



# Society of St Vincent de Paul San Antonio

## Conference Year-End Report

### Conference Information

Fiscal year:	10/1/2016 – 9/30/2017
<b>Deadline:</b>	<b>Due to District President October 30, 2017</b>

(Arch) Diocesan Council: SVDP Council San Antonio District Council: \_\_\_\_\_

<b>Please verify the following information is correct FOR THE CONFERENCE, not personal phones and email addresses.</b>	
Conference Name:	
Conference Legal Name:	
Conference <b>Physical</b> Address:	
City / State / Zip Code:	
Conference <b>Mailing</b> Address (if Different):	
City / State / Zip Code:	
Conference <b>Business</b> Phone number:	
Conference <b>Business</b> email address:	
Conference <b>Public</b> Phone number:	
Conference <b>Public</b> email address:	
Conference EIN:	

Primary Language at Meetings (Check One)	Frequency of meetings (check one)	Please list your hours of operation. If the hours of operation differ for each service you provide, please list the hours of operation for each service.
<input type="checkbox"/> English	<input type="checkbox"/> Weekly	
<input type="checkbox"/> Spanish	<input type="checkbox"/> Every other week	
<input type="checkbox"/> Other	<input type="checkbox"/> Monthly	
	<input type="checkbox"/> Other	

Please list All of the services your Conference provides. Check all that apply, and / or add new services		
Most Common Services	Other Assistance: (Specify)	
<input type="checkbox"/> Food Pantry	<input type="checkbox"/> Utilities	
<input type="checkbox"/> Other Food Assistance	<input type="checkbox"/> Rent	
<input type="checkbox"/> Furniture	<input type="checkbox"/> Legal	
<input type="checkbox"/> Clothing	<input type="checkbox"/> Medical	
<input type="checkbox"/> Home Visits	<input type="checkbox"/> Dental	

We certify that this year-end report is true and correct to the best of our knowledge.

