

2016 ANNUAL SOCIETY REPORT

The KJT By-Laws, state that this Annual Report *must be completed in full and returned to the KJT Home Office by January 31, 2017* (postmark is sufficient) for your society to be entitled to the 2016 premium refund. If applicable, this form must be completed for society officers to be eligible for the Society Officer Benefit. Any questions or blanks left unanswered will be considered as a "NO" answer and the society will not receive credit for that event or meeting.

- PART I** List dates of all meetings held in 2016, attach a copy of the minutes and the sign-in rosters for each meeting held on those dates and list the dates of the scheduled 2016 meetings.
- PART II** List all society officers with complete address, phone number and e-mail address.
- PART III** Audit Report to be completed and signed by three members – *not officers or immediate family members of the officers.*
- PART IV** 2016 Society Recognition Award – *Must be completed for your society to be eligible for the various level awards.*
- PART V - VII** Report of Society's 2016 Fraternal and Community support.

PART I

Society of St. _____ No. _____ Location _____

Monthly local society dues per member, if applicable: Adult \$ _____ Junior \$ _____

Are these local dues the same as last year? Yes _____ No _____

DATES OF MEETINGS HELD DURING 2016

DATES OF MEETINGS SCHEDULED FOR 2017

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

Did your society hold an activity(ies) for the youth during 2016? (check one) Yes No
If "yes", list dates & activities on Page IV.

PART II

The following officers were elected to serve during the year 2017:

() **Chaplain** _____ E-Mail _____
Full Address _____ Cell No. _____
_____ Home No. _____

() **President** _____ E-Mail _____
Full Address _____ Cell No. _____
_____ Home No. _____

() **Vice President** _____ E-Mail _____
Full Address _____ Cell No. _____
_____ Home No. _____

() **Secretary** _____ E-Mail _____
Full Address _____ Cell No. _____
_____ Home No. _____

() **Treasurer** _____ Email _____
Full Address _____ Cell No. _____
_____ Home No. _____

- NOTE: ALL OFFICERS MUST BE MEMBERS OF YOUR SOCIETY AND THE PRESIDENT AND VICE PRESIDENT MUST BE A CATHOLIC INSURED MEMBER. IT IS VERY IMPORTANT THAT THE ADDRESSES AND TELEPHONE NUMBERS OF ALL OFFICERS ARE CORRECT AND COMPLETE! PLEASE INCLUDE THE ZIP CODE AND AREA CODE.

Please enter a check mark () to the left of the above officer positions being compensated by your society. If any society officer is being compensated, please furnish the following information by indicating with a check mark which applies. Officers received: \$0 to \$100 annually _____; more than \$100 but less than \$250 annually _____; over \$250 annually _____.

NOTE: If any society officer received compensation of more than \$600 from the society during 2015, the society must issue IRS Form 1099 to that officer.

Certified by

AUDIT PROCEDURES

A. The Society President appoints an audit committee consisting of three adult members who are not Society officers or immediate family members of the officers.

B. The audit committee will do the following:

1. Review the society minutes and verify that the Annual Report is correct.
2. Reconcile bank statement to check book balance.
3. Examine savings passbook and/or certificates of deposit.
4. Add all receipts and disbursements for the year.
5. To the beginning check book balance, add total receipts, subtract total disbursements and compare ending result to the check book balance.
6. Prepare report to be presented at next society meeting as follows:

a. Beginning balance 1/1/2016 (Cash on hand, in banks and savings)	\$	
b. ADD receipts for the Year	+	
c. LESS disbursements	-	
NET WORTH OF SOCIETY (as of 12-31-2016)		

Do the society checks require more than one signature? Yes _____ No _____
(If "No" it is recommended that two society officers sign all checks.)

We the undersigned certify that we audited and reviewed the society minutes and financial records of this society.

Date

Signature

Date

Signature

Date

Signature

PLEASE COMPLETE THE FOLLOWING TO BE ELIGIBLE FOR A

2016 SOCIETY RECOGNITION AWARD

Did your society support Priests & Religious Retirement Fund? YES NO

Flag Day: YES NO Date _____ Description _____

Join Hands Day: YES NO Date _____ Description _____

Parish Project: YES NO Date _____ Description _____

Priest Meeting: YES NO Date _____ Description _____

Matching Grant: YES NO Date _____ Description _____

Youth Activities: YES NO Date _____ Description _____

Date _____ Description _____

Date _____ Description _____

GENERAL RULES

1. A legal society meeting is one at which five (5) members (including officers) are present and minutes are recorded.
2. Each society activity will count as one requirement. EXAMPLE: A youth member activity cannot count as a meeting and as a youth activity.
3. Each society will be eligible for only one award.
4. In order to verify that the award application from the society is accurate, each meeting, activity, or event must have been recorded or publicized in the KJT NEWS or local news media publications. Verification must be attached to the completed application and the specific items highlighted or identified.
5. Each activity must have occurred in 2016.
6. Annual report forms must be **postmarked** no later than January 31, 2017.

Requirements Needed:	Level I	Level II	Level III
Secured new insured/annuity members (use % basis if society has less than 300 insured members)	10(3%)	8(2%)	5(1%)
Held the required number of society meetings	6	4	4
Participated in the following programs	3	2	1
a. Flag Day	**	***	****
b. Join Hands Day	**	***	****
c. Parish Project	**	***	****
d. Matching Grant Program	**	***	****
Filed all Annual Reports by January 31, 2017	*	*	*
Supported Priest & Religious Retirement Fund	*	*	*
Held Junior Youth Activities	2	1	1
* Levels I-II-III must participate in each of these programs			
** Level I must participate in three of these programs			
*** Level II must participate in two of these programs			
**** Level III must participate in one of these programs			

FRATERNAL SUPPORT

This category includes local society members' activities in calendar year 2016 that support or were sponsored by the local society for social, educational, cultural, religious, recreational, patriotic or fraternal purposes. The activities must involve two or more people. Generally speaking, fraternal support involves member participation in the following activities: those necessary to maintain the local society as an organizational unit, those undertaken for the personal development of members, or those that advance one of the purposes of the society or build fellowship among members. (Anniversary dinners, holiday parties, physical fitness events, elections, leadership training, junior activities)

EVENTS

Report all local society fraternalism functions or a society-sponsored gathering of two or more local society members. Those activities that involve conducting the business of the local society, promoting fellowship among members, advancing the purposes of the society or assisting in the personal development of local society members should be included.

