

# Annual Chapter Financial Report

Oregon DeMolay

Due by March 1st of year following report year end

CHAPTER NAME \_\_\_\_\_

CITY \_\_\_\_\_

CHAPTER TAX ID NO. \_\_\_\_\_

For the fiscal year ending December 31, 20\_\_\_\_\_

**1. RECEIPTS DURING THE FISCAL YEAR**

Transfers from other Accounts \$ \_\_\_\_\_  
From Interest on Checking \$ \_\_\_\_\_  
From Activities \$ \_\_\_\_\_  
From Donations \$ \_\_\_\_\_  
From Membership Fees \$ \_\_\_\_\_  
From Miscellaneous \$ \_\_\_\_\_  
TOTAL RECEIPTS \$ \_\_\_\_\_

**2. DISBURSEMENTS DURING THE FISCAL YEAR**

For Activities \$ \_\_\_\_\_  
For Insurance \$ \_\_\_\_\_  
For Membership Fees \$ \_\_\_\_\_  
For Rent \$ \_\_\_\_\_  
For Supplies, Printing, & Postage \$ \_\_\_\_\_  
For Miscellaneous \$ \_\_\_\_\_  
TOTAL DISBURSEMENTS \$ \_\_\_\_\_

**3. CHECKING ACCOUNT:** \_\_\_\_\_

Account Number

Name of Bank

Beginning Balance on January 1st of the Fiscal Year: \$ \_\_\_\_\_

Ending Balance on December 31<sup>st</sup> of the Fiscal Year: \$ \_\_\_\_\_ (Year-end statement must be attached)

**4. LIFE MEMBERSHIP TRUST ACCOUNT:** \_\_\_\_\_

Account Number

Name of Bank

Beginning Balance on January 1st of the Fiscal Year: \$ \_\_\_\_\_

Plus deposits made during the Fiscal Year \$ \_\_\_\_\_

Plus interest earned during the Fiscal Year \$ \_\_\_\_\_

Less Transfers to Other Accounts \$ \_\_\_\_\_

Ending Balance on December 31<sup>st</sup> of the Fiscal Year: \$ \_\_\_\_\_ (Year-end statement must be attached)

**5. OTHER ACCOUNT:** \_\_\_\_\_

Account type (Savings, CD, Investment)

Account Number

Name of Bank

Beginning Balance on January 1st of the Fiscal Year: \$ \_\_\_\_\_

Plus deposits made during the Fiscal Year \$ \_\_\_\_\_

Plus interest earned during the Fiscal Year \$ \_\_\_\_\_

Less Transfers to Other Accounts \$ \_\_\_\_\_

Ending Balance on December 31<sup>st</sup> of the Fiscal Year: \$ \_\_\_\_\_ (Year-end statement must be attached)

Additional accounts should be listed on the reverse side.

**6. FINANCIAL STATUS OF THE CHAPTER**

Balance in Checking Account \$ \_\_\_\_\_

Balance in Life Membership Trust Account \$ \_\_\_\_\_

Balance in all other Accounts (including any listed on back) \$ \_\_\_\_\_

Total in All Accounts \$ \_\_\_\_\_

Plus other assets or property (attach list) + \$ \_\_\_\_\_

Less unpaid bills of the Fiscal Year - \$ \_\_\_\_\_

Less other liabilities or amounts owed (attach list) - \$ \_\_\_\_\_

Equals Total Net Worth at the end of the Fiscal Year = \$ \_\_\_\_\_

**CERTIFICATION:** I certify that the above financial report reflects a true and accurate summary of the financial position of this Chapter as verified by the annual audit of the books, and includes all bank accounts and other assets of the Chapter.

Signature of Advisory Council Chairman \_\_\_\_\_

Date \_\_\_\_\_

**ADDITIONAL ACCOUNTS**

List any accounts not listed on the front page.

**OTHER ACCOUNT:** \_\_\_\_\_

	Account type ( <i>Savings, CD, Investment</i> )	Account Number	Name of Bank
Beginning Balance on January 1st of the Fiscal Year:		\$ _____	
Plus deposits made during the Fiscal Year		\$ _____	
Plus interest earned during the Fiscal Year		\$ _____	
Less Transfers to Other Accounts		\$ _____	
Ending Balance on December 31 <sup>st</sup> of the Fiscal Year:		\$ _____	<i>(Year-end statement must be attached)</i>

**OTHER ACCOUNT:** \_\_\_\_\_

	Account type ( <i>Savings, CD, Investment</i> )	Account Number	Name of Bank
Beginning Balance on January 1st of the Fiscal Year:		\$ _____	
Plus deposits made during the Fiscal Year		\$ _____	
Plus interest earned during the Fiscal Year		\$ _____	
Less Transfers to Other Accounts		\$ _____	
Ending Balance on December 31 <sup>st</sup> of the Fiscal Year:		\$ _____	<i>(Year-end statement must be attached)</i>

**OTHER ACCOUNT:** \_\_\_\_\_

	Account type ( <i>Savings, CD, Investment</i> )	Account Number	Name of Bank
Beginning Balance on January 1st of the Fiscal Year:		\$ _____	
Plus deposits made during the Fiscal Year		\$ _____	
Plus interest earned during the Fiscal Year		\$ _____	
Less Transfers to Other Accounts		\$ _____	
Ending Balance on December 31 <sup>st</sup> of the Fiscal Year:		\$ _____	<i>(Year-end statement must be attached)</i>

Submit this form by the due date listed at the top of the front page to:

Oregon DeMolay  
709 SW 5th, Suite 301  
Portland, OR 97205

For assistance in completing this form, call the Oregon DeMolay Office at:

(503) 248-2846  
or  
(866) DAD-LAND

**REMEMBER TO INCLUDE COPIES OF THE YEAR-END STATEMENTS OF ALL ACCOUNTS. Report are incomplete and will not be accepted without copies of year-end bank or account statements.**