

**Diocese of Great Falls-Billings
Annual Financial 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 (if reinvested)	_____
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
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____