



# 2023

NATIONAL COUNCIL OF THE UNITED STATES  
SOCIETY OF ST. VINCENT DE PAUL  
**NATIONAL STORES COMMITTEE ANNUAL REPORT**

**The 2022-2023 Report Form Is Enclosed. The completed reports must be returned:  
NO LATER THAN THE DATE THAT THE MAIN ANNUAL REPORT IS DUE  
FROM THE CONFERENCE/COUNCIL THAT OWNS/OPERATES THE STORE**

## **DATABASE INFORMATION**

The information requested will make possible a National database that is current. Having it at the national level will facilitate communications and mailings to all concerned. Also, knowing store openings and closings will help to track the direction of our stores program. **PLEASE USE ADDITIONAL PAPER FOR MORE STORES.**

## **CONSOLIDATED INCOME STATEMENT**

This allows Councils to track revenue, expense, and profits versus forecasts, and identifies areas of operation needing particular attention. It makes possible the development by the National Stores Committee of operating indices which will be made available to all Councils and Conferences. Operating indices such as "expense to revenue," "wages to total expense," "value of free goods to total revenue," etc. should assist Councils to better manage their stores.

**PLEASE DO NOT ADD OR CHANGE CATEGORIES - ADD ALL NON-LISTED STORES' EXPENSES UNDER "OTHER EXPENSE." IF YOU HAVE A SIGNIFICANT EXPENSE IN A NON-LISTED CATEGORY, ADD A NOTE TO THIS REPORT.**



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**Council or Conference Name** \_\_\_\_\_  
**Region** \_\_\_\_\_ **(Arch)Diocese** \_\_\_\_\_

For the fiscal period \_\_\_\_\_ to \_\_\_\_\_  
\_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Contact person \_\_\_\_\_ Phone # \_\_\_\_\_

Email address \_\_\_\_\_

Name & address of person who is official contact for store(s) (if different from above)  
\_\_\_\_\_  
\_\_\_\_\_

Number of Stores at end of Fiscal Year \_\_\_\_\_

Number of Warehouses/Distribution Centers \_\_\_\_\_

Number of Stores that are Free Distribution Centers (no income from sales) \_\_\_\_\_

Store Locations (use additional sheet if necessary), provide details on page 6.

	Store Address/City/State/Zip	Phone	*V/P/C	Sales Area Square Feet	Sales Revenue
1.	_____	_____	_____	_____	\$ _____
2.	_____	_____	_____	_____	\$ _____
3.	_____	_____	_____	_____	\$ _____
4.	_____	_____	_____	_____	\$ _____
5.	_____	_____	_____	_____	\$ _____
6.	_____	_____	_____	_____	\$ _____

\* Enter **V** volunteer staff, **P** paid staff, or **C** combination of volunteer and paid staff.

Personnel - please give **number** of people in each category.

	Paid		Volunteer	Volunteer Hours
	Full Time	Part Time	Full & Part Time	Full & Part Time
Director/General Manager				
Store Manager				
Store Staff				
<b>Total</b>				

**Council or Conference Name** \_\_\_\_\_

The Thrift Store operation supports and adheres to the mission and Rule of the Society:



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**Council or Conference Name** \_\_\_\_\_

### STORES CONSOLIDATED INCOME STATEMENT REVENUE (Round To Nearest Dollar) – CASH BASIS

Store Sales (not paid by SVdP)	\$	.00	
Bulk Clothing	\$	.00	
Vehicle Sales	\$	.00	
Scrap / Recycling Sales	\$	.00	
Cash Donations	\$	.00	
Other include any PPP funds forgiven as grants by federal government	\$	.00	
<b>Total Revenue</b>	<b>\$</b>	<b>.00</b>	
Stores Sales Paid by Conferences/Councils	\$	.00	
Funds received for Capital Campaign	\$	.00	
Other Income from SVdP	\$	.00	
<b>Total All Store Income</b>	<b>\$</b>	<b>.00</b>	

### EXPENSES (Round To Nearest Dollar) – CASH BASIS

EMPLOYEE EXPENSES			
Wages	\$	.00	
Employer Contribution (FICA)	\$	.00	
Benefits (health, life, etc.)	\$	.00	
<b>Total Wages &amp; Benefits</b>	<b>\$</b>	<b>.00</b>	
OPERATING EXPENSES			
Rent/Lease	\$	.00	
Mortgage / Loan	\$	.00	
Purchase of New Goods	\$	.00	
Operating Expense (Please Identify)	\$	.00	
<i>(EXPLAIN ANY SIGNIFICANT OTHER EXPENSE ON A SEPARATE SHEET)</i>			
<b>Total Operating Expense</b>	<b>\$</b>	<b>.00</b>	
<b>Total Expenses (Wages, Benefits, Operating)</b>		<b>\$</b>	<b>.00</b>
<b>Stores Surplus (Loss) Revenue-Expense</b>		<b>\$</b>	<b>.00</b>
Transfers to OTHER SVdP Conferences or Councils (not included as expense)	\$	.00	
Dollars Spent in Direct Aid to Those in Need	\$	.00	
In-Kind Goods: Free materials distributed by stores (value)	\$	.00	
In-Kind Services: Free professional services given (value)	\$	.00	
Number of People Helped (Direct Aid and In-Kind)			
Volunteer Hours (members, community service, etc.)			



