



KNIGHTS OF COLUMBUS

IOWA COUNCIL REPORT SUMMARY FORM



Completion of this report is crucial to the success of your council. The outcome of using this summary will allow your council to schedule when the reports are due and to insure the council submits the reports by the noted deadlines. As you complete each report, please record the date when you sent the report. An active council completes all reports on time. Sending a copy of each report to your District Deputy and the State Deputy is important.

Remember that proper planning not only allows your council to meet its goals for the year, but is also the basis in qualifying for State and Supreme awards.

FINANCES:

July State per Capita	Date Paid_____ (Deadline 10-10-08)
October Catholic Education Fund	Date Paid_____ (Deadline 10-30-08)
January State per Capita	Date Paid_____ (Deadline 04-10-09)
April Catholic Education Fund	Date Paid_____ (Deadline 07-10-09)

REPORTS:

Report of Officers for 2008-09 term	Date Filed_____ (Deadline 07-01-08)
Service Program Personnel Report	Date Filed_____ (Deadline 08-01-08)
Semi-Annual Audit (Period ending 06-30-08)	Date Filed_____ (Deadline 08-15-08)
Fraternal Activity Survey (Ending 12-31-08)	Date Filed_____ (Deadline 01-31-09)
Semi-Annual Audit (Ending 12-31-08)	Date Filed_____ (Deadline 02-15-09)
Report of Officers for 2009-10 Term	Date Filed_____ (Deadline 07-01-09)

VOCATIONS SUPPORT (RSVP):

Number of Persons_____ Amount of Support_____ (Deadline 06-30-09)

STATE PROGRAMS:

Persons with Intellectual Disabilities Drive	
Month Held_____	Total Collected_____
Pennies for Heaven	Total Collected_____
Vocations Fund	
State Convention	Total Given_____
Given to Seminarians (Other than RSVP)	Total Given_____
Birthright	Total Collected_____

OTHER CHARITABLE DONATIONS

	NAME	PURPOSE	AMOUNT
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____



KNIGHTS OF COLUMBUS

IOWA
COUNCIL
BUDGET
FORM

	Actual Last Year	Budgeted This Year
INCOME		
Council Dues (\$ Per year) X (Number of Members)	_____	_____
Initiations	_____	_____
Number of _____ Inactive Members X \$2.30	_____	_____
Income from Bingo, Lotteries & etc.	_____	_____
Other Income	_____	_____
Total Income	_____	_____
EXPENSE		
Supreme Per Capita (\$3.50 X Dues Paying Members)	_____	_____
Supreme Catholic Information Service (\$0.80 X Number of Members)	_____	_____
State Per Capita (\$6.50 X Number of Members)	_____	_____
State Catholic Education Fund (\$1.50 X Number of Members)	_____	_____
Financial Secretary's Compensation (Between 8 & 10 % of the dues Collected)	_____	_____
Rent	_____	_____
Postage	_____	_____
Supplies	_____	_____
Service Program Expense		
Church	_____	_____
Youth	_____	_____
Community	_____	_____
Family	_____	_____
Council	_____	_____
Other Expenses	_____	_____
Total Expenses	_____	_____
Net Gain or Loss	_____	_____



KNIGHTS OF COLUMBUS
IOWA
MEMBERSHIP & FIRST DEGREE
ACTIVITY
FORM



Certified First Degree Team

Grand Knight _____ Deputy Grand Knight _____

Chancellor _____ Financial Secretary _____

Warden _____

First Degree

	Date	Location	Number of Candidates
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____
8.	_____	_____	_____
9.	_____	_____	_____
10.	_____	_____	_____

Third Degree

Date _____ Team _____ # of Candidates _____

Date _____ Team _____ # of Candidates _____



KNIGHTS OF COLUMBUS

IOWA
MONTHLY
MEMBERSHIP ACTIVITY
FORM



As your council completes a membership activity each month, record the activity below. This activity may be a First Degree, Second and Third Degree or it may be a sign up activity that leads to a First Degree being held. The important thing is to be working on membership all year long, not just once or twice a year. To sign up a member, all it takes is just asking a Catholic gentleman.

