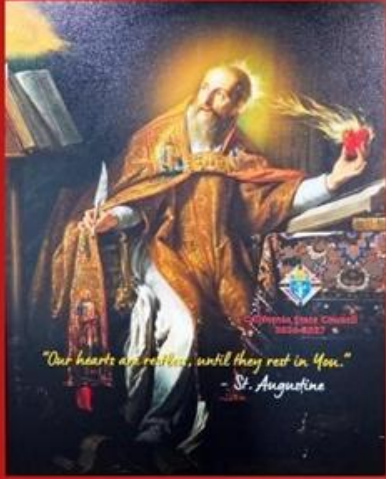


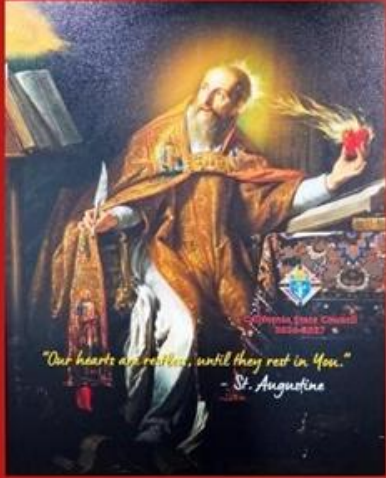


Knights of Columbus California State Council

Council Audit Report Form 1295 / 1295a Worksheet

Alex Castanon
State Warden

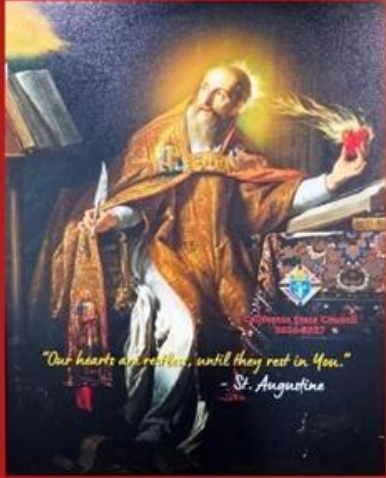
"Our hearts are restless, until they rest in you"
- St. Augustine



Knights of Columbus California State Council

- 1 audit per year. Due August 15th
- www.kofc.org/forms
- Reviewed by a combination of Trustees, Financial Secretary, Treasurer and Grand Knights
- Electronically signed and submitted by the Grand Knight to Supreme

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- St. Augustine



Knights of Columbus California State Council



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 \$ _____
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 \$ _____
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 _____

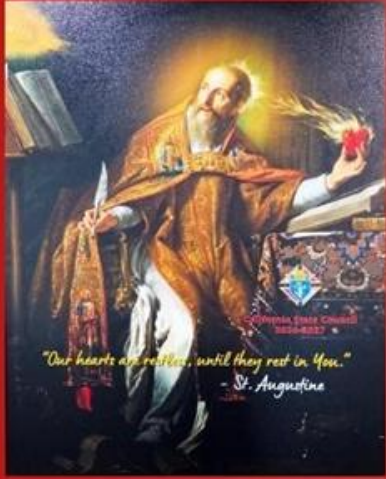
Submitted by Grand Knight

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.

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 *



Knights of Columbus California State Council

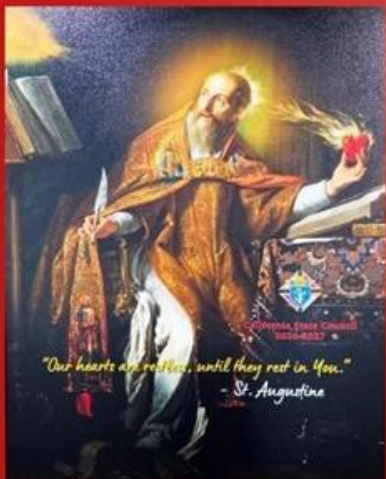
Audit reviewed by:

*

Check any that apply.

- ☐ Grand Knight
- ☐ Trustee 1
- ☐ Trustee 2
- ☐ Trustee 3
- ☐ Treasurer
- ☐ Financial Secretary

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Knights of Columbus California State Council

Email Addresses for Distribution

Trustee 1 *

Trustee 2

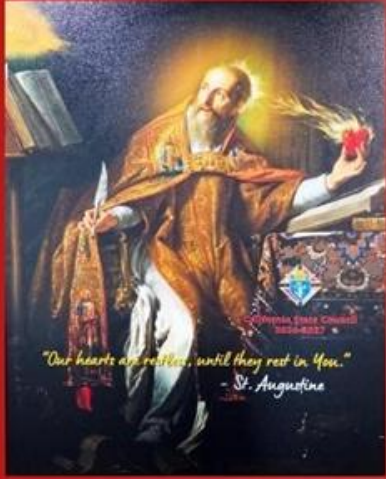
Trustee 3

Treasurer *

Financial Secretary *

District Deputy *

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Knights of Columbus California State Council

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. *

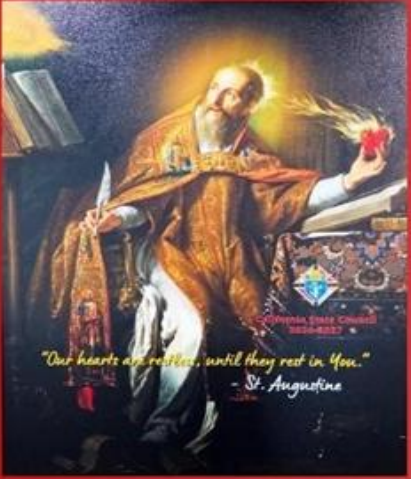
Clear

Sign name using mouse or touch pad

Signature of

"Our hearts are restless, until they rest in you"
- St. Augustine

Knights of Columbus California State Council



- Audit Form 1295 is required for Star Council Award.
- Form 1295 needed from every council in the district for Star District Award.

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