



Annual Council Audit Worksheet

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

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

Council # _____ Jurisdiction _____ For Period Ending June 30, _____

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

IRS Employer Identification Number (EIN) _____

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

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

Every US council must file a Form 990 annually

Council 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 \$ _____

Liabilities

Unpaid Bills \$ _____

Uncashed Checks \$ _____

Unpaid Credit Card Balance \$ _____

Loans/Debt Repayment \$ _____

Other \$ _____

Other \$ _____

Other \$ _____

Other \$ _____

Total \$ _____

Please clarify "Other" Current Assets, if used.

Please clarify "Other" Liabilities, if used.

Other Assets

Investments

Mutual Funds \$ _____

CDs & Bonds \$ _____

Other \$ _____

Other \$ _____

Total \$ _____

Property (>\$5K)

Real Estate \$ _____

Vehicles (inc. Trailers) \$ _____

Large Equipment \$ _____

Other \$ _____

Other \$ _____

Other \$ _____

Total \$ _____

Please clarify "Other" Investments, if used.

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

State and Supreme Per Capita Assessments \$ _____
 Donations Out \$ _____
Excluding Donations from KCCF Council Account
 Supplies \$ _____
 Program Expenses \$ _____
 Event Expenses \$ _____
 Council 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 Council Account

Balance of your Council Account as of beginning of period _____

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

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

Additional Information

Comments _____

Audit reviewed by *(check any that apply)* Grand Knight Trustee 2 Treasurer
 Trustee 1 Trustee 3 Financial Secretary

Email Addresses for Distribution

Trustee 1 _____ Treasurer _____
 Trustee 2 _____ Financial Secretary _____
 Trustee 3 _____ District Deputy _____

Submitted by Grand Knight

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.
