

2007 FINANCIAL REPORT PENNSYLVANIA DeMOLAY

Chapter Name \_\_\_\_\_ City \_\_\_\_\_ Chapter # 39 \_\_\_\_\_

DUE: MARCH 15, 2008

Chapter's Tax I.D. Number

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This is a summary of accounts as of December 31, 2007.

In accordance with DeMolay International Rules & Regulations Section 319.1(c), an Auditing Committee shall consist of one Advisor and at least two members. The committee shall examine the books of the Scribe and Treasurer, and all accounts held by the Chapter, and report its findings to the Chapter, the Advisory Council and the Executive Officer, using this form. This information is required by DeMolay International, to be filed with the IRS. However, this does not excuse the Chapter from filing the necessary Form 990 reports with the IRS, if required by law and circumstance.

**YOU MUST ATTACH COPIES OF YEAR-END STATEMENTS TO THIS REPORT.**

**All balances must be reported and evidenced by copies of statement, CD's, bonds, stocks certificates, etc.**

**CHAPTER'S FINANCIAL STATUS**

Checking Account Total \$ \_\_\_\_\_  
Chapter's Savings Account Balance \_\_\_\_\_  
Life Membership Trust Account Balance \_\_\_\_\_  
Advisory Council Account Balance \_\_\_\_\_  
Mothers/Parents Account Balance \_\_\_\_\_  
Other Account (A) Balance \_\_\_\_\_  
Other Account (B) Balance \_\_\_\_\_  
Other Account (C) Balance \_\_\_\_\_  
Other Account (D) Balance \_\_\_\_\_

Sub Total \_\_\_\_\_

Net Worth of Chapter \$ \_\_\_\_\_

\*\*\*\*\*

We certify that all information contained herein, or attached, is a correct representation of the financial status and activity of this Chapter. We also certify that the Chapter is following the financial procedures established by DeMolay International, and the Executive Officer of Pennsylvania.

Audit Committee Signatures –

\_\_\_\_\_ date \_\_\_\_\_ (Committee Chairman)

\_\_\_\_\_ date \_\_\_\_\_ (Committee Member)

\_\_\_\_\_ date \_\_\_\_\_ (Committee Member)

\_\_\_\_\_ date \_\_\_\_\_ (Committee Advisor)

Return to: **Pennsylvania DeMolay, 1244 Bainbridge Road, Elizabethtown PA 17022**

## 2007 STATEMENT OF INCOME and EXPENSES

Income	Expenses
<b>Fees:</b>	<b>Fees:</b>
Form 10	Form 10 - DeMolay Intern.
Advisory Council	Form 10 - PA Endowment
	Insurance/Endowment
	Advisory Council
<b>Activities:</b>	<b>Activities:</b>
Convention Registration	Athletics
Convention Awards	Convention
Convention Year Book	Fund Raising
Fund Raising	Installation
Other	Other
	<b>Education:</b>
<b>Education:</b>	L.C.C.'s
L.C.C.'s	Life Skills Conference
Life Skills Conference	Key Man Conference
Key Man Conference	<b>Membership</b>
	Prospect Parties
<b>Donations:</b>	Incentives
Masonic	Promotional Materials
Public	<b>Honors &amp; Awards</b>
Individual	Honors
	Awards/Merit
<b>Charitable Outreach</b>	Bars/Supplies
Almoner's Fund	<b>Charitable Outreach</b>
Charity Fund Raisers	Almoner's Fund
	Donations
<b>Banking/Investments</b>	<b>Operating Expenses</b>
Savings Accounts	Postage
CD Interest	Regalia
Trust Account	Rent
Market Gain	Rituals
	Other
<b>Miscellaneous</b>	<b>Banking/Investments</b>
	Bank Fees
	Market Loss
	<b>Miscellaneous</b>
<b>Total Income</b>	<b>Total Expenses</b>

Net Worth (from 2006 Report) as of 12/31/06

Plus Total 2007 Income

Less Total 2007 Expense

Net Worth: 12/31/07

Net Annual Gain (or loss)

+ \_\_\_\_\_

- \_\_\_\_\_

\_\_\_\_\_\*

\_\_\_\_\_

\* Must agree with Net Worth on Page 1

## RECEIPT OF CONTRIBUTIONS

Donors to your Chapter may naturally assume that they are giving to a charity, and therefore may take a tax deduction for their contribution.

Please list the names of any donors who have given a contribution of \$250.00 or more in cash or property to your Chapter. Your Chapter must provide a contemporaneous statement of receipt at the time of the contribution or at least no later than March 1<sup>st</sup> of the subsequent year. One of two possible statements must be provided:

### **Sample 1**

*Contributor's Name*  
*Contributor's Address*

*Your contribution of (insert amount) is gratefully acknowledged. The Order of DeMolay provided no goods or services in return for your contribution.*

*(Advisory Council Chairman's Signature)*  
*Advisory Council Chairman*

### **Sample 2**

*Contributor's Name*  
*Contributor's Address*

*Your contribution of (insert amount) is gratefully acknowledged. In return for your contribution, the Order of DeMolay provided (insert description and good faith estimate of the value of goods or services provided).*

*(Advisory Council Chairman's Signature)*  
*Advisory Council Chairman*

If your Chapter has received donations of \$250.00 or more in cash or property from individuals and/or **any and all** organizations, you are to report such to the Executive Officer on this Annual Financial Report.

Please be aware that when donors and Estates report such contributions to the IRS, it may trigger an inquiry and/or an audit of your Chapter's financial activities.