July

1. _____

2. _____

August

1. _____

2. _____

September

1. _____

2. _____

October

1. _____

2. _____

November

1. _____

2. _____

December

1. _____

2. _____

January

1. _____

2. _____

February

1. _____

2. _____

March

1. _____

2. _____

April

1. _____

2. _____

May

1. _____

2. _____

June

1. _____

2. _____



KNIGHTS OF COLUMBUS
IOWA
COUNCIL MONTHLY
PERPETUAL MEMORIAL SOCIETY
FORM



Enrolled in the Iowa K of C Perpetual Memorial Society

Name

Date Enrolled

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____
13. _____
14. _____
15. _____



KNIGHTS OF COLUMBUS
IOWA
KNIGHT OF THE MONTH
REPORT
FORM



THIS REPORTING FORM SHOULD BE COMPLETED BY EACH COUNCIL AND FORWARDED TO THE NAME BELOW.

Council No. _____ City _____ GK Phone No. _____

Month	Knight of the Month – Name	Shirt Size
July	_____	_____
August	_____	_____
September	_____	_____
October	_____	_____
November	_____	_____
December	_____	_____
January	_____	_____
February	_____	_____
March	_____	_____
April	_____	_____
May	_____	_____
June	_____	_____

KNIGHT OF THE YEAR

Name _____

Address _____

City _____ Phone () _____

By the tenth (10th) of the following month you select the Knight of the month for your council:

E-Mail Monthly Information to: rljacoby@netins.net or
 Mail Monthly Information to: State Councils Active Chairman
 Richard L. Jacoby
 403 Williams Street
 Victor, IA 52347
 319-647-3527

KNIGHTS OF COLUMBUS



IOWA
MONTHLY
RIGHT TO LIFE / BIRTHRIGHT ACTIVITY
FORM

July

1. _____

2. _____

August

1. _____

2. _____

September

1. _____

2. _____

October

1. _____

2. _____

November

1. _____

2. _____

December

1. _____

2. _____

January

1. _____

2. _____

February

1. _____

2. _____

March

1. _____

2. _____

April

1. _____

2. _____

May

1. _____

2. _____

June

1. _____

2. _____

KNIGHTS OF COLUMBUS

IOWA
MONTHLY
FAMILY ACTIVITY
FORM



July

1. _____

2. _____

August

1. _____

2. _____

September

1. _____

2. _____

October

1. _____

2. _____

November

1. _____

2. _____

December

1. _____

2. _____

January

1. _____

2. _____

February

1. _____

2. _____

March

1. _____

2. _____

April

1. _____

2. _____

May

1. _____

2. _____

June

1. _____

2. _____



KNIGHTS OF COLUMBUS
IOWA
FAMILY OF THE MONTH
FORM



FAMILY OF THE MONTH REPORT

July Name _____
August Name _____
September Name _____
October Name _____
November Name _____
December Name _____
January Name _____
February Name _____
March Name _____
April Name _____
May Name _____
June Name _____

FAMILY OF THE YEAR

Name _____
Address _____
City _____ Phone () _____



KNIGHTS OF COLUMBUS

IOWA
MONTHLY
YOUTH ACTIVITY
FORM



Columbian Squires

Circle Number _____ # of Squires _____

Chief Counselor _____

of other Counselors _____

Activities involving the Squires with your Council

1. _____
2. _____
3. _____
4. _____

Youth activities other than Squires

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____



KNIGHTS OF COLUMBUS

**IOWA
PERSONS with INTELLECTUAL DISABILITIES DRIVE
TOOTSIE ROLL ORDER
FORM**



Please complete this Tootsie Roll order form and send a copy to your District Deputy
NO LATER THAN MARCH 1st .

District Number: _____

Council Number: _____ Location of Council: _____

Grand Knight's Name: _____

Address: _____ City: _____

Number of cases of Tootsie Rolls required _____ (300 Tootsie Rolls per case @ \$17.25 per case)

For free shipping, minimum order is **33 cases**. If your Council orders 33 cases or more, please indicate where cases may be shipped to. This must be a business address open between 8:00 a.m. and 5:00 p.m. and you must give a phone number that can be reached by the delivery company. Tootsie Roll will not ship to a KC Hall unless it is open during the above hours. If the total for your Council is less than 33 cases, check with neighboring Councils to see if you may have your cases delivered to their shipping site. If you have your cases delivered to another Council, this form still needs to be filled out and returned to your District Deputy.

