2026

ANNUAL CONFERENCE REPORT

Fiscal year:	10/1/2025 – 9/30/2026
Deadline:	November 1, 2026

(ARCH)DIOCESAN COUNCIL: Milwaukee Archdiocesan Council District Council: Milwaukee

CONFERENCE NAME: _____

ADDRESS: _____

Street **City** **State** **Zip** **Phone**

REPORTING PERIOD FROM: 10/01/2025 TO 09/30/2026(12 MONTHS)

FREQUENCY OF MEETINGS (CHECK ONE): WEEKLY ☐ EVERY OTHER WEEK ☐ MONTHLY ☐ OTHER ☐

Our Conference has formally adopted and is in compliance with the 2019 version of Bylaws for Conferences, which can be found on https://members.ssvpusa.org/governance/bylaws/, Yes ☐ No ☐

Membership*

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

	Asian	Black	Caucasian	Hispanic Latino	Alaskan Native American Indian	Native Hawaiian/ Other Pacific Islander	Mixed/ Other
Active (Full) – 18 and under							
Active (Full) – 19 through 29							
Active (Full) – 30 through 39							
Active (Full) – 40 through 55							
Active (Full) – 56 through 70							
Active (Full) – 71and over							
Total Active (Full)							

	Asian	Black	Caucasian	Hispanic Latino	Alaskan Native American Indian	Native Hawaiian/ Other Pacific Islander	Mixed/ Other
Associate – 18 and under							
Associate – 19 through 29							
Associate – 30 through 39							
Associate – 40 through 55							
Associate – 56 through 70							
Associate– 71 and over							
Total Associate							

Total Membership

Total Active (Full)	
Total Associate	
TOTAL MEMBERS	

Comparative Membership	Number	New This Year
Total All Vincentians		
Total – 18 and under (Youth)		
Total – 19 through 39 (Young Adult)		
Total Minority (Non-Caucasian)		
Total Non-Vincentian Volunteers		

Treasurer's Report (includes Receipts and Expenses from Conference, Stores and Special Works)

Last Year's Ending Balance (Required)	**$**
Adjustments to Last Year's Ending Balance – attach an explanation	**$**
Beginning Balance (Required)	**$**

Receipts (Please round all figures to the nearest dollar)

1. Donations from Members	$		
2. Church/Poor Box Collections	$		
3A. Fund Raising - Special Works (other than Stores)	$		
3B. Receipts from Conference owned Store(s)	$ 0.00		
3C. Fund Raising - Special Events/Other	$		
4. Contributions from other SVDP Entities	$		
5A. Qualified Government Grants-EACH of at least $50,000 and with admin allowance of 10% or less received. (ENTER $0 IF EACH GRANT IS LESS THAN $50,000)	$ 0.00		
5B. Other - Disaster Funds	$		
5C. Other - Capital Campaign Funds	$ 0.00		
5D. Other - Other Restricted Funds	$		
5E. Other - Misc. Receipts	$		
Total Receipts (1 thru 5E)			+ $

Expenses (Please round all figures to the nearest dollar)

6. Those We Serve	$		
7. Housing Assistance/Eviction Prevention	$		
8. Disaster Contributions	$		
9A Domestic Twinning	$		
9B International Twinning**	$		
****Attach contact list for International Twinning Partners**			
Subtotal (A) (6 thru 9B)		$	
10. Solidarity Contributions (Dues/Tithing)	$ 0.00		
11. Contributions to Upper Councils	$		
12A. Operating Expense - Special Works	$		
12B. Operating Expense - Stores	$ 0.00		
12C. Operating Expense - Special Events	$		
12D. Operating Expense - Other	$		
13. Other	$		
Subtotal (B) (10 thru 13)		$	
Total Expenses (Subtotal A + Subtotal B)			- $
Ending Balance: Beginning Balance + Total Receipts – Total Expenses =			**$**

Visits and Services to People

(ALL RESPONSES BELOW INCLUDE CONFERENCE, STORES AND SPECIAL WORKS)

	Column 1	**Column 2**
Person-to-Person Visits **(See instructions for visits during COVID-19)**	# of Visits	# of People Helped (Includes In-Kind)
A. Home Visits		
B. Prison/Returning Citizens Visits		
C. Hospital Visits		
D. Eldercare Visits		
E. Other In-Person Visits		
Total Visits and Services to People (A thru E)		

"In Kind" Services and Goods

"In Kind" Services	# of Times	"In Kind" Value
F. Legal		
G. Medical		
H. Dental		
I. Other		
Subtotal 1 (F thru I)		**$**
"In Kind" Goods	# of Times	"In Kind" Value
J. Food		
K. Furniture		
L. Clothing		
M. Other		
Subtotal 2 (J thru M)		**$**

Total "In Kind" Services and Goods (F thru M)		**$**

TOTAL HOURS OF SERVICE: MEMBERS	
TOTAL HOURS OF SERVICE: NON-MEMBERS	
ESTIMATED MILES IN VINCENTIAN SERVICES	

_____ (____)_____ _____
Print Conference President Name Phone Email

_____ (____)_____ _____
Print Conference Treasurer Name Phone Email