

**Diocese of Quebec Annual Report For the Year ended December 31, 2017**

**Please complete and return one copy to Church House by March 15, 2018**

Name of Congregation:	Church House file or Parish no. _____	100
_____	Date Received _____	
	Date Posted _____	

**Officers for the Coming Year (WITH E-MAILS AND PHONE NUMBERS, PLEASE)**

People's Warden	_____	104
	_____	105
	_____	106
	phone number _____	107
	e-mail address _____	108
Rector's Warden	_____	109
	_____	110
	_____	111
	phone number _____	112
	e-mail address _____	113
Send Parish Account to The Treasurer	_____	114
	_____	115
	_____	116
	phone number _____	117
	e-mail address _____	118
Send Cemetery Account to (if different from parish treasurer)	_____	119
	_____	120
	_____	121
	phone number _____	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
	phone number _____	133
	e-mail address _____	134
Licensed Lay Reader	( ) Same	140
	_____	141
	_____	142
	phone number _____	143
	e-mail address _____	144
Licensed Lay Readers	( ) Same	145
	_____	146
	_____	147
	phone number _____	148
	e-mail address _____	149
Licensed Lay Reader	( ) Same	150
	_____	151
	_____	152
	phone number _____	153
	e-mail address _____	154
Licensed Lay Reader	( ) Same	155
	_____	156
	_____	157
	phone number _____	158
	e-mail address _____	159

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

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

**Please fill in bellow the nominees from your Parish that will be put up for election as deanery or regioal delegates to the next Synod**

Synod nominee	_____	160
	_____	161
	_____	162
	_____	163
phone number	_____	164
Synod nominee	_____	165
	_____	166
	_____	167
	_____	168
phone number	_____	169
Synod nominee	_____	170
	_____	171
	_____	172
	_____	173
phone number	_____	174

**Congregation Statistics for 2017**

	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 200above	_____	201
Communicants as per Canon 1 (BCP definition)	_____	203
Number of Charitable tax receipts given for donation	_____	204
Number of other Charitable tax receipts given in the year just ended	_____	205
Average Sunday Attendance:	_____	206
<b>National Statistics</b>		
Total number of attendance during the Easter Octave	_____	207
Total number of attendance for Pentecost service	_____	233
Total number of attendance for the 2nd Sunday in September	_____	234
Total number of attendance during the Christmas eve and Christmas day services	_____	235
<b>Statistics for Synod participation</b>		
Total number of attendance during the Christmas eve and Christmas day services	_____	235
Total number of attendance on Ascension day service: May 14, 2015	_____	236
Total number of people who attended all Sunday services throughout the year	_____	237
<b>Sunday School</b>		
Sunday School (s)	_____	208
Number of Teachers	_____	209
Number of Students	_____	210
<b>Parish Records</b>		
Baptisms:	_____	211
First Communions:	_____	212
Confirmations:	_____	213
Received from other Communions:	_____	214
Marriages:	_____	215
Blessings of Civil Marriages:	_____	216
Funerals:	_____	217
Burials:	_____	218
<b>Church Services</b>		
Number of Holy Eucharists:	_____	219
Number of Home Communions (including hospital, and nursing home):	_____	220
Number of Morning & Evening Offices	_____	221
Number of other public worship services	_____	222
<b>Organizations &amp; Groups</b>		
	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

**Income**

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

**Parish Revenue**

All offerings and donations, to Church , tax-receipted or not	_____	301
Revenues from Pooled Funds investments	_____	303
Revenues from all other investments (GIC, or other)	_____	310
Bequests	_____	304
Grants	_____	305
Funerals	_____	304
Revenue from sale of assets	_____	306
Investments or securities that have matured or been withdrawn	_____	307
Any Other Income: Please Specify: _____	_____	308
_____	_____	308
(such as rentals, but <i>not including</i> _____	_____	308
<i>GST and PST reimbursements</i> ) _____	_____	308

**\*\* Do not include bank balances in this report or GST-PST refunds\*\***

**Cemetery Income:**

All offerings and donations, to Cemetery , tax-receipted or not	_____	309
Revenue from Pooled Funds investments	_____	303
Revenues from all other investments (GIC, or other)	_____	310
Revenue from sale of lots	_____	309
Bank Interest	_____	309

**Flow-Through Revenue**

*ear-marked specifically for another ministry*

Charitable Receipted Gifts to the PWRDF	_____	331
Charitable Receipted Gifts to the Bible Society etc.	_____	332
Other: _____	_____	333

**Parish organizations (submit a copy of these reports)**

Income of Guild	_____	302
Income of ACW	_____	302
Income of Fundraisers	_____	302

**Capital Revenue**

Bequests Received	for your Church: _____	351
	for your Building Fund _____	352
	for your Cemetery: _____	353
Sale of land or Buildings:	_____	354
Capital Gifts from Foundations to aid in Capital Repairs	_____	355
Securities that have matured	_____	356

**Revenues transferred to Capital Account**

Income used to purchase new investments	_____	312
Income used for capital repairs to church or cemetery	_____	313
Transfer to Church Society Endowments fund for Cemetery Bequest/sale of lots	_____	312

**Expenditures**

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

**Parish Expenses**

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

Clergy Stipend and Benefits	_____	401
Other Clergy Benefits	_____	402
Clergy Travel	_____	403
Fair Share paid to Diocese	_____	404
All other parish expenses		
Heating & Electricity	_____	405
Repairs and maintenance (including snow removal)	_____	405
Office expenses, Church Supplies	_____	405
Outreach	_____	405
Insurance	_____	405
Others	_____	405
Bank charges	_____	405

**Cemetery expenses**

Mowing	_____	406
Maintenance of graves	_____	406
Any Other expenses: Please Specify: _____	_____	406
_____	_____	406
_____	_____	406
_____	_____	406

**Flow-Through Expenditures**

***forwarded specifically for another ministry***

Funds forwarded to the PWRDF	_____	421
Funds forwarded to the Bible Society or other	_____	422
Parish Revenue given to other charities	_____	423
Other flow-through expenditures: _____	_____	424

**Parish organizations (submit a copy of these reports)**

Expenses of Guild	_____	405
Expenses of ACW	_____	405
Expenses of Fundraisers	_____	405

**Capital Expenditures**

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

Net capital repairs to Church/Hall/Rectory	_____	451
Capital repairs to the Cemetery	_____	451
Securities purchased for your Church, Cemetery or Building Fund	_____	452
Purchase of land or buildings	_____	453
Capital funds withdrawn and used to pay for parish expenses	_____	454

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

All Parish Capital funds including those with Church Society

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

100

Name	Amount
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

All Cemetery Funds:

Name	Amount
_____	_____
_____	_____
_____	_____
_____	_____

**Bank Accounts:**

Name	Bank	Account Number	Balance at Jan 1 2016	Balance at Dec 31 2016
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

<b>Securities:</b>	Amount	Date Due (if a Bond or a GIC)	Rate of Interest
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Signature of Wardens certifying that the information provided is correct:**

\_\_\_\_\_, warden Date: \_\_\_\_\_

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

\_\_\_\_\_, warden Date: \_\_\_\_\_

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

Have your books been audited as per Canon 15 Yes ( ) No ( )  
Auditors:

\_\_\_\_\_ Incumbent: \_\_\_\_\_

Person who completed this form, if not the Incumbent: \_\_\_\_\_