\_\_\_\_\_  
Signature of Conference President

(\_\_\_\_\_) \_\_\_\_\_  
Best Phone

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Conference Treasurer

(\_\_\_\_\_) \_\_\_\_\_  
Best Phone

\_\_\_\_\_  
Date



# Society of St Vincent de Paul San Antonio

**Conference Name:** \_\_\_\_\_

## Conference Officers

*Enter the Required information below for the individuals, not the Conference.*

<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 80%;">President</th> <th style="width: 20%;">Hours Served</th> </tr> <tr> <td colspan="2" style="text-align: center;">_____</td> </tr> <tr> <td>Name</td> <td>_____</td> </tr> <tr> <td>Home Address</td> <td>_____</td> </tr> <tr> <td>City, State Zip</td> <td>_____</td> </tr> <tr> <td>Best Phone</td> <td>_____</td> </tr> <tr> <td>Best Email</td> <td>_____</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 80%;">Secretary</th> <th style="width: 20%;">Hours Served</th> </tr> <tr> <td colspan="2" style="text-align: center;">_____</td> </tr> <tr> <td>Name</td> <td>_____</td> </tr> <tr> <td>Home Address</td> <td>_____</td> </tr> <tr> <td>City, State Zip</td> <td>_____</td> </tr> <tr> <td>Best Phone</td> <td>_____</td> </tr> <tr> <td>Best Email</td> <td>_____</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 80%;">Spiritual Advisor</th> <th style="width: 20%;">Hours Served</th> </tr> <tr> <td colspan="2" style="text-align: center;">_____</td> </tr> <tr> <td>Name</td> <td>_____</td> </tr> <tr> <td>Home Address</td> <td>_____</td> </tr> <tr> <td>City, State Zip</td> <td>_____</td> </tr> <tr> <td>Best Phone</td> <td>_____</td> </tr> <tr> <td>Best Email</td> <td>_____</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 80%;">Other (Specify):</th> <th style="width: 20%;">Hours Served</th> </tr> <tr> <td colspan="2" style="text-align: center;">_____</td> </tr> <tr> <td>Name</td> <td>_____</td> </tr> <tr> <td>Home Address</td> <td>_____</td> </tr> <tr> <td>City, State Zip</td> <td>_____</td> </tr> <tr> <td>Best Phone</td> <td>_____</td> </tr> <tr> <td>Best Email</td> <td>_____</td> </tr> </table>	President	Hours Served	_____		Name	_____	Home Address	_____	City, State Zip	_____	Best Phone	_____	Best Email	_____	Secretary	Hours Served	_____		Name	_____	Home Address	_____	City, State Zip	_____	Best Phone	_____	Best Email	_____	Spiritual Advisor	Hours Served	_____		Name	_____	Home Address	_____	City, State Zip	_____	Best Phone	_____	Best Email	_____	Other (Specify):	Hours Served	_____		Name	_____	Home Address	_____	City, State Zip	_____	Best Phone	_____	Best Email	_____	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 80%;">Vice President</th> <th style="width: 20%;">Hours Served</th> </tr> <tr> <td colspan="2" style="text-align: center;">_____</td> </tr> <tr> <td>Name</td> <td>_____</td> </tr> <tr> <td>Home Address</td> <td>_____</td> </tr> <tr> <td>City, State Zip</td> <td>_____</td> </tr> <tr> <td>Best Phone</td> <td>_____</td> </tr> <tr> <td>Best Email</td> <td>_____</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 80%;">Treasurer</th> <th style="width: 20%;">Hours Served</th> </tr> <tr> <td colspan="2" style="text-align: center;">_____</td> </tr> <tr> <td>Name</td> <td>_____</td> </tr> <tr> <td>Home Address</td> <td>_____</td> </tr> <tr> <td>City, State Zip</td> <td>_____</td> </tr> <tr> <td>Best Phone</td> <td>_____</td> </tr> <tr> <td>Best Email</td> <td>_____</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 80%;">Other (Specify):</th> <th style="width: 20%;">Hours Served</th> </tr> <tr> <td colspan="2" style="text-align: center;">_____</td> </tr> <tr> <td>Name</td> <td>_____</td> </tr> <tr> <td>Home Address</td> <td>_____</td> </tr> <tr> <td>City, State Zip</td> <td>_____</td> </tr> <tr> <td>Best Phone</td> <td>_____</td> </tr> <tr> <td>Best Email</td> <td>_____</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 80%;">Other (Specify):</th> <th style="width: 20%;">Hours Served</th> </tr> <tr> <td colspan="2" style="text-align: center;">_____</td> </tr> <tr> <td>Name</td> <td>_____</td> </tr> <tr> <td>Home Address</td> <td>_____</td> </tr> <tr> <td>City, State Zip</td> <td>_____</td> </tr> <tr> <td>Best Phone</td> <td>_____</td> </tr> <tr> <td>Best Email</td> <td>_____</td> </tr> </table>	Vice President	Hours Served	_____		Name	_____	Home Address	_____	City, State Zip	_____	Best Phone	_____	Best Email	_____	Treasurer	Hours Served	_____		Name	_____	Home Address	_____	City, State Zip	_____	Best Phone	_____	Best Email	_____	Other (Specify):	Hours Served	_____		Name	_____	Home Address	_____	City, State Zip	_____	Best Phone	_____	Best Email	_____	Other (Specify):	Hours Served	_____		Name	_____	Home Address	_____	City, State Zip	_____	Best Phone	_____	Best Email	_____
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## Conference Membership

\*Ethnic breakdown is required for government reporting, grant applications, etc. Please assign each member to one category

Membership Categories		Asian	Black	Caucasian	Hispanic / Latino	Alaskan Native / American Indian	Native Hawaiian / Other Pacific Islander	Mixed / Other
<b>Active Members</b>	Under 19							
	19 through 39							
	40 and over							
	<b>Total Active</b>							
<b>Associate Members</b>	Under 19							
	19 through 39							
	40 and over							
	<b>Total Associate</b>							



