

Diocese of Quebec Congregational Annual Report for the Year ended December 31, 2024

Please complete and return one copy to Church House by April 15, 2025

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)

Churchwarden (elected)	_____	104
	_____	105
	_____	106
phone number	_____	107
e-mail address	_____	108
Churchwarden (appointed)	_____	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 Canon for Lay Ministries

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 Reader	() 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 below the nominees from your Parish that will be put up for election as deanery or regional 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, Youth	_____	170
	_____	171
	_____	172
	_____	173
phone number	_____	174

Congregation Statistics for 2018

	File no. _____	100	
Total number of Families on Church Roll	_____	200	
Total of all Individuals, children and adults, on Church Roll (including those in line 200 above)	_____	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	
Statistics for General Synod participation			
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	
Statistics for Synod participation			
Total number of attendance during the Christmas Eve and Christmas Day services	_____	235	
Total number of attendance on Ascension Day service: May 9, 2024	_____	236	
Total number of people who attended all Sunday services throughout the year	_____	237	
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

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 (includes all grants including those for stipend assistance)	_____	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
GST and PST reimbursements) _____	_____	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 (do not include grants)	_____	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 2024	Balance at Dec 31 2024
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Securities:	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 financial statements been verified as per Canon 12? Yes () No ()

Verifiers:

_____ Incumbent: _____

Person who completed this form, if not the Incumbent: _____