually

Assembly Balance Sheet

Current Assets

Undeposited Money	$_____
Savings Account	$_____
Checking Account	$_____
Money Market Accounts	$_____
Electronic Payments Undeposited Square, Paypal, Venmo, etc.	$_____
Credit Card Balance	$_____
Other	$_____
Other	$_____
Total	**$_____**

Please clarify "Other" Current Assets, if used.

_____

Liabilities

Unpaid Bills	$_____
Uncashed Checks	$_____
Unpaid Credit Card Balance	$_____
Loans/Debt Repayment	$_____
Other	$_____
Other	$_____
Other	$_____
Other	$_____
Total	**$_____**

Please clarify "Other" Liabilities, if used.

_____

Other Assets

Investments

Mutual Funds	$_____
CDs & Bonds	$_____
Other	$_____
Other	$_____
Total	**$_____**

Please clarify "Other" Investments, if used.

_____

Property (>$5K)

Real Estate	$_____
Vehicles (inc. Trailers)	$_____
Large Equipment	$_____
Other	$_____
Other	$_____
Other	$_____
Total	**$_____**

Please clarify "Other" Property, if used.

_____

Statement of Cash Flows

Cash on Hand - Beginning of period _____

Incoming Cash Flows

Event Revenues	$_____
Dues	$_____
Incoming Donations	$_____
Investment Income	$_____
Interest Earned	$_____
Other	$_____
Other	$_____
Other	$_____
Total	**$_____**

Outgoing Cash Flows

Donations Out Excluding Donations from KCCF Assembly Account	$_____
Supplies	$_____
Program Expenses	$_____
Event Expenses	$_____
Assembly Insurance Premiums	$_____
Other	$_____
Other	$_____
Total	**$_____**

Please clarify "Other" Income, if used.

_____

Please clarify "Other" Expenses, if used.

_____

Cash on Hand - End of period _____

Knights of Columbus Charitable Fund Assembly Account

Balance of your Assembly Account as of beginning of period _____

Total Contributions to your Assembly Account (July 1 through June 30) _____

Total Grants from your Assembly Account (July 1 through June 30) _____

Additional Information

Comments _____

Audit reviewed by *(check any that apply)*

☐ Faithful Navigator ☐ Trustee 1 ☐ Trustee 2 ☐ Trustee 3 ☐ Faithful Purser ☐ Faithful Comptroller

Email Addresses for Distribution

Trustee 1 _____

Trustee 2 _____

Trustee 3 _____

Faithful Purser _____

Faithful Comptroller _____

District Master _____

Submitted by Faithful Navigator

First Name _____ Last Name _____

Email Address _____

I certify that the information contained in this audit is true and accurate to the best of my knowledge.

_____

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