



**DISTRICT DEPUTY SEMIANNUAL REPORT**  
**ON COUNCIL STATUS (944B)**  
**JANUARY THROUGH JUNE**  
**DEADLINE – JUNE 30**

State/Prov.: \_\_\_\_\_

District No.: \_\_\_\_\_

Date of report: \_\_\_\_\_

(Print or type all information)

Council #: _____	Location: _____	
	(City)	(State/Province)
Type of Council: <input type="checkbox"/> Regular <input type="checkbox"/> Military <input type="checkbox"/> 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?  
Number of district meeting held from January-June? \_\_\_\_\_  Yes     No
- 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)

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

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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  
 (944B 10/11)

Signed: \_\_\_\_\_ DD # \_\_\_\_\_

Address: \_\_\_\_\_

City and State/Province \_\_\_\_\_ Zip/postal code \_\_\_\_\_