



For Twelve Month Period Ending December 31, 20__

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/Intellectual Disabilities
- d. Veteran Military/VAVS
- e. Food for Families
- f. Victims of Disasters
- g. Hospitals/Institutions/Health Organizations
- h. Global Wheelchair Mission
- i. Community Wide Projects
- j. Habitat for Humanity Projects
- k. Miscellaneous

Total Community Disbursements

Culture of Life Activities

DOLLARS ONLY:

- 3. a. Donations
- b. March for Life
- c. Birthright/Baby showers
- d. Baby bottle campaign
- e. Memorials to unborn children
- f. Ultra-Sound Initiative

Total Culture of 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. Coats for Kids
- h. Miscellaneous

Total Youth Disbursements

TOTAL CHARITABLE (Church, Community, Culture of Life and Youth) DISBURSEMENTS

IV. FRATERNAL COMMITMENT:

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

Total Visits

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

Estimated hours of volunteer service:

- 4. a. Church
- b. Community
- c. Youth
- d. Habitat for Humanity
- e. Culture of Life
- f. VAVS (Veterans Affairs Voluntary Service)
- g. Food for Families
- h. Special Olympics
- i. 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, Fraternal Mission Department.
MAIL COPIES TO: State Deputy, District Deputy, Council File
Available in electronic format at www.kofc.org