



AIC USA®

LADIES OF CHARITY OF THE UNITED STATES OF AMERICA®

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

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ASSOCIATION ANNUAL REPORT FOR 2015

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 15, 2016**. 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.

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North Central: Mary Nell Williams·7837 Harcourt Springs Court. · Indianapolis, IN 46260
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Western: Theresa Ward·647 Via Casitas· Greenbrae, CA 94904
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Please **print clearly**, or fill in online as an Adobe form.

ASSOCIATION GENERAL INFORMATION

- A. **LCUSA Region** _____
- B. **Association Name** _____
- C. **Date of LCUSA Charter or Founding** _____
Provide if possible. If you cannot locate charter please provide founding date.
- D. **Source** _____
Example: A framed picture of charter, or member Mary Smith recalled founding date.

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 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

E. **Total LOC Members** _____
Report total members at the end of 12 month cycle.

F. **New LOC Members** _____
Out of "E" report how many members were new.

G. **Total JLOC Members** _____
Report total JLOC members at the end of 12 month cycle.

H. **New JLOC Members** _____
Out of "G" report how many JLOC were new.

FINANCIAL & VOLUNTEER STATISTICS

A financial/volunteer report follows on page 3. Only the aggregate \$ amount of Total Charitable Assistance ("M") is published in LCUSA media with the aggregate number of Volunteer Hours ("N") and the aggregate value of these Volunteer Hours. The aggregate \$ value of all Volunteer Hours is standardized by LCUSA using national norms established for non-profits.

I. **Income -Total** \$ _____
Report in "I" all income received by the end of 12 month cycle. Include any dues, monetary gifts, all fundraising, savings, and investments.

J. **Expenditures-Total** \$ _____
Report in "J" all expenditures by the end of 12 month cycle.

K. **Direct Assistance -Subtotal** \$ _____
Out of "J" 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 "K".

L. **In-Kind Assistance-Subtotal** \$ _____
In "L" report all in-kind donations (tangible goods). Example: Members brought socks/canned goods that were donated to those in need or to a charitable organization. Assign a total dollar amount of what these tangible goods are worth. Do not include any \$ for volunteer hours.

M. **Charitable Assistance-Total** \$ _____ *Published in LCUSA media.*
Add "K" plus "L". Report total in "M".

N. **Volunteer Service Hours-Total** # _____ *Published in LCUSA media.*
Report in "N" the total number of hours served by membership during 12 month cycle. Please refer to LCUSA new document *Reporting Hours for Volunteer Service.*

O. **Briefly describe how Association's operational funds were raised and spent (projects).**
Include any collaboration with Vincentian or other organizations.

ADVOCACY/SYSTEMIC CHANGE .

P. **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.

Q. Involved in Advocacy/ Systemic Change Activities? Examples are listed in LCUSA new document *Reporting Hours for Volunteer Service Activities*.
 ___Y ___N If “Y” describe below.

MEDIA FEEDBACK Survey membership. Report total number or indicate Y or N.

LCUSA:

- 11. # _____ **Read *Servicette* newsletter.** Articles and pictures are needed and always welcomed. Throughout the year please send to LCUSA National Office or *Servicette* editor.
- 12. # _____ Receive periodic email blasts from LCUSA by “subscribing” at website
- 13. # _____ Utilize the LCUSA website <http://aic.ladiesofcharity.us> for info/forms/prayers
- 14. # _____ Have “joined” the LCUSA Facebook page
- 15. ___Y ___N Association President receives LCUSA President Postings (email only)
- 16. ___Y ___N Association Vincentian Spiritual Moderator receives LCUSA President Postings (email only)
- 17. ___Y ___N Association Vincentian Spiritual Advisor receives LSUA President’s Postings (email only)

LOCAL ASSOCIATION: PLEASE LIST SITE ADDRESS IF APPLICABLE

- 18. ___Y ___N Facebook page _____
- 19. ___Y ___N Pinterest account _____
- 20. ___Y ___N Instagram account _____
- 21. ___Y ___N Twitter account _____
- 22. ___Y ___N Website _____
- 23. ___Y ___N Newsletter If Y, please send copy to LCUSA National Office.
- 24. ___Y ___N Other _____

Prior to sending this report to the LCUSA Regional Vice-President by February 15, 2016, 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 _____