

**DO NOT**

**STAPLE!**



# Masonic Angel Foundation, Inc.

*Masons Helping Children in Our Community*

Semi-Annual Financial Report of \_\_\_\_\_ Masonic Angel Fund

Period from July 1, 2014 to December 31, 2014 – Due by 1/31/2015

**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*

Checkbook balance on July 1<sup>st</sup> \_\_\_\_\_ Checkbook balance on December 31<sup>st</sup> \_\_\_\_\_

**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](mailto:info@masonicangelfund.org)

[www.masonicangelfund.org](http://www.masonicangelfund.org) • [www.laptopsforkidZ.org](http://www.laptopsforkidZ.org) • [www.beehivefood.org](http://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***