

Conference Activity Report

Conference Name: _____ District: _____ EIN #: 43-0652684
Address: _____
City: _____ State: _____ Zip: _____

Reporting Period: (Highlight or circle one)	Q1 (Oct-Dec 2017)	Q2 (Jan-Mar 2018)	Q3 (Apr-Jun 2018)	Q4 (Jul-Sep 2018)
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Meeting Frequency:	Weekly	2X/Month	Monthly	Other
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Treasurer's Report

Banking Information

	Beginning Balance	Receipts	Expenses	Ending Balance
Cash:				\$ -
Bank Checking #1:				\$ -
Bank Checking #2:				\$ -
Bank Savings #1:				\$ -
Bank Savings #2:				\$ -
CDs/Investments:				\$ -
Endowments (Non-Restricted):				\$ -
Endowments (Restricted):				\$ -
Grants:				\$ -
Other Cash Assets (attach explanation)				\$ -
Total:				

Fixed Assets		
Type	Purchase Date	Purchase Price
Total		\$ -

Beginning Balance (A): *(this # should match "Ending Balance B" of previous report)*

Cash Receipts (Round to nearest \$1)

1. Donations from Members:
2. Church/Poor Box Collections:
- 3a. Fundraising-Special Works:
- 3b. Fundraising-Stores:
- 3c. Fundraising-Special Events/Other (*) :
- 4a. Funds received from other conferences
- 4b. Funds received from District
- 4c. Funds received from the Council
- 5a. Other-Capital Campaign Funds
- 5b. Other-Restricted Funds:
- 5c. Other-Misc. Receipts (**) :

Total Receipts(1 through 5):

Cash Available (A + total receipts):

Additional information needed for 990 purposes (Submit on separate sheet of paper):

- (*) For all fundraising events over \$5,000 - list event name, date, total donations and expenses.

- (**) For donations over \$5,000 – list name and address of donor and amount of donation.

Expenses (Round to nearest \$1)

- 6a. Utilities:
 - i. Gas/Propane:
 - ii. Electric:
 - iii. Water:
 - iiii. Other:
- 6b. Food (Voucher/Pantry):
- 6c. Clothing:
- 6d. Furniture/Appliances:
- 6e. Medical/Prescriptions:
- 6f. Housing (mortgage/rent/hotel):
- 6g. Transportation:
 - i. Transportation (Car Repair):
 - ii. Transportation (Car Purchase):
 - iii. Transportation (Other):
- 6h. Tuition Assistance:
- 6i. Burial:
- 6j. Other (attach explanation):

6k. Subtotal (6a through 6j):

7. Disaster Contributions:
8a. Domestic Twinning:
8b. International Twinning:

8c. Subtotal 7 through 8b

9. Solidarity Contributions (Dues):
10a. Operating Expense-Special works:
10b. Operating Expense-Stores:
10c. Operating Expense-Special Events:
10d. Operating Expense-Other:
11. Other Expense (attach explanation):

12. Subtotal 9 through 11:

Total Disbursements (6k + 8c + 12):

Ending Balance B. (Cash Available - Total Disbursements):

In-Kind Goods and Services Provided (Non-cash Contributions not included on Page 1)

	# People Helped (included in visits)	\$ Value of Goods & Services
Goods		
A. Food		
B. Furniture		
C. Clothing		
D. Other		
Subtotal Goods (A-D)		

Services		
A. Legal		
B. Medical		
C. Dental		
D. Other		
Subtotal Services (A-D)		
Totals Goods & Services		

Visits

	# of Visits	# of people helped
A. Home Visits		
B. Prison Visits		
C. Hospital Visits		
D. Eldercare Visits		
E. Church/Pantry Visits		
F. Other Person to Person Visits		
G. Subtotal (A thru F):		
H. Telephone Only Contacts		

Volunteer Information:	
Vincentian Hours of Service:	
Non-Member Hours of Service:	
Estimated Miles in Service:	

Total # of People Helped (G+H)

Membership Demographics (Only to be completed in Quarter 4)

Type	Asian	Black	Caucasian	Hispanic/Latino	Mixed/Other	Totals
Active (Full): under 40						
Active (Full): 40+						
Total Active (Full)						
Associate: under 40						
Associate: 40+						
Total Associate:						
Total Membership (Active & Associate)						
Total Number of New Members This Year						

Prepared by: _____

Phone #: _____

Title: _____

Email: _____

President Signature: _____

Phone #: _____

Electronic Signature is acceptable

Email: _____

Date Submitted to Council: _____

Membership Update

Please Report Membership and Officer Changes Regularly

(Please Print)

Officers: P = President; VP = Vice President; S = Secretary; T = Treasurer; SA = Spiritual Advisor

OR = Officer Resigned; NO = New Officer; MR = Member Resigned; NM = New Member; MD = Member Deceased

A = Active; AS = Associate

Identify each member in the "Category" column - use all codes listed above that apply

		Category
Name:	Phone:	
Email:	Cell:	
Address		
City:	Zip:	
Name:	Phone:	
Email:	Cell:	
Address		
City:	Zip:	
Name:	Phone:	
Email:	Cell:	
Address		
City:	Zip:	
Name:	Phone:	
Email:	Cell:	
Address		
City:	Zip:	
Name:	Phone:	
Email:	Cell:	
Address		
City:	Zip:	
Name:	Phone:	
Email:	Cell:	
Address		
City:	Zip:	

Comments: _____

Signature: _____ Date: _____

Conference: _____

Please Return to:
Society of St. Vincent de Paul of St. Louis
1310 Papin St.
St. Louis, MO 63103 Fax: 314-881-6068
Email: steve@svdpstl.org