Columbian Foundation Supporting People with Intellectual Disabilities, Inc.

COUNCIL DRIVE REPORT FORM

| COUNCIL NO | DISTRICT N | 0 | DATE | |
|--|--|---|--|------------|
| <u>P</u> : | LEASE FILL OUT E | NTIRE F | <u>ORM</u> | |
| GROS Less Allowable Expenses: | SS REVENUE | \$ | | |
| 2. Apron Cost | If Applicable mbian Foundation | \$ \$ | | |
| 7. Number of leftover candy cases | | Leftover | Candy Cases | |
| THIS REPORT FROM Make check payable to: Colum | entation to this form and MUST BE SUBMITTED THE LAST DAY OF THE MUST BE SUBMITTED THE LAST DAY OF THE MUST SUPPORTED THE COPY AND THE C | THIRTY (IE DRIVE | (30) DAYS e with Intellectual Disabili | ities, Ind |
| IVIA | IL WIIILE COLL A | AD CHEC | K 10. | |
| 2454 | Shadow Berry Dr. Far | : 209.629.8 x: 209.629.8 oicanco@co | 8051 | |
| RETAIN THE YELLOW COP | Y FOR YOUR COUNCI | L RECORI | OS | |
| We hereby certify under penalty of po | erjury that the above accounting | ng is true and | correct. | |
| SignaturesGrand F | Knight | Fi | inancial Secretary | |

REPORTS/EXPENSE INSTRUCTIONS

This section is intended to explain the requirements for the filing of final reports on the Drive. The following forms (shown on the ensuing pages of this section) will be sent to you immediately preceding the drive.

- Report ID 200 Council Drive Report Form
- Report ID 201 Request For Distribution
- Brochure from recipient

It is recommended that you also file in this section any internal reports that will be useful in future drives, such as, total collected by locations or a final report by your Chairman noting shortcoming, pitfalls, recommendations etc.

A word about your report to the Foundation on the Drive. This is a public solicitation for funds and as such is considered to be monies collected in trust. Therefore, the whole program is approved under California Law, Federal regulations and given the imprimaturs of the Supreme Council. It is run under the auspices of the Columbian Foundation Supporting People with Intellectual Disabilities, Inc. These are permanent approvals only insofar as we conform to laws and Supreme policies. Conformance means filing timely reports with the California Attorney General and the Internal Revenue Service. Any delay could raise the question of a Council using these funds - if only temporarily, for purposes not related to the drive. It cannot be stressed enough that these are "monies held in trust" and as such, cannot be used for any other propose. Even one Council attempting to circumvent the rules can jeopardize the entire program.

You have thirty (30) days from the close of the Drive to submit your report and remit the funds after paying for your candy and other authorized expenses. All expenses claimed must have receipts attached to the reports sent to the Columbian Foundation Supporting People with Intellectual Disabilities, Inc.

Under no circumstances are you to make distribution directly to organizations or individuals that deal with People with Intellectual Disabilities. Federal and State regulations require that distributions be <u>made only</u> by the Columbian Foundation Supporting People with Intellectual Disabilities, Inc., (<u>via the Grand Knight</u>)

If a Council is unsure as to where the funds should be distributed, the Council Drive Report Form (ID200) should be submitted without the Request for Distribution Form (ID201).

Anything short of conforming with the rules of the game can result in the ordering of your books and records pulled. The State Deputy has this authority.

EXPENSES

The only authorized expenses a Council may deduct from the gross revenue are:

- 1. Candy Cost (with copy of invoice)
- 2. Apron Cost (with copy of invoice)
- 3. Direct Postage Expenses if any (attach receipts)
- 4. Direct Printing Expenses if any (attach receipts)
- 5. Solicitation Permit Fees (attach receipt)

NO OTHER EXPENSES, SUCH AS PAID ADVERTISING, ETC., WILL BE ALLOWED.

Columbian Foundation Supporting People with Intellectual Disabilities, Inc.

REQUEST FOR DISTRIBUTION

| COUNCIL NO | DISTRICT NO 1 | DATE |
|-------------------------------|--|----------------------------|
| PLEASE AUTHOR | IZE THE FOLLOWING DISTRIBUTION FRO | OM OUR ACCOUNT: |
| NAME OF RECIPIENT | ADDRESS | PERCENTAGE |
| COLUMBIAN FOUNDATION | RESIDENTIAL/EDUCATIONAL LOAN PROGRAM | <u>M</u> |
| | | |
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| If you do not have a preferen | ce, you may check the box below. | |
| along with a copy of the | isted above erly designated by the Council, and/or recipient necessary 501(c)(3), by September 1st of the year bly be deposited in the Grant Program. | |
| - | Name | |
| J | Address | |
| | City, State, Zip | |
| | Phone (| |
| MAIL WHITE COPY TO: Mel | vin Picanco, 2454 Shadow Berry Dr., Manteca, CA 95336 | |
| RETAIN YELLOW COPY FOI | R YOUR COUNCIL RECORDS | |
| Signatures | | |
| | Grand Knight | Financial Secretary |