This report is based on calendar year JAN. 1 THROUGH DEC. 31, 2018 **SUBMIT BEFORE MARCH 1, 2019**

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Local council information:				
Council Number:				
Council Name:				
City/Town:				
State/Province:				
Country:				
Email:				
Person completing this report:				
Which Regional council do you be	elong to?			
☐ ACT-UCT Dominion	☐ KyVaW.VaMdD.C.	☐ New York		
☐ Arkansas-Oklahoma-Missouri	☐ Manitoba-Saskatchewan	Ohio		
☐ Atlantic	Michigan	☐ Oregon-Washington-British Columbia		
☐ California-Nevada-Arizona	☐ Minnesota-North Dakota	☐ Pennsylvania		
☐ Colorado-Wyoming	☐ Mississippi-Louisiana	☐ Southeastern		
☐ Illinois	☐ Montana-Utah-Idaho	☐ South Dakota		
☐ Indiana	☐ Nebraska-Kansas	☐ Texas		
☐ lowa	☐ New England	☐ Wisconsin		

Please complete the form by providing det safety) your local council engaged in durin numbers.					
Project 1	☐ Cancer	☐ Intellectual Disabilities	☐ Safety	☐ Youth	Miscellaneous
Charity/Organization benefited:					
Number of members involved:					
Total hours spent on project:					
Total dollars given to this cause/project:					
Number of people benefited:					
Project description:					
Project 2	☐ Cancer	☐ Intellectual Disabilities	☐ Safety	☐ Youth	Miscellaneous
Charity/Organization benefited:	-				
Number of members involved:					
Total hours spent on project:					
Total dollars given to this cause/project:					
Number of people benefited:					
Project description:					
Project 3	☐ Cancer	☐ Intellectual Disabilities	☐ Safety	☐ Youth	Miscellaneous
Charity/Organization benefited:					
Number of members involved:					
Total hours spent on project:					
Total dollars given to this cause/project:					
Number of people benefited:					
Project description:					
Project 4	☐ Cancer	☐ Intellectual Disabilities	☐ Safety	☐ Youth	Miscellaneous
Charity/Organization benefited:					
Number of members involved:					
Total hours spent on project:					
Total dollars given to this cause/project:					
Number of people benefited:					
Project description:					

Please complete the form by providing det safety) your local council engaged in durin numbers.					
Project 5	☐ Cancer	☐ Intellectual Disabilities	☐ Safety	☐ Youth	Miscellaneous
Charity/Organization benefited:					
Number of members involved:					
Total hours spent on project:					
Total dollars given to this cause/project:					
Number of people benefited:					
Project description:					
Project 6	☐ Cancer	☐ Intellectual Disabilities	☐ Safety	☐ Youth	Miscellaneous
Charity/Organization benefited:					
Number of members involved:					
Total hours spent on project:					
Total dollars given to this cause/project:					
Number of people benefited:					
Project description:					
Project 7	☐ Cancer	☐ Intellectual Disabilities	☐ Safety	☐ Youth	Miscellaneous
Charity/Organization benefited:					
Number of members involved:					
Total hours spent on project:					
Total dollars given to this cause/project:					
Number of people benefited:					
Project description:					
Project 8	☐ Cancer	☐ Intellectual Disabilities	☐ Safety	☐ Youth	Miscellaneous
Charity/Organization benefited:					
Number of members involved:					
Total hours spent on project:					
Total dollars given to this cause/project:					
Number of people benefited:					
Project description:					

Please complete the form by providing det safety) your local council engaged in durin numbers.					
Project 9	☐ Cancer	☐ Intellectual Disabilities	☐ Safety	☐ Youth	Miscellaneous
Charity/Organization benefited:					
Number of members involved:					
Total hours spent on project:					
Total dollars given to this cause/project:					
Number of people benefited:					
Project description:					
Project 10	☐ Cancer	☐ Intellectual Disabilities	☐ Safety	☐ Youth	Miscellaneous
Charity/Organization benefited:					
Number of members involved:					
Total hours spent on project:					
Total dollars given to this cause/project:					
Number of people benefited:					
Project description:					
Project 11	☐ Cancer	☐ Intellectual Disabilities	☐ Safety	☐ Youth	Miscellaneous
Charity/Organization benefited:	-				
Number of members involved:					
Total hours spent on project:					
Total dollars given to this cause/project:					
Number of people benefited:					
Project description:					
Project 12	☐ Cancer	☐ Intellectual Disabilities	☐ Safety	☐ Youth	Miscellaneous
Charity/Organization benefited:					
Number of members involved:					
Total hours spent on project:					
Total dollars given to this cause/project:					
Number of people benefited:					
Project description:					

DONATIONS MADE TO: (Do not include donations reported in the projects section.)
UCT Charities (total \$):
UCT Fraternal Fund (total \$):
May E. Tisdale Scholarship Fund (total \$):
1. Other donations made to: (Do not include donations reported in the projects section.)
Cause/Charity:
Total \$:
2. Other donations made to: (Do not include donations reported in the projects section.)
Cause/Charity:
Total \$:
3. Other donations made to: (Do not include donations reported in the projects section.)
Cause/Charity:
Total \$:
4. Other donations made to: (Do not include donations reported in the projects section.)
Cause/Charity:
Total \$:
5. Other donations made to: (Do not include donations reported in the projects section.)
Cause/Charity:
Total \$:
6. Other donations made to: (Do not include donations reported in the projects section.)
Cause/Charity:
Total \$:
7. Other donations made to: (Do not include donations reported in the projects section.)
Cause/Charity:
Total \$:

8. Other donations made to: (Do not include donations reported in the projects section.)
Cause/Charity:
Total \$:
9. Other donations made to: (Do not include donations reported in the projects section.)
Cause/Charity:
Total \$:
10. Other donations made to: (Do not include donations reported in the projects section.)
Cause/Charity:
Total \$:
11. Other donations made to: (Do not include donations reported in the projects section.)
Cause/Charity:
Total \$:
12. Other donations made to: (Do not include donations reported in the projects section.)
Cause/Charity:
Total \$:
FRATERNAL/SOCIAL ACTIVITIES
Please list total activities and hours engaged in fraternal/social activities and associated total expenditures.
Activities may include: Council meetings, special dinners, leadership training, happy hours, holiday parties, Friendship Dinners, UCT open houses, elections, member recognition presentation.
Total number of Fraternal/Social events:
Total number of Fraternal/Social hours:
Total amount of Fraternal/Social expenditures (\$):