

Leadership Calendar & Reports

	Form or Activity	Form	Comments
January	Request Members to report fraternal activity for prior year	1728A	Members can complete on Council Website or send to council via e-mal
January 15	Dues – Issue Second Notice		 Minimum 30 days after First Dues Notice is posted to Billing System Send to members via e-mail
January 31	Annual Survey of Fraternal Activity	1728	Assemble from individual member reportsSubmit online
February 15	Semi-Annual Audit	1295-2	
February- March	Retention Committee		Personal contacts to delinquent members
March 15	Dues – Issue Knight Alert		Minimum 30 days after Second Notice
April 1	Dues – Issue Notice of Intent		Minimum 15 days after Knight AlertSend to members via postal mail
May	Nomination Committee Recommendations		List Officer & Trustee slate in June Knight Worthy News
June 1	Dues – Issue Form 100 for delinquent members		 Minimum 60 (maximum 90) days after Notice of Intent Send to Supreme,
June	Election of Officers		At first meeting in June
June 30	Food for Families Report	10057	Data provided by Activity Director
June 30	RSVP & Plaque Application	2863	Data provided by Activity Director
June 30	Columbian Award Application	SP-7	Submit Online
July 1	Report of Officers Chosen for Term (Officers & Trustees)	185	Submit via Membership Management System
July	Assemble Annual Budget		Request input from Directors & Activity LeadersFinalize at Leadership Meeting
August 1	Service Program Personnel Report (Directors)	365	Submit via Membership Management System
August 15	Semi-Annual Audit	1295-1	
August	Member approval of Annual Budget		Meeting Motion needed
September	2 nd Vote – Final of Annual Budget		Meeting Motion needed
December 15	Issue Annual Dues Statements (First Notice)		Send to members via E-mail from Membership Billing System

ANNUAL SURVEY OF FRATERNAL ACTIVITY JANUARY 1, 20 THRU DECEMBER 31, 20 COUNCIL NUMBER JURISDICTION Section L. Fraternal Program Activities FATH ACTIVITIES (non-equival) DEBURNING OF SERVEY SUPPORTS L. Carloth-School-School-School-Industria L. Carloth-School-School-School-Industria L. Carloth-School-School-Industria L. Carloth-School-School-Industria L. Carloth-School-School-Industria L. Departs Taylory Program TOTAL MATITICON TELEUTIONS IS TOTAL MATITICON TELEUTION IS All information provided on this report is to be from Programs & Activities conducted January 1st through December 31st annually. TOTAL ENGINEERY IS ADMINISTRATION IN TOTAL IS TOT

KNIGHTS OF COLUMBUS		IUAL COUNCIL AUD OR PERIOD ENDED JUNE 30	
47	1	OKTERIOD ENDED JOINE SO	Due By: AUGUST
COUNCIL NO.	CITY	STATE	Due by. Addosi
	SCHEDULE A	- MEMBERSHIP	
ADDITIONS	INS. ASSO. TOT.	DEDUCTIONS	INS. ASSO. TO
Total members start of period		Suspensions	
Initiations		Deaths	
Transfers from other councils Transfers—assoc, to insurance		Withdrawals Transfers—assoc, to insurance	
Transfers—ins. to associate		Transfers—ins. to associate	
Re-entries		Tranfers to other councils	
Total for period		Total deductions	
Minus total deductions		Do not include inactive insurance mer	nhers in this section
Number members end of period		See Knights of Columbus Leadership Re	sources (#5093) boo
Our council uses Member Mana		- ALTERNATIVE The requirement for completing Schedu	le Δ is satisfied
cur countri asos internser mane		CASH TRANSACTIONS	io i i io dationod.
FINANCIAL SECRETARY		TREASURER	
Cash on hand beginning of period	\$	Cash on hand beginning of period	\$
Cash received—dues, initiations	\$	Received from financial secretary	\$
Cash received from other sources:		Transfers from sav./other accts.	\$
(Explain kind and amount)		Interest earned	\$
\$		Total receipts	\$
	S	<u>Disbursements</u> Per capita: Supreme Council	S
Total cash received	S	State council	s
Transferred to treasurer	Š	General council expenses	Ś
Cash on hand at end of period	\$	Transfers to say./other accts.	\$
		Miscellaneous	\$
		Total disbursements Net balance on hand	\$ \$
	SCHEDULE C - AS	SSETS AND LIABILITIES	
ASSETS		LIABILITIES	
Cash:		Due Supreme Council:	
Undeposited funds	\$ S	Per capita	S
Bank — Checking acct. — Savings acct.	\$ \$	Supplies Catholic advertising	S
Money market accts.	\$	Other	S
Due from members	S	Due state council	\$
Total current assets	S	Advance payments by membe	
Less: current liabilities	S	Misc. liabilities	15 \$
Net current assets	\$	Wilsc. liabilities	\$
Other Assets:	•		8
Short term CD \$			S
		Total current liabilities	\$
Money Market Mutual Funds \$		Signed this day of	20
Misc. assets \$			Grand Knig
Total other assets	\$		Trustee
Total assets	\$		Trustee
			Trustee
Please complete all items. Insert "Nor	on" where no figures are	to be shown	Hustee
r lease complete all Items. Insert 1901			
SEND ONE CORY TO: Council Accou	unte	CODIES TO: State Deputy District D	anuty Council File
SEND ONE COPY TO: Council Accor Email: council.accounts@kofc.org Fax: 855-228-1396	unts	COPIES TO: State Deputy, District D	eputy, Council File

