

DO NOT

STAPLE!



Masonic Angel Foundation, Inc.

Masons Helping Children in Our Community

Semi-Annual Financial Report of _____ Masonic Angel Fund

Period from January 1, 2016 to June 30, 2016 – Due by 7/31/2016 (\$100 Late Fee)

Income

- 1. Member Donations _____
(Attach list of donors of \$500 and more with name, address and amount donated)
- 2. Fundraising events for members only _____
(Please attach P&L report on each event)
- 3. **Total Support from Your Membership** _____
Total of Lines 1 and 2
- 4. Donations from non-members _____
(Attach list of donors of \$500 and more with name, address and amount donated)
- 5. Fundraising events for non-members _____
(Please attach P&L report on each event)
- 6. **Total Support from Non-Members** _____
Total of Lines 4 and 5
- 7. **Funds received from Masonic Angel Foundation, Inc.** _____
- 7a. **Bank Interest** _____
- 7b. **Bank Fees (enter as negative number)** _____
- 8. **TOTAL FUNDS RECEIVED DURING PERIOD** _____
Total of Lines 3, 6, 7 and 7a minus 7b
- 9. **Charitable Distributions** (Please attach one "benevolence form" per distribution) _____
- 10. **NET FOR PERIOD REPORTED** _____
Line 8 minus Line 9

(Use checkbook balance NOT bank statement balance)

Checkbook balance on January 1st _____ **Checkbook** balance on June 30th _____

Bank Account Information (Please attach copies of bank statements/checks for reporting period)
PLEASE DO NOT STAPLE ANY OF THE DOCUMENTS YOU SEND – WE SCAN YOUR REPORTS

Respectfully submitted:

Trustee

Trustee

Trustee

Contact name/phone number for questions _____

Mailing Address • Post Office Box 1389 • Orleans, Massachusetts 02653 • Phone 508-255-8812

Email info@masonicangelfund.org

www.masonicangelfund.org • www.laptopsforkidZ.org • www.beehivefood.org

Updated List of Trustees for _____ Masonic Angel Fund

Date Submitted _____

____ Check here if no changes since last update and leave the form blank

Primary Contact (This is where all MAF communications will be sent)

Name: _____

Street: _____

City/State/Zip _____

Phone _____ Email _____

Secondary Contact

Name: _____

Street: _____

City/State/Zip _____

Phone _____ Email _____

Tertiary Contact

Name: _____

Street: _____

City/State/Zip _____

Phone _____ Email _____

Please submit this information with your report