# Society of St Vincent de Paul San Antonio

Conference Name: \_\_\_\_\_

<b>Conference Treasurers Report</b>				
For the period from:		<b>10/1/2016</b>	to <b>9/30/2017</b>	
<b>Last Year's Ending Balance (Required)</b>				
<b>Adjustment (Attach explanation for adjustment)</b>				
<b>Beginning Balance</b>				
<b>Receipts</b> <i>(Please use exact numbers, <u>NOT</u> rounded)</i>				
1	Donations from Members			
2	Church/Poor Box Collections			
3	Fund Raising - Special Events/Other			
4	Twinning			
5	Networking / Help Alert			
6	All Other <b>SVdP</b> Contributions Received			
7	Other – Qualified Government Grants Only			
8	Other - Disaster Funds			
9	Other - Capital Campaign Funds			
10	Other - Other Restricted Funds			
11	Other - Miscellaneous Receipts			
<b>Total Receipts:</b>				
<b>Expenses</b> <i>(Please use exact numbers, <u>NOT</u> rounded)</i>			<b># People Helped</b>	
1	<b>Those We Serve</b> - Utility Assistance <i>(Include # of People Helped)</i>			
2	<b>Those We Serve</b> - Rent Assistance <i>(Include # of People Helped)</i>			
3	<b>Those We Serve</b> - Food Assistance			
4	<b>Those We Serve</b> - All Other			
5	Disaster Contributions			
6	Domestic Twinning			
7	International Twinning			
8	Annual National Dues <i>(Due with Report)</i>	<b>185.00</b>		
9	Council Solidarity			
10	District Council Dues			
11	(Other) Contributions to Upper Councils			
12	Operating Expense - Special Events			
13	Operating Expense – Other <i>(rent/utilities/etc.)</i>			
14	Networking / Help Alert			
15	All Other Expenses <i>(Attach Explanation)</i>			
<b>Total Expenses:</b>				
<b>This Year's Ending Balance:</b> <i>(Beginning Balance + Total Receipts – Total Expenses):</i>				



# Society of St Vincent de Paul San Antonio

Conference Name: \_\_\_\_\_

## Conference Twinning Report

Must select one

Did your Conference do any Twinning this year?

- No - Leave the sections below blank.  
 Yes - Complete the sections below.

### Local and Other Domestic Twinning

Names of the Conferences that <u>your</u> Conference Twinned with this year	Location	How much money did your Conference:	
		GIVE	RECEIVE
<b>Section Totals:</b>		\$	

### International Twinning

Names of Foreign Conferences that your Conference Twinned with this year	Location	How much money did your Conference GIVE in total
<b>* NOTE:</b> ALL International Twinning, must be arranged and performed through the National SVdP Council.	<b>Total:</b>	\$

Add additional pages, if needed



# Society of St Vincent de Paul San Antonio

Conference Name: \_\_\_\_\_

## Conference Activity Report

### Value of Goods and Services Received

(All responses below include  
Conference, stores and special works)

Goods	Value
Food	\$
Furniture	\$
Clothing	\$
Other	\$
<b>Total Value of Goods Received:</b>	\$
Services	Value
Legal	\$
Medical	\$
Dental	\$
Other	\$
<b>Total Value of Services Received:</b>	\$
<b>Total Value of Goods AND Services Received:</b>	\$

### Goods and Services Provided

(All responses below include conference, stores and special works)

Goods	# of People Helped	Value of Goods
Food		\$
Furniture		\$
Clothing		\$
Other		\$
<b>Total Value of Goods:</b>		\$
Professional Services	# of People Helped	Value of Services
Legal		\$
Medical		\$
Dental		\$
Other		\$
<b>Total Value of Services:</b>		\$
<b>Total Value of Goods AND Services:</b>		\$



# Society of St Vincent de Paul San Antonio

**Conference Name:** \_\_\_\_\_

## Visits

(All responses below include conference, stores and special works)

	Column 1 # of Visits	Column 2 # of People Helped (Includes In-Kind)
<b>Person-to-Person Visits</b>		
Home Visits		
Prison Visits		
Hospital Visits		
Eldercare Visits		
Other In-Person Visits		
<b>Total # of Visits and # of People Helped:</b>		

	Total # of Calls
Telephone Contacts	

Other Services to People	
Services	# of Services
Jobs Obtained	
Referrals	
Travel Aid	
Spiritual Aid/Sacraments	
Other	
<b>Total # of Services:</b>	

Total Hours of Service	
Members	Non-Members
<b>Estimated Miles in Vincentian Service</b>	

## Supplement

Does your Conference own assets worth in excess of \$50,000 in total?		Yes: <input type="checkbox"/> If yes, please list below: No: <input type="checkbox"/> If no, leave blank.
Asset (ex. Savings Acct/Van/Building)	Location (Address / City / State / Zip Code)	Value as of 9/30

Did your Conference receive money or goods valued \$5,000 or more from any individual or organization this Fiscal Year? (Includes San Antonio Food Bank and the Church)			Yes: <input type="checkbox"/> If yes, please list below: No: <input type="checkbox"/> If no, leave blank.
Name	Address / City / State / Zip Code	Type of Gift (\$, Food, etc.)	Total Value / Amt. for Year