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### Special Comparative Data

NUMBER OF STORES LISTED IN THIS REPORT	
TOTAL SQUARE FOOTAGE OF ALL STORES LISTED	
TOTAL NUMBER OF DONORS	
REVENUE FROM DONATED GOODS	\$
REVENUE FROM GOODS PURCHASED FOR RESALE	\$
DONATION SOURCES USED BY STORES (CHECK ALL THAT APPLY)	
DONATION BOXES	
DONATIONS AT STORE OR WAREHOUSE	
PARISH COLLECTIONS	
HOME PICKUPS	
SPECIAL EVENT DONATIONS	
ATTENDED DONATION CENTER	
OTHER	

Store Address	City	State	Zip	Phone	V/P/C	Square FT	Revenue

This report should be submitted online. If it is to be submitted on paper, send to the Council or Conference that owns and operates the store.

**Isolated Conferences** should submit their report online or send to:

**Stores Annual Report**  
**National Council - Society of St. Vincent de Paul**  
**66 Progress Parkway**  
**Maryland Heights, Missouri 63043-3706**



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### INSTRUCTIONS FOR NATIONAL STORES COMMITTEE ANNUAL REPORT

This report form is intended to promote more timely, accurate, and consistent reporting. It is essential to have your annual report completed properly and returned on time so that we can responsibly publish our consolidated National results and comply with the requirements of our tax-exempt status.

This annual report form must be used for all stores. **Please do not use older versions of this form.** Remember that the key to good reporting is keeping good records throughout the reporting year [i.e., monthly and quarterly reporting]. Please read these instructions carefully. If you have any questions on reporting, contact your local Council for support.

Your cooperation is appreciated.

### DEFINITIONS AND QUESTIONS:

**FOR THE FISCAL PERIOD:** Always a 12-month period; fiscal year (Oct. 1 – Sept. 30). This could be a shorter period for new stores or closed stores.

**CONTACT PERSON / PHONE # / EMAIL ADDRESS:** Enter the information related to the person submitting this report.

**NAME OF PERSON WHO IS OFFICIAL CONTACT FOR STORES:** Enter the information for the official contact for the store(s) if it is different than the one indicated above.

**NUMBER OF STORES AS OF END OF FISCAL YEAR:** Enter the number of stores that are included in this report.

**NUMBER OF WAREHOUSES / DISTRIBUTION CENTERS:** Enter the number of warehouses and/or distribution centers that are included in this report.

**NUMBER OF STORES THAT ARE FREE DISTRIBUTION CENTERS:** Enter the number of stores that are free distribution centers (receiving no income from sales of goods) that are included in this report.

**STORE LOCATIONS:** Enter the location information, staffing code, number of square feet, and total sales for each store included in this report. If the report includes more than six stores, continue the information on page 6 of this report. If you need more room, include additional pages at the end of the report.

**Staffing code is designated as V/P/C: enter V if the store is all volunteers, enter P if the store is all paid staff, or enter C if it is a combination of volunteer and paid staff.**

**PERSONNEL:** Enter the number of people in each category. There are a number of job titles listed. Enter the number of paid staff (Full Time and Part Time) who have that title or its equivalent. Enter the



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number of volunteers (combined full and part time) who have that title or its equivalent. Then enter the number of hours worked this fiscal year by volunteers in each category. Enter the total at the bottom.

### STORES CONSOLIDATED INCOME STATEMENT – CASH BASIS

#### REVENUE

Store Sales (not Paid by SVdP): This is total income from sale of merchandise in the store(s). This does not include sales paid for by SVdP Conferences and Councils (i.e. vouchers).

Bulk Clothing: This is total income from sale of bulk clothing. Typically, this refers to rag sales, but it may take other forms rather than baled clothing.

Vehicle Sales: Many SVdP operations receive vehicles as donations. This is the total income received from the re-sale of those vehicles. If you work through a broker, this is the net you receive from those sales.

Scrap / Recycling Sales: Many stores do bulk sales of scrap, cardboard, metal, etc. from merchandise that does not sell in the store(s). Enter the total income from those sales.

Cash Donations: Occasionally, stores receive monetary donations intended to help those in need. Enter the amount received this year.

