

**Diocese of Quebec Annual Report For the Year ended December 31, 2008**  
**Please complete and return one copy to Church House by March 15th, 2009**

Name of Congregation:	Church House file no. _____	100
	Date Received _____	
	Date Posted _____	
	<b>Officers for the Coming Year (with e-mails, please)</b>	
People's Warden	_____	104
	_____	105
	_____	106
	_____	107
	e-mail address _____	108
Rector's Warden	_____	109
	_____	110
	_____	111
	_____	112
	e-mail address _____	113
Send Parish Account to The Treasurer	_____	114
	_____	115
	_____	116
	_____	117
	e-mail address _____	118
Send Cemetery Account to (if different from parish treasurer)	_____	119
	_____	120
	_____	121
	_____	122
	e-mail address _____	123

**This page will be given to the Warden of Lay Readers**

**Please provide e-mail address**

		File no.	_____	100
Licensed Lay Reader	Same ( )	_____		130
		_____		131
		_____		132
		_____		133
	e-mail address	_____		134
Licensed Lay Reader	Same ( )	_____		140
		_____		141
		_____		142
		_____		143
	e-mail address	_____		144
Licensed Lay Readers	Same ( )	_____		145
		_____		146
		_____		147
		_____		148
	e-mail address	_____		149
Licensed Lay Reader	Same ( )	_____		150
		_____		151
		_____		152
		_____		153
	e-mail address	_____		154
Licensed Lay Reader	Same ( )	_____		155
		_____		156
		_____		157
		_____		158
	e-mail address	_____		159

**This page will be given to the Secretary of Synod**

File no. \_\_\_\_\_ 100

I hereby certify that the number of [Easter] Communicants in this Congregation is (line 203) \_\_\_\_\_

and that at a meeting of the Vestry of this congregation, held on the \_\_\_\_\_ day

of \_\_\_\_\_, 2009, the following were canonically elected for the ensuing period:

Incumbent \_\_\_\_\_

**Please include e-mail address for delegates**

Synod Delegate	_____	160
	_____	161
	_____	162
	_____	163
	_____	164
Synod Delegate	_____	165
	_____	166
	_____	167
	_____	168
	_____	169
Synod Delegate	_____	170
	_____	171
	_____	172
	_____	173
	_____	174
Alternate Synod Delegate	_____	175
	_____	176
	_____	177
	_____	178
	_____	179
Alternate Synod Delegate	_____	180
	_____	181
	_____	182
	_____	183
	_____	184

**Congregation Statistics for 2008**

File no. \_\_\_\_\_ 100

Total number of Families on Church Roll	_____	200
Total of <b>all</b> Individuals, children and adults, on Church Roll including those in 202 below	_____	201
Confirmed members on Church Rolls:	_____	202
Communicants as per Canon 1 (BCP definition)	_____	203
Number of Charitable tax receipts given to people on you Church Roll	_____	204
Number of other Charitable tax receipts given in the year just ended	_____	205
Average Sunday Attendance:	_____	206
Total number of Communicants during the Easter Octave	_____	207

**Sunday School**

Sunday School (s)	_____	208
Number of Teachers	_____	209
Number of Students	_____	210

**Parish Records**

Baptisms:	_____	211
First Communion:	_____	212
Confirmations:	_____	213
Received from other Communion:	_____	214
Marriages:	_____	215
Blessings of Civil Marriages:	_____	216
Funerals:	_____	217
Burials:	_____	218

**Church Services**

Number of Holy Eucharists:	_____	219
Number of Home Communion (including hospital, and nursing home):	_____	220
Number of Morning & Evening Offices	_____	221
Number of other public worship services	_____	222

**Organizations & Groups**

	Number of Groups	Number of Members	
ACW:	_____	_____	223
Guilds:	_____	_____	224
Other Women's groups:	_____	_____	225
Men's Groups:	_____	_____	226
Other Adult Groups:	_____	_____	227
Youth Groups:	_____	_____	228
Server's Guild:	_____	_____	229
Other	_____	_____	230
	_____	_____	231
	_____	_____	232

