



For Twelve Month Period Ending December 31,

Council Number _____ **Location** _____
city/town state/province

I. NUMBER OF MEETINGS HELD DURING YEAR:

- 1. Regular
- 2. Social
- 3. Special

TOTAL NUMBER OF MEETINGS HELD

II. ACTIVITY EXPENSE

DOLLARS ONLY:

- 1. a. Printing and Postage
- b. Food and Refreshments
- c. Prizes
- d. Projects
- e. Entertainment
- f. Miscellaneous

TOTAL ACTIVITY EXPENSES

III. CHARITABLE DISBURSEMENTS:

Church Activities

DOLLARS ONLY:

- 1. a. Church Facilities
- b. Catholic Schools
- c. Religious Education
- d. Seminarians/RSVP
- e. Seminaries
- f. Vocations Projects
- g. Miscellaneous

Total Church Disbursements

Community Activities

DOLLARS ONLY:

- 2. a. Elderly
- b. Physically Disabled
- c. Special Olympics
- d. Intellectual Disabilities
- e. Human Needs
- f. Victims of Disasters
- g. Hospitals/Institutions
- h. Health and Service Organizations
- i. Community-wide Projects
- j. Habitat for Humanity Projects
- k. Miscellaneous

Total Community Disbursements

Pro-Life Activities

DOLLARS ONLY:

- 3. a. Donations
- b. Hall usage
- c. Birthright
- d. Baby showers
- e. Baby bottle campaign
- f. Memorials to unborn children
- g. Ultra-sound program

Total Pro-Life Disbursements

Youth Activities

DOLLARS ONLY:

- 4. a. Columbian Squires
- b. Scouting
- c. Youth Groups
- d. Youth Welfare/Services
- e. Athletics
- f. Scholarships/Education
- g. Miscellaneous

Total Youth Disbursements

TOTAL CHARITABLE (Church, Community, Pro-Life and Youth) DISBURSEMENTS

IV. FRATERNAL COMMITMENT:

- 1. Number of visits to:
 - a. Sick
 - b. Bereaved

Total Visits

- 2. Number of blood donors
- 3. Habitat for Humanity Projects

Estimated hours of volunteer service:

- 4. a. Church
- b. Community
- c. Youth
- d. Habitat for Humanity
- e. Miscellaneous

Total Volunteer Hours

Estimated hours of fraternal service:

- 5. Sick/disabled members and their families

(Signed) _____
(Grand Knight)

(Signed) _____
(Financial Secretary)

Date: _____

MAIL ORIGINAL TO: Supreme Council Department of Fraternal Services.

MAIL COPIES TO: State Deputy, District Deputy, Council File

Available in electronic format at www.kofc.org