T	KNIGH OF COLUM	1BUS		JULY 1	20	TO I	LINIE 3	0 20		
**				JULI I	, 20_	10)	UNE 3		_	
Council #_								DATE OF BL		
			T CAN BE COMP E PLEASE PRINT					i.		Due By: JUNE 30
OUNCIL ADD	ORESS (Meeting Locatio									JUNE 30
		3790	NT.				ADD	TIONAL ADD	A1111	
		CEY		37	PROV. Z	P/POSTAL CO	*			
FAND KNIGHT	MEMBERSHIP NO.	LAST NAME			FIRST NA	a			-	WTIAL
		279227		CITY			STATEPROV	BCS.	ZPPOSTA	CODE
ADDRESS CHAN	GB .									
- NINEY BLIC	no Prince	CTED	TELEPHONE AREA CODE	PHONE NO.		IIMAL				
CHAPLAN	MEMBERSHIP NO.	LAST NAME		PIRKET NAME		INTIAL		EMAL		
		STREET		CITY			STRINFRON	WCE.	ZPPOSTA	CODE
ACCRESS CHA	MEMBERSHIP NO.	LAST NAME		FIRST NAME		INTIAL		EMAL		
FAME RHIGHT	Walland No.	ETHIET		CITY		- Indiana	HOUSE		2FFCEEN	
ADDRESS CHA	GB	STREET		CITY			STATEPROS	NCE	ZP/PCSTAL	CODE
HANCELLOR	MEMBERSHIP NO.	LAST NAME		PRIST NAME		INTIAL		BMAG		
		STREET		CITY			STATEPROV	INCE	ZPPOSTA	CODE
ACCRESS OWN	MEMBERSHIP NO.	LIGHT NAME		PRINT NAME		DUTIAL		IMA		
TECUPEEN.	and the same same same same same same same sam									
ADDRESS CHAN	ca.	STREET		CITY			STATEPROV	IVCE	ZIPPOSTAL	CODE
PEAUTER	MEMBERSHIP NO.	LAST NAME		FIRST NAME		INTIAL		BMAG		
		STREET		CITY			STATILIPROV	INCE	ZPPOSTA	CODE
ACCRESS CHAN	MEMBERSHIP NO.	LAST NAME		FIRST NAME		INITIAL.		PRAAGE.		
ADDRESS CHAN	Call Call	STREET		CITY			STATE/PROV	NCE	ZPPOSTAL	CODE
NOVOCATE	MEMBERSHIP NO.	LAST NAME		FIRST NAME		INTIAL		HMAS		
		STREET		CITY			STATEPROV	INCE	ZPPOSTA	CODE
ACORSES CHAN	MEMBERSHIP NO.	LAST NAME		PORT NAME		DITIAL		1944		
ADDRESS CHAN	Ca.	STREET		CITY			STATEPROV	WCE	ZPPOSTAL	CODE
NSIDE GUARD	MEMBERSHIP NO.	LAST NAME		PERST NAME		INITIAL		IMAL		
OUTSIDE GUARD	MEMBERSHIP NO.	LAST NAME		PIRKET NAME		INTIAL		IMAL		
TRUSTEE FOR	MEMBERSHIP NO.	LAST NAME		FIRST NAME		INTIAL		IMAL		
TRUSTEE FOR	MEMBERSHIP NO.	LAST NAME		PIPERT NAME		INTIAL		IIMA		
TWO YEARS	MEMBERSHP NO.	LAST NAME		PIPERT NAME		PATIAL		IMA		
THREE YEARS	MEMBER/SHIP NO.	DOT SAME		PHAT MAN		-ATIAL		IND/A		
COUNCE MEETS										
THIS INFOR	MATION IS ESSENT	IAL FOR TRAN	SACTION OF OFFICE	AL BUSINESS	AND DIREC	T MAIL COL	MUNICATIO	ONS WITH	OFFICERS	BIOMIC
			SECTION 128, LAWS							

Service Program Personnel Report July 1, 20___ through June 30, 20___

- servey, conserv sucressing many part trough services memory available for expedited processing. This is the preferred method.