<b>Income</b>	File no. _____	100
<b>Parish Revenue</b>		
<b>Revenue received to support the ministry, maintenance, programs &amp; outreach of your Church</b>		
Open Offerings:	_____	300
Tax-Receipted gifts given to support the ministry of your Church:	_____	301
Tax-Receipted Gifts to your cemetery:	_____	302
Donations from foundations to support the ministry of your Church	_____	303
Donations from the Diocese to support the ministry of your Church	_____	304
Donations from other organizations to support the ministry of the Church	_____	305
Capital monies converted to revenue to support the ministry of your Church	_____	306
Donations from Parish organizations to support the ministry of your Church		
Including donations paid directly to Church House		
ACW:	_____	306
Guilds:	_____	307
Other:	_____	308
Revenue (interest) from investments, securities & Capital funds:	_____	309
Rental from the Rental of Rectory, Hall or Church:	_____	310
Other Income: Please Specify: _____	_____	311
	_____	312
	_____	313
Revenue from your cemetery, sale of plots	_____	314
<b>Gross Parish Revenue: Please add lines 300 to 314</b>	_____	<b>320</b>
Revenue transferred to a capital account	_____	321
<b>Assesable Parish Revenue: Please subtract line 321 from line 320</b>	_____	<b>325</b>
<b>Flow-Through Revenue received that is ear-marked specifically for another ministry</b>		
Charitable Receipted Gifts to the PWRDF:	_____	330
Charitable Receipted Gifts to the Bible Society:	_____	331
Charitable Receipted Gifts to Fort Haldimand:	_____	332
Surplus Parish Revenue donated to another ministry: name: _____	_____	333
Other: _____	_____	334
<b>Total Flow-Through Revenue: Please add lines 330 to 334</b>	_____	<b>340</b>
<b>Capital Revenue Revenue received that is ear-marked specifically for an endowment fund</b>		
Charitable Receipted <u>Bequests</u> for your Church:	_____	350
Charitable Receipted <u>Bequests</u> for your Building Fund	_____	351
Charitable Receipted <u>Bequests</u> for your Cemetery:	_____	352
Sale of land or Buildings:	_____	353
Capitalized surplus Parish Revenue	_____	354
Capital Gifts from Foundations to aid in Capital Repairs	_____	355
Securities that have matured	_____	356
<b>Total Capital Revenue Please add lines 350 to 356</b>	_____	<b>365</b>
<b>Total Income: Please add lines 325, 340, 365</b>	_____	<b>370</b>

**Expenditures**

File no. \_\_\_\_\_ 100

**Monies spent to support the ministry, maintenance, programs & outreach of your Church**

Clergy Stipend:	_____	400
Clergy Benefits:	_____	401
Clergy Travel:	_____	402
Parish Assessment:	_____	403
Guest Clergy Costs:	_____	404
Programme Costs:	_____	405
Local Parish Outreach:	_____	406
Gross Church & Hall expenses:	_____	407
Gross Rectory expenses:	_____	408
Gross sum spent on cemetery maintenance:	_____	409
Parish Revenue spent on ministry outside of the church	_____	410
Parish Revenue converted to Capital (line 321)	_____	411
<b>Total Parish Expenses: Add Lines 400 to 411</b>	_____	<b>420</b>

**Flow-Through Expenditures Funds forwarded specifically for another ministry**

Funds forwarded to Church House for the PWRDF	_____	430
Funds forwarded to the Bible Society:	_____	431
Funds forwarded to Fort Haldimand:	_____	432
Parish Revenue given to other charities:	_____	433
Other flow-through expenditures:	_____	434
<b>Total Flow-Through Expenditures: Please add lines 430 to 434</b>	_____	<b>440</b>

**Capital Expenditures Funds spent on Capital Repairs, or on the purchase of securities**

Net capital repairs to Church/Hall/Rectory	_____	450
Net capital improvements to Cemetery(ies)	_____	451
Securities purchased for your Church	_____	452
Securities purchased for your Building Fund	_____	455
Securities purchased for your Cemetery	_____	456
Purchase of land or Buildings:	_____	457
Capital funds withdrawn and used to pay for revenue expenses (line 305)	_____	458
Other Capital Expenditures:	_____	459
<b>Total Capital Expenditure: Please add lines 450 to 459</b>	_____	<b>465</b>

**Total Expenditure: Please add lines 420, 440, 465** \_\_\_\_\_ **470**

Excess of parish income over expenditure: \_\_\_\_\_ 480

Bank Balance (revenue account) at the Beginning of the year: \_\_\_\_\_ **490**

Bank Balance (revenue account) at the End of Year: \_\_\_\_\_ **491**

\_\_\_\_\_

Have your books been audited as per Canon 15

Yes ( ) No ( )

Auditors:

\_\_\_\_\_  
\_\_\_\_\_

Incumbent:

\_\_\_\_\_

Person who completed this form, if not the Incumbent:

\_\_\_\_\_

**Details of accounts, GICs etc. held by the congregation:**

Parish Capital Funds:	Name	Amount
	_____	_____
	_____	_____
	_____	_____
	_____	_____
	_____	_____

Cemetery Funds:	Name	Amount
	_____	_____
	_____	_____
	_____	_____
	_____	_____

**Bank Accounts:**

Name	Bank	Account Number	Balance at Year's End
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Securities:	Amount	Date Due (if a Bond or a GIC)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Signature of Wardens that the information provide is correct:**

\_\_\_\_\_

\_\_\_\_\_

**E-mail Address** \_\_\_\_\_

**E-mail Address** \_\_\_\_\_

Date: \_\_\_\_\_