



(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