

**Diocese of Great Falls-Billings  
Annual Budget Report  
Fiscal Year Ending June 30, 20\_\_\_\_\_**

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 Fee (if not kept by Priest)	_____	
Non-Restricted Bequests	_____	
Non-Diocesan Acct Interest (Checking/*Savings)	_____	*Savings accounts should be held in the D&L . Interest will not be taxed..
Earned Interest Royalties	_____	
Fund Raisers/Sales Total Income _____		
Less Expenses (_____)	= _____	NET Fundraisers/Sales Amount
Other: Oil & Gas/Rental Income	_____	
Subtotal .....		\$ _____

**DEDUCTIONS FROM TAXABLE INCOME**

School Subsidies (40% limit on collections)	\$ (_____)
Diocesan Loan Interest	\$ (_____)

**TOTAL TAXABLE.....**

**NON-TAXABLE INCOME**

Capital Campaign	_____
Restricted Bequests	_____
Grants	_____
Earned Interest D&L Accts	_____
Religious Education	_____
Cath Foundation Distributions	_____
Subtotal.....	\$ _____

**TOTAL PARISH INCOME.....** \$ \_\_\_\_\_

**CUSTODIAL/OTHER FUNDS (NON-TAXABLE)**

Care & Share	_____
National Catholic Collections	_____
Reimbursements from Missions	_____

**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 Current & Past Due \_\_\_\_\_  
 Cathedraticum (COF) \_\_\_\_\_  
 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
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____