



# 2011

## Annual Report of the District Council

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

By this date: November 18, 2011

For the fiscal year 10/1/2010 - 9/30/2011

**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? \_\_\_\_\_ SVDPUSA 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.

<b>BEGINNING BALANCE:</b> <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:** \$ \_\_\_\_\_.

<b>ENDING BALANCE:</b>	\$ _____.
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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						
<b>Total Active</b>						

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

**Total Membership**

Total Active	
Total Associate	
Total Contributing	
<b>TOTAL MEMBERS</b>	

**TREASURER'S REPORT**

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

**Expenses**

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

Signature of Treasurer \_\_\_\_\_ Phone \_\_\_\_\_ Date \_\_\_\_\_

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

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

**VISITS AND SERVICES TO PEOPLE**

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

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

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

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

**Signature of the District Council President**

**Council President:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Phone:** \_\_\_\_\_