Masonic Angel Foundation, Inc.

Masons Helping Children in Our Community

Semi-Annual Financial Report of _____ Masonic Angel Fund

Period from January 1, 2006 to June 30, 2006

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** _____

8. **TOTAL FUNDS RECEIVED DURING PERIOD** _____
Total of Lines 3, 6 and 7

9. **Charitable Distributions** (Please attach one "benevolence form" per distribution) _____

10. **NET FOR PERIOD REPORTED** _____
Line 8 minus Line 9

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

Bank Account Information (Please attach copies of bank statements/checks for reporting period)

Checking Account # _____ **Bank Name** _____

Savings Account # _____ **Bank Name** _____

Respectfully submitted:

_____ _____ _____
Trustee Trustee Trustee

Contact name/phone number for questions _____

Mailing Address • Post Office Box 1389 • Orleans, Massachusetts 02653 • Phone 508-255-8812
Office • Surfside Building • 49 South Orleans Road • Orleans
Email info@masonicangelfund.org • Web Site www.masonicangelfund.org