



2010

Annual Report of the District Council

Please return this form to: Society of St. Vincent de Paul, Council of Pittsburgh

By this date: November 15, 2010

For the fiscal year 10/1/2009 - 9/30/2010

Please enter the address of the Council office:

Council Name: _____

Office Mailing Address: _____ City: _____

State: _____ Zip code: _____ Office Phone (____) _____

Office email address: _____

Is this Council Incorporated? Yes _____ No _____

Does the Council have its own 501c3? _____ SVDPUA Group Ruling _____ Catholic Directory _____
Independent _____ None _____

Please answer the following about the District Council:

How often does the District Council meet?

Annually _____ Quarterly _____ Bi-Monthly _____ Monthly _____ Other _____

Number of Ozanam Orientations conducted in the District Council: _____

Total number of Ozanam Orientation attendees: _____

Does the District Council have a Spiritual Advisor? Yes _____ No _____

Total number of Special Works operated in the District Council Council: _____

Special Works

Name of Special Works	Type*	Contact	Phone Number	Physical Address (with city, state, zip)	Administrative Address (with city, state, zip)
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

(i.e., Thrift Store, Food Pantry, Homeless Shelter, Free Pharmacy, Soup Kitchen, etc)

FINANCIAL REPORT OF THE DISTRICT COUNCIL

Please enter 0 if no money was collected or spent in a particular category.

BEGINNING BALANCE: <i>(Should match last year's cash ending balance)</i>	\$ _____.
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Receipts collected (cash basis)

- 1. Solidarity Contributions received from Conferences \$ _____.
- 2. Contributions from Conferences within the Council \$ _____.
- 3. Contributions from the (Arch)Diocesan Council \$ _____.
- 4. Contributions from SVdP chapters outside the (Arch)Diocese \$ _____.
- 5. Contributions from members at General Meeting(s) \$ _____.
- 6. Contributions from the general public \$ _____.
- 7. Legacies received \$ _____.
- 8. Grants received \$ _____.
- 9. Receipts from Special Works (include Stores) \$ _____.
- 10. Other Income \$ _____.
- TOTAL INCOME:** \$ _____.

Expenditures of the District Council

- 1. Solidarity Contributions to the (Arch)Diocesan Council \$ _____.
- 2. Other Contributions to the National Council
(In addition to Solidarity Contributions) \$ _____.
- 3. Regional solidarity contributions \$ _____.
- 4. General administrative and operational costs \$ _____.
- 5. Expenses of Special Works
(Include total expenses for Special Works on page 2, plus expenses for Stores.) \$ _____.
- 6. Expenses for operating facilities \$ _____.
- 7. Contributions to Disaster \$ _____.
- 8. Contributions to Domestic Twinning \$ _____.
- 9. Contributions to Foreign Twinning \$ _____.
- 10. Other Expenses
(Funds spent by the District Council that are not covered in items 1-9) \$ _____.
- TOTAL EXPENSES:** \$ _____.

ENDING BALANCE:	\$ _____.
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Consolidated Conference Report of the District Council

Please write the number of Conferences that meet at the following frequencies:

Weekly _____ Every Other Week _____ Monthly _____ Other _____

Please write the number of Conferences that have an active Spiritual Advisor: _____

MEMBERSHIP*

(*Ethnic breakdown required for government reporting, grant applications, etc. Please assign each member to one category only.)

	Asian	Black	Caucasian	Hispanic/Latino Origin	Alaskan Native/ American Indian	Native Hawaiian/ Other Pacific Islander
Active – under 40						
Active – 40 and over						
Total Active						

	Asian	Black	Caucasian	Hispanic/Latino Origin	Alaskan Native/ American Indian	Native Hawaiian/ Other Pacific Islander
Associate – under 40						
Associate– 40 and over						
Total Associate						

Total Membership

Total Active	
Total Associate	
Total Contributing	
TOTAL MEMBERS	

TREASURER'S REPORT

Beginning Balance (Required)	\$
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Receipts

1. Donations from Members	\$		
2. Church/Poor Box Collections	\$		
3. Fund Raising Proceeds	\$		
4. Other SVdP Unit Contributions	\$		
5. Other	\$		
Total Receipts (1 thru 5)			\$
Cash Available (Beginning Balance + Total Receipts)			+ \$

Expenses

6. Those We Serve	\$		
7. Disaster Contributions	\$		
8A Domestic Twinning	\$		
8B Foreign Twinning*	\$		
* Attach contact list of Foreign Twinning Partners			
Subtotal (A) (6 thru 8)		\$	
9. Solidarity Contributions	\$		
10. Contributions to Upper Councils	\$		
11. Operating Expenses	\$		
12. Other	\$		
Subtotal (B) (9 thru 12)		\$	
Total Expenses (Subtotal A + Subtotal B)			- \$
Ending Balance: Cash Available – Total Expenses =			\$

Signature of Treasurer _____ Phone _____ Date _____

“IN KIND” GOODS AND SERVICES PROVIDED (NON-CASH CONTRIBUTIONS)

	# of People Helped	\$ Value
Goods		
A. Food		
B. Furniture		
C. Clothing		
D. Other		
Subtotal 1 (A thru D)		\$
Services		
E. Legal		
F. Medical		
G. Dental		
H. Other		
Subtotal 2 (E thru H)		\$
Totals (Subtotal 1 + Subtotal 2)		\$

VISITS AND SERVICES TO PEOPLE

Person-to-Person Visits	# of Visits	# of People Helped
A. Home Visits		
B. Prison Visits		
C. Hospital Visits		
D. Eldercare Visits		
E. Other In-Person Visits		
Subtotal (A thru E)		

	# Contacts	# of People Helped
F. Telephone-Only Contacts		

Services	# of Services
G. Jobs Obtained	
H. Referrals	
I. Travel Aid	
J. Spiritual Aid/Sacraments	
K. Other	
Subtotal (G thru K)	

TOTAL PEOPLE HELPED (ADD COLUMN 2: A THRU F)	
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TOTAL HOURS OF SERVICE	
ESTIMATED MILES IN VINCENTIAN SERVICES	

Signature of the District Council President

Council President: _____ **Date:** _____ **Phone:** _____