Anticipated dates of Council's Mentally Handicapped Drive: _____

Ship To: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone number for delivery notifications or questions (required): _____

NOTE: Be certain your Council receives the proper number of cases ordered when Tootsie Rolls are delivered.

If your Council does not plan to order Tootsie Rolls, please indicate how your Council plans to conduct your drive.

Start planning your Persons with Intellectual Disabilities Drive NOW

Copy – District Deputy

Copy – Council Record



KNIGHTS OF COLUMBUS

IOWA
PERSONS with INTELLECTUAL DISABILITIES FUND DRIVE
REPORT
FORM



(Please type or print clearly)

*** GRAND KNIGHT IS RESPONSIBLE FOR ALL FUNDS AND REPORT ***

Council #: _____ District #: _____ City: _____

Grand Knight: _____ Telephone: _____

Address: _____

City: _____ State: _____ Zip: _____

- A. Total Amount Collected \$ _____
 (Include Line B in total if your council donates cost of Candy. Cost of candy is due now)
- B. Less _____ Cases of Tootsie Rolls @ \$17.25 Per case \$ _____
- C. Net Amount (Line A minus Line B) \$ _____
- D. Less 10% for State-wide projects (10% of Line C) \$ _____
- E. Total funds for local distribution (Line C minus Line D) \$ _____

Please send total amount collected (Line A above) by check payable to : "Knights of Columbus P.I.D. Fund" along with a copy of this report to : Michael P. Laake, State Secretary, 6 Alexander Rd, Estherville, IA 51334-1012 Telephone (712) 362-9919

- 1. _____ \$ _____
 - 2. _____ \$ _____
 - 3. _____ \$ _____
 - 4. _____ \$ _____
 - 5. _____ \$ _____
 - 6. _____ \$ _____
 - 7. _____ \$ _____
 - 8. _____ \$ _____
 - 9. _____ \$ _____
 - 10. _____ \$ _____
- Total Distribution (Must equal Line E above) \$ _____

DEADLINE FOR REPORTING IS OCTOBER 31

Copy – District Deputy

Copy – Council Record



KNIGHTS OF COLUMBUS

**IOWA
PERSONS with INTELLECTUAL DISABILITIES FUND DRIVE
REPORT
FORM**



* GRAND KNIGHT IS RESPONSIBLE FOR ALL FUNDS AND REPORT *

Council # 100 District # 1 City HomeCouncil Iowa

Grand Knight Bro. John Doe Telephone # 123-123-1234

Address 123 North Street

City AnyTown State IA ZIP 51000-1234

Council writes check(s) for this amount

A. Total Amount Collected (Enclose check for this amount) (Include Line B in total if your council donates cost of candy. Cost of candy is due now)	\$	<u>534.50</u>
B. Less <u>2</u> cases of Tootsie Rolls @ \$17.25 per case For each council the Cases ordered = Amount owed If transferring cases between councils the receiving council pays the giving council.	\$	<u>34.50</u>
C. Net Amount (Line A minus Line B)	\$	<u>500.00</u>
D. Less 10% for State-wide projects (10% of Line C)	\$	<u>50.00</u>
E. Total funds for local distribution (Line C minus Line D)	\$	<u>450.00</u>

Please send **total amount collected (Line A above) by check** payable to "Knights of Columbus P.I.D. Fund" along with the original copy of the report to State Secretary

1. <u>751 ARC (Associations for Retarded Citizens)</u>	\$	<u>50.00</u>
2. <u>752 Directors of Religious Education</u>	\$	<u>50.00</u>
3. <u>753 Special Olympics</u>	\$	<u>200.00</u>
4. <u>754 Other Charities (Mentally Handicapped)</u>	\$	<u>150.00</u>
5. The intent of the Persons with Intellectual Disabilities Drive is	\$	
6. that the monies be used to specifically and explicitly benefit	\$	
7. those citizens who are Intellectually Disabled.	\$	
7. Any organization, group or institution that services these	\$	
7. citizens is eligible to receive donations from collected monies.	\$	
8.	\$	
9.	\$	
10.	\$	
Total Distribution (Must equal Line E above)	\$	<u>450.00</u>

This is an Example

DEADLINE FOR REPORTING IS OCTOBER 31