

**Diocese of Great Falls-Billings
Annual Financial Report
Fiscal Year Ending June 30, _____**

Please complete a separate report for each parish and mission.

In the rare cases where finances are consolidated, please indicate which communities are consolidated and respond to the questions at the bottom of page three.

PARISH _____

CITY _____

PASTOR _____

TAXABLE INCOME

Envelope/Loose Plate	_____		
Stipends & Stoles	_____		
Non-Restricted Bequests	_____		
Earned Interest D&L Accounts	_____		
Earned Interest Royalties	_____		
Fund Raisers Total Income	_____		
Less Expenses (_____)	_____	=	_____ Net Fund Raisers
Other:			
Oil & Gas	_____		
Rental Income	_____		

Subtotal\$ _____

DEDUCTIONS FROM TAXABLE INCOME

School Subsidys	\$ (_____)
Diocesan Loan Interest	\$ (_____)

TOTAL TAXABLE.....

NON-TAXABLE INCOME

Capital Campaign	_____		
Restricted Bequests	_____		
Grants	_____		
Non-Diocesan Accts (Savings & Checking, etc. Accts)	_____		
Religious Education	_____		
Subtotal.....\$ _____			

TOTAL PARISH INCOME.....\$ _____

CUSTODIAL/OTHER FUNDS (NON-TAXABLE)

Care & Share	_____		
National Catholic Collections	_____		
Reimbursements from Missions	_____		
Subtotal.....\$ _____			

TOTAL CUSTODIAL/OTHER FUNDS.....\$ _____

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EXPENSES

Priest/Pastoral Administrator

Salaries	_____
Auto Expense Reimbursement & Travel	_____
Insurance & Retirement	_____
Continuing Education & Retreat	_____
House Provisions	_____
Other: _____	_____
Subtotal.....	_____

Sacramental Ministry

Sacramental Minister Fees	_____
Supply Priest Fees	_____
Mileage Reimbursement	_____
Other: _____	_____
Subtotal.....	_____

Staff

Salaries	_____
Employee Insurance	_____
Employee Retirement	_____
Payroll Taxes	_____
Other: _____	_____
Subtotal.....	_____

Programs

Religious Education	_____
Worship	_____
Christian Service	_____
School Expense	_____
Other: _____	_____
Subtotal.....	_____

Facilities

Utilities & Telephone	_____
Equipment	_____
Property Insurance & Taxes	_____
Improvements & Maintenance	_____
Altar Supplies	_____
Office Supplies	_____
Other: _____	_____
Subtotal.....	_____

Interest Expense

TOTAL PARISH EXPENSES..... _____

Custodial Fund Expenses

Care & Share	_____
National Catholic Collections	_____

TOTAL CUSTODIAL FUND EXPENSES..... _____

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List of Bank Accounts

(List name of each bank, its location and the balance in each account.)

Bank	City	Balance
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Securities & Investments

(Itemize all other Parish Securities and Investments not contained in Bank Accounts such as Bonds, Stocks, Endowment Funds, Income Property, etc.)

Security or Investment	Balance
_____	_____
_____	_____
_____	_____
_____	_____

Summary of Indebtedness

Diocesan Loans Outstanding	Principal Payments Made	Balance at June 30, _____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please note any factors which have had or are likely to have an impact on the financial viability of the faith community.

If you have a school, please give your per pupil costs: \$ _____

Please attach a financial report for your school for the fiscal year just ended.

Please complete the following only if you report consolidated income and expense from more than one community.

*What percentage of income reported on page one comes from the mission(s)?
What percentage of expenses reported on page two comes from the mission(s)?*

Name of Mission & City	Percent of Income Contributed	Percent of Expense Incurred
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____