



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](http://www.kofc.org)