

2010 FINANCIAL REPORT PENNSYLVANIA DeMOLAY

Chapter Name _____ City _____ Chapter # 39 _____

DUE: MARCH 15, 2011

Chapter's Tax I.D. Number _____

This is a summary of accounts as of December 31, 2010.

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

2010 STATEMENT OF INCOME and EXPENSES

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

Net Worth (from 2009 Report) as of 12/31/09		_____
Plus Total 2010 Income	+	_____
Less Total 2010 Expense	-	_____
 Net Worth: 12/31/10		 _____*
 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 1st 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.

Contributor	Amount or Value	Check to Confirm Acknowledgement Sent
1.		
2.		
3.		
4.		
5.		

CURRENT ACCOUNTS

CHECKING ACCOUNT

Bank Name _____
Account # _____
Address _____
City, State, Zip _____

Cash In Account
January 1, 2010 \$ _____
Total Deposits for Year _____
Total Interest for Year + _____
Sub Total _____
Less Expenses - _____

Balance In Account
December 31, 2010 \$ _____

OTHER ACCOUNT (A)

Bank Name _____
Account # _____
Address _____
City, State, Zip _____

Cash In Account
January 1, 2010 \$ _____
Total Deposits for Year _____
Total Interest for Year + _____
Sub Total _____
Less Expenses - _____

Balance In Account
December 31, 2010 \$ _____

OTHER ACCOUNT (C)

Bank Name _____
Account # _____
Address _____
City, State, Zip _____

Cash In Account
January 1, 2010 \$ _____
Total Deposits for Year _____
Total Interest for Year + _____
Sub Total _____
Less Expenses - _____

Balance In Account
December 31, 2010 \$ _____

LIFE MEMBERSHIP TRUST ACCOUNT

Bank Name _____
Account # _____
Address _____
City, State, Zip _____

Cash in Account
January 1, 2010 \$ _____
Total Deposits for Year _____
Total Interest for Year + _____
Sub Total _____
Less Expenses - _____

Balance in Account
December 31, 2010 \$ _____

OTHER ACCOUNT (B)

Bank Name _____
Account # _____
Address _____
City, State, Zip _____

Cash in Account
January 1, 2010 \$ _____
Total Deposits for Year _____
Total Interest for Year + _____
Sub Total _____
Less Expenses - _____

Balance in Account
December 31, 2010 \$ _____

OTHER ACCOUNT (D)

Bank Name _____
Account # _____
Address _____
City, State, Zip _____

Cash in Account
January 1, 2010 \$ _____
Total Deposits for Year _____
Total Interest for Year + _____
Sub Total _____
Less Expenses - _____

Balance in Account
December 31, 2010 \$ _____

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.