TOTAL EVENTS _____

LOCAL SOCIETY HOURS

Rounding off to whole numbers, report the personnel hours devoted by local society members to society functions and activities devoted to the business and affairs of the local society. Estimate hours based on time actually spent by members attending, organizing, planning, traveling to and from, or working at such events. **Do not report hours of field personnel who are paid for their work, unless it is done outside of their workday.** If an activity has features of both community service and fraternal support and the time devoted to each can be separately identified, allocate actual hours devoted to each type of activity. If an activity involves both community service and fraternal support and the time cannot be separated, report the total hours to *EITHER* Community Service *OR* Fraternal Support, but not both.

TOTAL HOURS _____

EXPENDITURES

Using whole numbers, report total dollars spent to maintain and operate the society, carry out society activities or conduct fraternal events. This may include hall rent, postage, utilities, insurance, office supplies, etc. Also, include expenditures related to the sponsorship of specific fraternal events or functions, including expenditures for advertising, entertainment, refreshments, etc. Do not include expenditures that constitute community disbursements as defined above. **Do not include any matching grants or funds received from the Home Office.**

TOTAL EXPENDITURES \$ _____

COMMUNITY SERVICE

This category includes society members' activities on behalf of the society in the calendar year 2016 that assisted needy individuals or improved the community-at-large. For example, these activities could be JOIN HANDS DAY projects, blood drives, Habitat for Humanity builds, food and clothing collections, Make a Difference Day or activities benefiting the Priests and Religious Retirement Fund Drive, Seminarian Education and Julie Koch Lyons Foundation

EVENTS

Report as a "community service event" any function or gathering of two or more members where action is taken to assist needy individuals or improve the community-at-large. The function or gathering to assist others must be organized, sponsored or under the auspices of the society to qualify as a "community service event".

TOTAL EVENTS _____

HOURS

Rounding off to whole numbers, report the total hours contributed toward community service projects by volunteers who are society members or others who work on projects directly sponsored by the local society, as defined above. If an activity has features of both community service and fraternal support and the time devoted to each can be identified separately, allocate actual hours devoted to each type of activity. If an activity involves both community service and fraternal support and the time cannot be separated, report the total hours *EITHER* Community Service *OR* Fraternal Support, but not both.

Estimate hours based on time actually spent performing a service to others, **including time spent in preparation and travel. Do not report hours of Home Office personnel that occur during their paid work day.** However, hours for Home Office personnel may be counted if those hours are contributed outside the workday.

TOTAL HOURS _____

DISBURSEMENTS

Rounding off to whole numbers, report the total dollars spent by your local society to assist needy individuals or to improve the community-at-large. Include all monies disbursed by the local society as a spending unit for these purposes, including funds disbursed as a result of local society fundraising activities. Do not include direct contributions of lodge members in their private capacities to assist needy individuals or to support charitable causes.

TOTAL DISBURSEMENTS \$ _____

Local Society's Fraternal Community Contributions

(Do Not include Your Priest & Religious Retirement Donations & Home Office Matching Grant Funds in these totals)

Local Society Scholarships

Total number of scholarships awarded _____

Total amount of scholarship money awarded _____

Were scholarships available to non-members? Yes No

If yes, how many scholarships were awarded to non-members? _____

Community Improvement

(Activities to better the community, including serving the poor, and improving playgrounds, church yards, etc.)

Number of Activities _____ List Activities _____

Number of members involved _____ Number of Non-members involved _____

Funds spent in support of activity; e.g. purchase food pantry items or building supplies _____

Funds donated to organization; e.g. food pantries, Habitat for Humanity, etc. _____

Education/Youth *(adopt-a-school program, school supply drives, youth engagement activities)*

Number of projects _____ Number of Schools served _____

Number of students engaged (students may be volunteers or recipients of service) _____

Funds spent in support of activity _____

Funds donated to school or partner organization involved in project _____

Patriotic Activities/Flag Day *(flag education & distribution, supporting veterans, historic preservation, etc.)*

Number of Activities _____ List Activities _____

Number of Members involved _____ Number of Non-members involved _____

Funds spent in support of this activity _____

Funds donated to patriotic groups; e.g. Honor Flight, American Legion, etc. _____

Religious Activities *(anything lodge members do as a group to grow in or serve their faith community)*

Number of Activities _____ List Activities _____

Number of Members involved _____ Number of Non-members involved _____

Funds spent supporting activity;(purchase of flowers for church grounds, Sunday school supplies, etc.) _____

Funds donated to religious causes or charities _____ (Society Funds Only, do not include matching grant funds from the home office)

Outreach to the Elderly *(volunteering at nursing homes, assisting elderly in their homes, etc.)*

Number of Activities _____ List Activities _____

Number of Members involved _____ Number of Non-members involved _____

Funds spent in support of this activity _____

Funds donated to nursing homes, elderly individuals etc. _____

Ethnic/Cultural Activities *(language lessons, Czech dance groups, cultural festivals)*

Number of Activities _____ List Activities _____

Number of Members involved _____ Number of Non-members involved _____

Funds spent in support _____ Funds donated to causes _____