Other: All other sources of income (e.g., interest, bank adjustments, etc.)  
Include any PPP funds forgiven that become grants as officially recognized and declared by the federal government. **For SVDP purposes those SVdP Thrift Stores who received PPP funds should record these grant funds in the annual report as other income or miscellaneous receipts.**

**Total Revenue:** Enter the total gross income from all thrift stores operated by the Conference, District or Diocesan Council. **This is the amount to enter on line 13 of the Council report (Receipts from Stores) if the store is owned by the Council...or on line 3B of the Conference report.**

Store Sales Paid by Conferences/Councils: Total of all stores sales paid for by SVdP Conferences or Councils (i.e. vouchers). (Exempt from the solidarity calculation)

Funds received for Capital Campaign: This includes all money received for a formally defined, non-operating capital campaign funds for your store. (Exempt from the solidarity calculation)

Other Income from SVdP: All other funds received from SVdP Conferences or Councils. (Exempt from the solidarity calculation)

**Total All Store Income:** Enter the total of all of the above revenue figures.

#### EXPENSES



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### EMPLOYEE EXPENSES

Wages: Enter the total wages paid to employees (hourly and salaried) for the year.

Employer Contributions: Enter the FICA contribution paid on behalf of employees for the year.

Benefits: Enter the total contribution this year paid on behalf of employees for healthcare, life insurance, workers comp, etc.

**Total Wages & Benefits:** Enter the total of all of the Employee Expense figures.

### OPERATING EXPENSES

Rent/Lease: Funds spent for rent or lease payments for the store(s).

Mortgage / Loan: Funds expended as interest and principal on mortgage/real estate loans for the store(s).

Purchase of New Goods: This is the amount expended to purchase new merchandise for resale in the store(s).

Operating Expense: All other expenditures not covered by another category. This includes utilities, refuse, maintenance for buildings, maintenance for vehicles and equipment, interest other than real estates, advertising, truck rental, truck purchase, insurance, supplies, professional fees, and solidarity contributions. **DO NOT INCLUDE EITHER, TRANSFERS TO THE COUNCIL OR CONFERENCES, OR DOLLARS SPENT IN DIRECT AID TO THOSE IN NEED.**

**Total Operating Expense:** Enter the total of all of the Operating Expense figures.

**Total Expenses (Wages, Benefits, Operating):** Combine the totals for wages and Benefits with Operating Expenses and enter here. This is the figure that is entered as store expenses on the main annual report of the Council or Conference that owns/operates the store.

**Store Surplus (Loss) Revenue - Expense:** Subtract Total Expenses from Total Revenue (Wages, Benefits, Operating

**Funds transferred to Other SVdP Conferences or Councils:** This amount does not include "internal" transfers to the Conference or Council that owns the store. It only includes funds provided to SVdP entities that DO NOT own the store –Enter the amount here for funds generated by a District Council owned Thrift Store that are transferred to their reporting Conferences within the District.



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**Dollars Spent in Direct Aid to Those in Needs:** Funds spent as payment for direct aid (rent, utilities, medical, etc.) to those in needs. This also includes new merchandise that was purchased for resale and then given free to those in need. This is not an expense item. This amount should be included in the main annual report of the Council or Conference that owns/operates the store.

**In-Kind Goods:** This is the value of merchandise (clothing, furniture, household items, etc.) received as donations that was given free to those in need. This amount should be included in the main annual report of the Council or Conference that owns/operates the store.

**In-Kind Services:** This is the value of the professional services (attorneys, plumbers, doctors, etc.) that were arranged for and given free to those in need. This amount should be included in the main annual report of the Council or Conference that owns/operates the store.

**Number of People Helped:** This is the total number of people who were helped with in-Kind Goods and Services as well as with Dollars Spent in Direct Aid. This amount should be included in the main annual report of the Council or Conference that owns/operates the store.

**Volunteer Hours:** This is the total number of volunteer hours worked in the store(s). This includes members, community volunteers, those doing community service, etc. The amount entered here should be the same as is on the bottom of page 2 of this report. This amount should be included in the main annual report of the Council or Conference that owns/operates the store.

### Special Comparative Data

**Number of Stores Listed in this Report:** Enter the number of stores owned and operated by the Council/Conference that are listed in this report.

**Total Square Footage of the All Stores Listed:** Enter the total square footage (sales area only) of all of the stores owned and operated by the Council/Conference that are listed in this report. This does NOT include warehouse/storage space.

**Total Number of Donors:** Enter the total number of people who have made donations of goods to the stores. If an individual makes donations on five different occasions, count it as five donors. We are not asking for unduplicated numbers.

**Revenue from Donated Goods:** Enter the dollar value of all sales related only to donated goods (all stores).





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**Revenue from Goods Purchased for Resale:** Enter the dollar value of all sales related to goods that were purchased for resale (all stores).

**Retail Program - Expenses from Donated Goods:** Enter the dollar value of all expenses related only to donated goods (all stores).

**Retail Program - Expenses from Goods Purchased for Resale:** Enter the dollar value of all expenses related to goods that were purchased for resale (all stores).

**Donation Sources Used by Stores:** Identify all of the various sources that are used to receive donated goods for the stores operated by the Council/Conference. Check all of the sources that apply: donation boxes or bins, direct donations at a store or warehouse, parish collections, home pickups, special event donations, attended donation centers and/or other sources. Parish collections go by various names, such as Bundle Sundays. Attended donation centers include standalone facilities established for donations only with someone overseeing the operation. This may include a weekly truck at a shopping center, a separate storefront or standalone building used only for donations, etc.