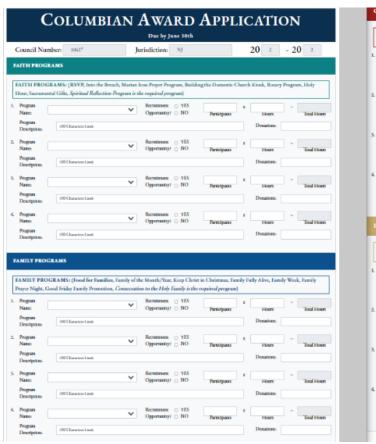
• If filling out this report on page, its sure is include the securate membership number for each role.

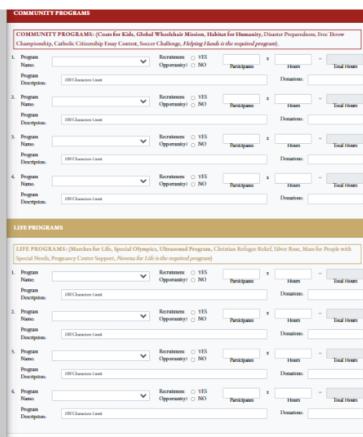
• Required roles to be appointed have been designated – Program Director, Family Director, Community Director, Membership Director, Retestion Chairman.

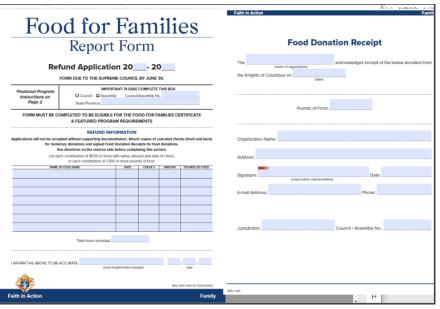
Changes during the fistemal year should be made using Member Management to update the roles accordingly. If your council uses the paper form, only correlate and submit that information which has changed.

PROGRAM DIRECTOR	MEMBERSHIP NO.	LAST NAME	PRINT NAME	INTAL			
REQUIRED		EMAL					
FAITH DIRECTOR	MEMBERSHIP NO.	LAST NAME	PRIST NAME	INTAL			
		EMAS.					
AMILY DIRECTOR	MEMBERSHIP NO.	LAST NAME	PRINT NAME	INTAL.			
REQUIRED		IMAS.					
COMMUNITY DIRECTOR	MEMBERSHIP NO.	LAXT NAME	PRINT NAME	INTAL			
REQUIRED		IMM.					
IFE DIRECTOR	MEMBERSHIP NO.	LAST NAME	PRINT NAME	INTAL			
		EMAS.					
ниментину опестол	MEMBERSHIP NO.	LOST NAME	FIRST NAME	INTAL.			
REQUIRED		IMA.					
BCBUTMENT COMMITTEE	MEMBERSHIP NO.	LAST NAME	FIRST NAME	INTAL			
		IMAG.					
RECRUITMENT COMMITTEE	MEMBERSHIP NO.	LAST NAME	FIRST NAME	INTAL			
		INV.					
BCRUTMENT COMMETTEE	MEMBERSHIP NO.	LOST NAME	FIRST NAME	INTAL			
		BMAG.					
STENTION CHARMAN	MEMBERSHIP NO.	LAST NAME	FIRST NAME	INTAL			
REQUIRED		EMAL.					
NEURANCE PROMOTION	MEMBERSHIP NO.	LAST NAME	PRINT NAME	INTAL.			
		EMA.					
VOCATIONS CHARMAN	MEMBERSHIP NO.	LAST NAME	PRIST NAME	INTAL			
		EMAL.					
HEALTH SERVICES	MEMBERSHIP NO.	LOST NAME	FIRST NAME	INTAL			
		EMAS.	•	-			
PUBLIC RELATIONS	MEMBERSHIP NO.	LAST NAME	PRIST NAME	INTAL			
		EMA.					
TEND ORIGINAL TO D	nestment of Festment	Mission (email: fraternalmission@kofc.org)					

2









Fraternal Programs Report Form



Optional State Council Program Award Report (Online)