<b>Contributor</b>	<b>Amount or Value</b>	<b>Check to Confirm Acknowledgement Sent</b>
1.		
2.		
3.		
4.		
5.		

# CURRENT ACCOUNTS

## CHECKING ACCOUNT

Bank Name \_\_\_\_\_  
Account # \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_

Cash In Account  
January 1, 2007 \$ \_\_\_\_\_  
Total Deposits for Year \_\_\_\_\_  
Total Interest for Year + \_\_\_\_\_  
Sub Total \_\_\_\_\_  
Less Expenses - \_\_\_\_\_

Balance In Account  
December 31, 2007 \$ \_\_\_\_\_

## OTHER ACCOUNT (A)

Bank Name \_\_\_\_\_  
Account # \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_

Cash In Account  
January 1, 2007 \$ \_\_\_\_\_  
Total Deposits for Year \_\_\_\_\_  
Total Interest for Year + \_\_\_\_\_  
Sub Total \_\_\_\_\_  
Less Expenses - \_\_\_\_\_

Balance In Account  
December 31, 2007 \$ \_\_\_\_\_

## OTHER ACCOUNT (C)

Bank Name \_\_\_\_\_  
Account # \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_

Cash In Account  
January 1, 2007 \$ \_\_\_\_\_  
Total Deposits for Year \_\_\_\_\_  
Total Interest for Year + \_\_\_\_\_  
Sub Total \_\_\_\_\_  
Less Expenses - \_\_\_\_\_

Balance In Account  
December 31, 2007 \$ \_\_\_\_\_

## LIFE MEMBERSHIP TRUST ACCOUNT

Bank Name \_\_\_\_\_  
Account # \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_

Cash in Account  
January 1, 2007 \$ \_\_\_\_\_  
Total Deposits for Year \_\_\_\_\_  
Total Interest for Year + \_\_\_\_\_  
Sub Total \_\_\_\_\_  
Less Expenses - \_\_\_\_\_

Balance in Account  
December 31, 2007 \$ \_\_\_\_\_

## OTHER ACCOUNT (B)

Bank Name \_\_\_\_\_  
Account # \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_

Cash in Account  
January 1, 2007 \$ \_\_\_\_\_  
Total Deposits for Year \_\_\_\_\_  
Total Interest for Year + \_\_\_\_\_  
Sub Total \_\_\_\_\_  
Less Expenses - \_\_\_\_\_

Balance in Account  
December 31, 2007 \$ \_\_\_\_\_

## OTHER ACCOUNT (D)

Bank Name \_\_\_\_\_  
Account # \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_

Cash in Account  
January 1, 2007 \$ \_\_\_\_\_  
Total Deposits for Year \_\_\_\_\_  
Total Interest for Year + \_\_\_\_\_  
Sub Total \_\_\_\_\_  
Less Expenses - \_\_\_\_\_

Balance in Account  
December 31, 2007 \$ \_\_\_\_\_

The Following DeMolays and Advisors are the Authorized Signatures for Signing Checks

**CHECKING ACCOUNT**

\_\_\_\_\_  
(Name/Title)

\_\_\_\_\_  
(Name/Title)

\_\_\_\_\_  
(Name/Title)

\_\_\_\_\_  
(Name/Title)

\_\_\_\_\_  
(Name/Title)

\_\_\_\_\_  
(Name/Title)

**LIFE MEMBERSHIP TRUST ACCOUNT**

\_\_\_\_\_  
(Name/Title)

\_\_\_\_\_  
(Name/Title)

\_\_\_\_\_  
(Name/Title)

\_\_\_\_\_  
(Name/Title)

\_\_\_\_\_  
(Name/Title)

\_\_\_\_\_  
(Name/Title)

**ACCOUNT (A)**

\_\_\_\_\_  
(Name/Title)

\_\_\_\_\_  
(Name/Title)

\_\_\_\_\_  
(Name/Title)

\_\_\_\_\_  
(Name/Title)

\_\_\_\_\_  
(Name/Title)

\_\_\_\_\_  
(Name/Title)

**ACCOUNT (B)**

\_\_\_\_\_  
(Name/Title)

\_\_\_\_\_  
(Name/Title)

\_\_\_\_\_  
(Name/Title)

\_\_\_\_\_  
(Name/Title)

\_\_\_\_\_  
(Name/Title)

\_\_\_\_\_  
(Name/Title)

**ACCOUNT (C)**

\_\_\_\_\_  
(Name/Title)

\_\_\_\_\_  
(Name/Title)

\_\_\_\_\_  
(Name/Title)

\_\_\_\_\_  
(Name/Title)

\_\_\_\_\_  
(Name/Title)

\_\_\_\_\_  
(Name/Title)

**ACCOUNT (D)**

\_\_\_\_\_  
(Name/Title)

\_\_\_\_\_  
(Name/Title)

\_\_\_\_\_  
(Name/Title)

\_\_\_\_\_  
(Name/Title)

\_\_\_\_\_  
(Name/Title)

\_\_\_\_\_  
(Name/Title)

**PLEASE FULLY COMPLETE REPORT.  
REMEMBER TO ATTACH COPIES OF ALL YEAR-END  
STATEMENTS.**

***TO ASSURE THE INTEGRITY OF YOUR ACCOUNT, BANK STATEMENTS SHOULD  
BE SENT TO SOMEONE OTHER THAN THE TREASURER AND SHOULD BE  
PASSED AROUND FOR INSPECTION AT MONTHLY ADVISORY COUNCIL  
MEETINGS.***