

## Congregational Annual Report

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OULK COL	TRUE TO COLOR	Parish Name:
	NUE 10	Pastor's Name:
Cong	gregational Re	eporting
1.	Number of chi	ildren (ages 15 years and younger) on the membership rolls as of August
2.	Number of you year?:	ung adults (ages 16-29) on the membership rolls as of August 1st of this
3.	Number of adverage year?:	ults (ages 30 and older) on the membership rolls as of August 1st of this

5. How many members have you gained since the last report?:

4. Total Membership as of August 1st of this year? (Add questions 1,2, &3):

6. How many members have you lost since the last report?:

/.	what is your Average Sunday Attendance::
8.	How many of your average Sunday Attendance is aged 20 or below?:
Annu	al Ministry
9.	Please state the # of Baptisms of the parish from since the last annual report:
10.	Please state the # of Weddings presided over for members of parish since the last annual report:
11.	Please state the # of deceased (funerals) of communicant members of the parish since the last annual report:
12.	Please describe your Congregational Christian Education (Sunday School, Small Groups, Wednesday Bible Study, etc):
Finan	cial Questions
13.	How much did your parish spend on MISSIONS since the previous report?
14.	How much did your parish spend on YOUNG PEOPLE since the previous report?:  (VBS, Scholarships, Youth Camps, Tutoring Services, Praise Dance, Christian Education Rally etc):
15.	How much did your parish contribute to REC100 since the previous report?:

16	
17	Does the parish have insurance coverage? If so, what is the amount of coverage?:
Syno	dical Council Registration
This cer	tifies that the following persons have been officially elected at your Annual Parish Meeting.
	: Authorized delegates based on the membership of your parish. Refer to the email which states how many
	es & alternates you are authorized sent by the Diocese. Only complete the necessary spaces.
NOTE	Lay Delegates who are canonically allowed to vote are the Senior Warden, or the Junior Warden in thei
absence	and the Sunday School Superintendent, or the Assistant Sunday School Superintendent in their absence.
One per	rson cannot represent the church in multiple roles.
	T
	of The Annual Parish Meeting:
Lay I	
<b>Lay Г</b> 18	Of The Annual Parish Meeting:  Delegates
<b>Lay I</b> 18 19	Delegates  Lay Delegate 1 (Senior Warden, - Name, Address, Zip, Phone, & Email):
18 19 <b>Alter</b>	Delegates Lay Delegate 1 (Senior Warden, - Name, Address, Zip, Phone, & Email): Lay Delegate 2 (Sunday School Superintendent - Name, Address, Zip, Phone, & Email):

Delegates		
22.	Delegate 1: (Name, Address, Zip, Phone, & Email)	
23.	Delegate 2: (Name, Address, Zip, Phone, & Email)	
24.	Delegate 3: (Name, Address, Zip, Phone, & Email)	
25.	Delegate 4: (Name, Address, Zip, Phone, & Email)	
26.	Delegate 5: (Name, Address, Zip, Phone, & Email)	
27.	Delegate 6: (Name, Address, Zip, Phone, & Email)	
Alteri	nates	
28.	Alternate 1:	
29.	Alternate 2:	
30.	Alternate 3:	
31.	Alternate 4:	
32.	Alternate 5:	
33.	Alternate 6:	

34. #	of DSE Quarterly Convocations attended:
35.#	of DSE Clergy Conferences attended:
- 36. # -	of Educationally oriented events attended (improving pastoral ability):
Genera	1 Comments
37. A	Additional information to be shared with the Bishop:
Annual	l Requirements
38. <b>B</b>	Salance Sheet:
	☐ We have emailed a Balance sheet showing the congregation's total income and expenses
	to a.doiley@sc.twcbc.com.
	☐ We have NOT emailed a Balance sheet showing the congregation's total income and
	expenses to <u>a.doiley@sc.twcbc.com</u> .
39. <b>N</b>	Ainister's Annual Pension:
	☐ We have paid the minister's annual pension.
	☐ We have NOT paid the minister's annual pension.
	☐ Other:

Pastoral Professional Development

40. Auxiliary Congregational Reports:
☐ We have submitted the requested Diocesean auxiliary reports to their lead.
☐ We have NOT submitted the requested Diocesan auxiliary reports to their lead.
□ N/A
41. Insurance Premiums: (Note, this will not apply to every congregation):
☐ We have paid the Insurance Premium in Full
☐ We have partially paid the Insurance Premium
☐ This does not apply to our congregation
Digital Signature
This serves as the electronic signature of the representative of the Vestry and/or Pastor:
Printed Name Signature