



(Print or type all information)

DISTRICT DEPUTY SEMI ANNUAL REPORT
ON COUNCIL STATUS (944A)
JULY THROUGH DECEMBER
DEADLINE - DECEMBER 31

State/Prov.: _____

District No.: _____

Date of report: _____

Council #: _____ Location: _____
(City) (State/Province)
Type of Council: [] Regular [] Military [] College

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.
[] Survey of Fraternal Activity (Form #1728) - Deadline: January 31 for receipt at Supreme Council office.
[] Semiannual Council Audit Report (Form #1295) - Deadline: February 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 reporting period

ORGANIZATION

- 1. Are council officers performing as expected? [] Yes [] No
2. Do council officers regularly attend district meetings? [] Yes [] No
Number of district meeting held from July-December? _____
3. Has the District Deputy inspected the council books and financial records? [] Yes [] No
4. Does the District Deputy certify the records comply with the Order's laws and rules? (If no, attach explanation) [] Yes [] No

MEMBERSHIP

- 1. Is the council conducting an effective membership recruitment campaign? [] Yes [] No
2. Does the council utilize an Admission Committee? [] Yes [] No
3. 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
4. Has the council implemented an organized membership retention program? [] Yes [] No

INSURANCE PROMOTION

- 1. Is a field agent assigned to this council? [] Yes [] No
2. Is the council conducting an effective insurance promotion program? [] Yes [] No
3. Does the financial secretary provide copies of the Membership Document (Form #100) immediately after First Degrees? [] Yes [] No
4. Does the field agent participate in council functions? [] Yes [] No
5. Do you expect this council to meet its insurance member quota? [] Yes [] No

SERVICE PROGRAM

- 1. Is the council operating under the recommended service program structure? [] Yes [] No
Status of program: [] Excellent [] Good [] Fair
2. Does the council sponsor a Columbian Squires circle? [] Yes [] No
Status of program: [] Excellent [] Good [] Fair
3. Is the council interested in starting or reactivating a Columbian Squires circle? [] Yes [] No
If yes, Contact name: _____
Address: _____
4. Will this council earn Star Council? [] Likely [] Unlikely

NEW COUNCIL DEVELOPMENT

- 1. Number of parishes served by this council _____
2. Is there a Round Table serving each parish (if council serves more than one parish) [] Yes [] No
3. Could a new council be developed in this area? [] Yes [] No
If yes, identify the site: _____

OVERALL STATUS (Outline council strengths, weaknesses, achievements, etc. Use other side if more space is needed)

District deputy recommendations to council leadership (Use other side if more space is needed)

Forward completed report to:
Knights of Columbus
Department of Fraternal Services
1 Columbus Plaza
New Haven CT 06510-3326

Send copy to state deputy and retain a copy for district deputy files
(944A 10/11)

Signed: _____ DD # _____

Address: _____

City and State/Province Zip/postal code