



AIC USA®

LADIES OF CHARITY

OF THE UNITED STATES OF AMERICA®

Providing Vincentian Leadership to Women Acting Together Against All Forms of Poverty

LCUSA NATIONAL SERVICE CENTER
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ASSOCIATION ANNUAL REPORT

AFFILIATED WITH LADIES OF CHARITY OF THE UNITED STATES OF AMERICA® (LCUSA)

AND

INTERNATIONAL ASSOCIATION OF CHARITIES (AIC)

Each Association submits annually to LCUSA a report based on a twelve- month cycle. Some Associations are organized under a fiscal timeline (July 1-June 30), while others are using a calendar timeline (January 1- December 31). Reporting figures to LCUSA over a **twelve- month timeline** is based on what is stated in your Association's by-laws. If questions arise while completing this annual report, please contact LCUSA Regional Vice-President. Deadline to submit this form to LCUSA Regional Vice-President is **FEBRUARY 15th**. Please refer to the contact information listed below. Your due diligence in reporting annually to LCUSA is vital to the integrity of our national and international organization. Please know your cooperation is greatly appreciated. Thank you.

Northeastern Vice-President:

Irene Siedlarczyk 7 Rosendale Dr. Endicott, NY 13760 isiedlarczyk@stny.rr.com (607) 427-5500

Please **print clearly**, or fill in as an Adobe form. **Instructions: Download the blank form and save as your title before you begin to fill in information.**

ASSOCIATION GENERAL INFORMATION

A. **LCUSA Region** _____

B. **Association Name** _____

C. **Fiscal Timeline report is based on** (mo/yr - mo/yr) _____

CURRENT LEADERSHIP Officers only. Provide term dates for team. If no email, use phone #.

Date term begins _____ **Date term ends** _____

President _____

Email _____

Vice-President _____

Email _____

Treasurer _____

Email _____

Secretary _____

Email _____

SPIRITUALITY /FORMATION

Indicate by X all **Association** practices If not listed please detail in other.

1. ___Rosary
2. ___Mass
3. ___Prayer at meetings
4. ___Ongoing Vincentian formation/study
5. ___Celebrate Vincentian Feast Days
6. ___Retreat/Reflection Day
7. ___Prayer Services
8. ___Vincentian Formation of new members
9. ___Pilgrimages
10. ___ Other _____

MEMBERSHIP STATISTICS

- D. **Total LOC Members** _____
Report in "D" total members at the end of 12- month cycle.
- E. **New LOC Members** _____
Out of "D" report in "E" how many members were new.
- F. **Total JLOC Members** _____
Report in "F" total Junior Ladies of Charity members at the end of 12 -month cycle.
- G. **New JLOC Members** _____
Out of "F" report in "G" how many Juniors were new.

FINANCIAL & VOLUNTEER STATISTICS

- H. **Income -Total** \$ _____
Report in "H" all income received by the end of 12- month cycle. Include any dues, monetary gifts, all fundraising, and interest from savings and investments.
- I. **Expenditures-Total** \$ _____
Report in "I" all expenditures by the end of 12-month cycle.
- J. **Direct Assistance -Subtotal** \$ _____
Out of "I" subtract costs of refreshments for meetings, meeting office supplies, liability insurance/ costs for meeting space, or any expense that was not directly spent on those in need, or given to a charitable organization. This remaining dollar amount is reported in "J".
- K. **In-Kind Assistance-Subtotal** \$ _____
Report in "K" "In Kind" assistance (i.e., food, clothing, toys, other) donated by members and individuals, groups, corporations, other than Ladies of Charity, and for the purpose of the Ladies to distribute in their service ministry.

ADVOCACY/SYSTEMIC CHANGE

O. **Have a Twinning Project?** Twinning aims to help beneficiary countries (BC) in the development of methods to support basic needs, education, economic stability and growth.

___Y ___N If “Y” describe below.

P. **Involved in Advocacy/ Systemic Change Activities?** Examples are listed in LCUSA document *Reporting Hours for Volunteer Service Activities* (Association Reference Manual pg. 41-43).

___Y ___N If “Y” describe below.

MEDIA FEEDBACK

Is your association using social media to connect to your membership? (Facebook, Instagram, Twitter).

___Y ___N

Please remember to send an article/ pictures for LCUSA *Servicette*, website, and Facebook. Contact your Regional Vice-President for more information.

**Prior to sending this report to the LCUSA Regional Vice-President by February 15.
Please retain a copy for Association files.**

By my signature below I attest to the best of my knowledge and belief that all data in this report is true and correct.

Report Submitted By (Print) _____

LOC Title _____

Email or phone _____

Signature _____

Date _____