



DISTRICT DEPUTY SEMI ANNUAL REPORT
ON COUNCIL STATUS
JULY THROUGH DECEMBER
DEADLINE - DECEMBER 31

State/Province: _____

District No.: _____

(Print or type all information)

Council #: _____ Location: _____ (City) _____ (State/Province) Date of Report: _____

COUNCIL DEADLINE

- Election of Officers (Form #185) - Deadline: July 1 for receipt at Supreme Council office.
Service Program Personnel Report (Form #365) - Deadline: August 1 for receipt at Supreme Council office.
Semiannual Council Audit Report (Form #1295) - Deadline August 15 for receipt at Supreme Council office.
July Per Capita Tax Assessment - Deadline: October 10 for receipt at Supreme Council office.
IRS Form 990 - Return of Organization Exempt From Income Tax - Deadline: Fifteenth day of the fifth month following the close of the council's annual accounting period.

ORGANIZATION

- Are council officers knowledgeable of their duties? Yes No
Are council officers performing as they are expected? Yes No
Do council officials regularly attend district meetings? Yes No
District deputy has inspected the council books and financial records. Yes No
District deputy certifies records comply with the Order's laws and rules. Yes No

MEMBERSHIP

- Is the council conducting an effective membership recruitment campaign? Yes No
Does the council utilize an Admission Committee? Yes No
Do the grand knight and financial secretary reconcile the membership transactions reported by the Supreme Council office on the monthly Grand Knight's Membership and Financial Statement (Form #1189) and the Council Billing Statement (Form #F056)? Yes No
Has the council implemented an organized membership retention program? Yes No

INSURANCE PROMOTION

- Is a field agent assigned to this council? Yes No
Is the council conducting an overall insurance promotion program? Yes No
Is the financial secretary providing copies of the Membership Document (Form #100) to the agent immediately following First Degrees? Yes No
Does the field agent participate in council functions? Yes No
Do you expect this council to achieve its insurance member quota? Yes No

SERVICE PROGRAM

- Is this council operating under the recommended Service Program structure? Yes No
Status of program: Excellent Good Fair
Does this council sponsor a Columbian Squires circle? Yes No
Status of circle: Good Fair Inactive
Is council interested in instituting or reactivating a Columbian Squires circle? Yes No
If yes, Contact Name: _____ Membership Number: _____
Address: _____
Will this council earn Star Council? Likely Unlikely

NEW COUNCIL DEVELOPMENT

- Number of parishes being served by the council: _____
Is there a Round Table serving each Parish? (If your council serves more than one Parish.) Yes No
Could a new council be developed in this area? Yes No
If yes, please identify the site: _____

OVERALL STATUS (Outline council strengths, weaknesses, achievements, etc.):

District deputy recommendations suggested to council leadership:

Signed: _____ District Deputy #

Street Address _____

City and State or Province _____ Zip or Postal Code _____