

# 2016 FINANCIAL REPORT PENNSYLVANIA DeMOLAY

Chapter Name	City	39 _____ Chapter #
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DUE: MARCH 31, 2017

Chapter's Tax I.D. Number

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This is a summary of accounts as of December 31, 2016.

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 AND  
PROOF OF FILING THE IRS 990 POSTCARD 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. Additionally, we certify that the required IRS 990N report has been filed electronically. (This will be verified.)

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**

## 2016 STATEMENT OF INCOME and EXPENSES

<b>Income</b>		<b>Expenses</b>	
<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	\$ _____
		Bars/Supplies	\$ _____
<b>Charitable Outreach</b>		<b>Charitable Outreach</b>	
Almoner's Fund	\$ _____	Almoner's Fund	\$ _____
Charity Fund Raisers	\$ _____	Donations	\$ _____
		<b>Operating Expenses</b>	
<b>Banking/Investments</b>		Postage	\$ _____
Savings Accounts	\$ _____	Regalia	\$ _____
CD Interest	\$ _____	Rent	\$ _____
Trust Account	\$ _____	Rituals	\$ _____
Market Gain	\$ _____	Other	\$ _____
		<b>Banking/Investments</b>	
<b>Miscellaneous</b>		Bank Fees	\$ _____
	\$ _____	Market Loss	\$ _____
	\$ _____	<b>Miscellaneous</b>	
	\$ _____		\$ _____
	\$ _____		\$ _____
	\$ _____		\$ _____
	\$ _____		\$ _____
<b>Total Income</b>	<b>\$ _____</b>	<b>Total Expenses</b>	<b>\$ _____</b>

Net Worth (from 2015 Report) as of 12/31/15		_____
Plus Total 2016 Income	+	_____
Less Total 2016 Expense	-	_____
Net Worth: 12/31/16		_____*
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.		<input type="checkbox"/>
2.		<input type="checkbox"/>
3.		<input type="checkbox"/>
4.		<input type="checkbox"/>
5.		<input type="checkbox"/>

# CURRENT ACCOUNTS

## CHECKING ACCOUNT

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

Cash In Account  
January 1, 2016 \$ \_\_\_\_\_  
Total Deposits for Year \_\_\_\_\_  
Total Interest for Year + \_\_\_\_\_  
Sub Total \_\_\_\_\_  
Less Expenses - \_\_\_\_\_

Balance In Account  
December 31, 2016 \$ \_\_\_\_\_

## OTHER ACCOUNT (A)

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

Cash In Account  
January 1, 2016 \$ \_\_\_\_\_  
Total Deposits for Year \_\_\_\_\_  
Total Interest for Year + \_\_\_\_\_  
Sub Total \_\_\_\_\_  
Less Expenses - \_\_\_\_\_

Balance In Account  
December 31, 2016 \$ \_\_\_\_\_

## OTHER ACCOUNT (C)

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

Cash In Account  
January 1, 2016 \$ \_\_\_\_\_  
Total Deposits for Year \_\_\_\_\_  
Total Interest for Year + \_\_\_\_\_  
Sub Total \_\_\_\_\_  
Less Expenses - \_\_\_\_\_

Balance In Account  
December 31, 2016 \$ \_\_\_\_\_

## LIFE MEMBERSHIP TRUST ACCOUNT

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

Cash in Account  
January 1, 2016 \$ \_\_\_\_\_  
Total Deposits for Year \_\_\_\_\_  
Total Interest for Year + \_\_\_\_\_  
Sub Total \_\_\_\_\_  
Less Expenses - \_\_\_\_\_

Balance in Account  
December 31, 2016 \$ \_\_\_\_\_

## OTHER ACCOUNT (B)

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

Cash in Account  
January 1, 2016 \$ \_\_\_\_\_  
Total Deposits for Year \_\_\_\_\_  
Total Interest for Year + \_\_\_\_\_  
Sub Total \_\_\_\_\_  
Less Expenses - \_\_\_\_\_

Balance in Account  
December 31, 2016 \$ \_\_\_\_\_

## OTHER ACCOUNT (D)

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

Cash in Account  
January 1, 2016 \$ \_\_\_\_\_  
Total Deposits for Year \_\_\_\_\_  
Total Interest for Year + \_\_\_\_\_  
Sub Total \_\_\_\_\_  
Less Expenses - \_\_\_\_\_

Balance in Account  
December 31, 2016 \$ \_\_\_\_\_

The Following DeMolays (age 18 or older) and Advisors are the Authorized Signatures for Signing Checks. In accordance with Pennsylvania DeMolay Policy (revised March 21, 2013) two members of the same family cannot be authorized signatories for the same chapter accounts.

**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)

# **Pennsylvania DeMolay 2016 Financial Report Instructions**

**PLEASE FULLY COMPLETE REPORT.  
CHECK OFF EACH BLOCK AS ACTION IS COMPLETED.**

- 2016 Statement of Income & Expenses Completed (Page 2)**
- Current Accounts Page Completed (Page 3)**
- Complete Chapter's Financial Status (Page 1)**  
**Totals Taken From Account Balances on Page 3**  
**Net Worth of Chapter on Page 1 Must Match Net Worth on**  
**Page 2**
- Receipt of Contributions Page Completed (Page 4)**
- Authorized Signature Page Completed (Page 5)**
- Copies of Year-End Statements Attached**
- Proof of Filing the IRS 990 Postcard Attached**
- Audit Committee Signs Bottom of Page 1**  
**Committee Chairman & Members are Active DeMolays**  
**Committee Advisor is an Advisor**

**Completed Report, Copy of Year-End Statements  
and Proof of Filing the IRS 990 Post Card Must  
Be Submitted to the PA DeMolay Office by  
March 31, 2016.**

**Pennsylvania DeMolay  
1244 Bainbridge Road  
Elizabethtown, PA 17022**