

THE PRESBYTERIAN CHURCH IN CANADA
SESSION ANNUAL STATISTICAL REPORT
FOR THE YEAR ENDED DECEMBER 31, _____

Congregation Code.

Synod _____

Presbytery _____

Please use this form as a worksheet to fill out the online form at presbyterian.ca/stat-report.

*If you can't use the online form and are submitting this pdf, please send a copy to the national office (jaczegledi@presbyterian.ca) and your Presbytery Clerk by **April 15**, _____, unless otherwise instructed by your Presbytery Clerk.*

PART I — Statistics

CONGREGATIONAL INFORMATION

1. Place (City/Town & Province) _____
2. Name of congregation _____
3. Street address of church _____ Postal Code _____
4. [a] Number of ruling elders on Session _____ 4.
 [b] This Session uses term service for elders: Yes _____ No _____
5. Total number of children in the congregation _____ 5.
6. Total number of households (a "household" is a residence with one or more members or adherents.) _____ 6.
7. Baptisms during _____
 Adults: _____ + Infants and Children: _____ = TOTAL BAPTISMS: _____ 7*.
8. Professing Membership:
 - [a] TOTAL REPORTED AT DECEMBER 31, _____ same as 8j on _____ Statistical Report _____ 8a.
 - [b] ADDED during _____ by profession of faith _____ 8b.
 - [c] ADDED by a certificate of transfer or by a special act of session _____ 8c.
 - [d] Total additions (8b + 8c) _____ + _____ 8d*.
 - [e] Sub-total (8a + 8d) _____ = _____ 8e*.
 - [f] Removed during _____ - by certificate _____ 8f.
 - [g] _____ - because of death _____ 8g.
 - [h] _____ - by revision of the roll _____ 8h.
 - [i] Total removed from the roll (8f + 8g + 8h) _____ - _____ 8i*.
 - [j] PROFESSING MEMBERSHIP (December 31, _____) (8e - 8i) _____ = _____ 8j*.
9. Adherents under pastoral care (adults & children associated with congregation) _____ 9.
10. Estimated weekly worship attendance
 - Normal weekly worship attendance in _____, including children _____ 10.
 - [a] In person (when building open with COVID restrictions) _____ 10a.
 - [b] Online (when building open with COVID restrictions) _____ 10b.
 - [c] Online (when building closed) _____ 10c.
 - [d] Online (pre-COVID) _____ 10d.

PART II - Finances

11. Accommodation (please round to the nearest dollar)

[a] Does the congregation own a manse? Yes No Estimated annual fair rental value \$.00 11a.

[b] If yes, does your principal minister live in the manse? Yes No

NOTE: 11A & 11B must be completed

[c] If the principal minister does not live in a manse, what is the accommodation allowance paid to the principal minister? \$.00 11c.

[d] What is the accommodation allowance paid to other professional church workers? \$.00 11d.

12. What is total debt on congregational properties \$.00 12.

13. Revenue Canada Taxation Form (T3010) for _____ was filed YR M D **Must be filled in each year.**

If your congregation was new or had the Revenue Canada Business Number (CRA number) changed in the past year, or your congregation's T3010 has not been filed with CRA, please inform Jackie Czegledi (jaczegledi@presbyterian.ca) and your Presbytery Clerk.

Receipts (please round to the nearest dollar)

14. Total \$ received by congregation for Church operations for use in the current year. \$.00 14.

[a] Gross rental income \$.00 14a

[b] Net rental income \$.00 14b

15. Net proceeds from sale of property \$.00 15.

16. Receipts for endowment funds, bequests/legacies, special funds \$.00 16.

[a] Total amount in bequests received in \$.00 16a.

17. Grant received from Life & Mission Agency, Canadian Ministries \$.00 17.

18. Funds raised for major repairs, renovations or new building \$.00 18.

19. Other revenue (see guide line 19) \$.00 19.

Specify other revenue

20. TOTAL RECEIPTS FOR ALL PURPOSES (as reported in your Statement of Receipts & Disbursements)

Add lines 14 through 19 (16a is not included) \$.00 20*.

Expenditures (please round to the nearest dollar)

21. Stipend of Principal Minister	(Not Interim Moderator/Student/Stated Supply)			
	(do not include accommodation allowance in any line)			
[a] Stipend (including increments & travel)		\$	.00	21a.
[b] Utilities (water, fuel, telephone, electrical, other)		\$	.00	21b.
[c] Continuing education allowance		\$	.00	21c.
[d] Other monies provided by congregation		\$	.00	21d.
	(excluding honoraria & medical/dental premium)			
Total stipend of Principal Minister (excluding manse value or accommodation allowance)				
	Add [21a] through [21d]	=	\$	.00 21*.
22. Total stipends of other professional church workers	(do not include accommodation allowance)	\$	.00	22.
	<i>Full/Part time Ministers, Diaconal Ministers, Youth workers, Christian Educators; not Musicians, Administrators, Secretaries, Custodians.</i>			
23. All other operating expenses (including accommodation allowance but not including stipends)		\$	.00	23.
24. Debt repayment (and interest) in _____		\$	.00	24.
25. Total expenditures for normal requirements (add lines 21 through 24)		\$	.00	25*.
26. Amount remitted for "Presbyterians Sharing" and amount expended on external mission activities				
[a] Amount remitted to "Presbyterians Sharing" in _____		\$	.00	26a.
[b] Amount remitted to/expended on in				
Remitted to PCC (other than Presbyterians Sharing)		\$	.00	26b1.
Expended on refugee sponsorship		\$	.00	26b2.
Remitted to other Registered Charitable Mission Organizations		\$	.00	26b3. (Must match list on page 4)
TOTAL MISSION EXPENDITURES (Add [26a] and [26b])				
		\$	.00	26*.
27. TOTAL EXPENDITURES (Add lines 25 and 26)		\$	.00	27*.
28. CONGREGATIONAL SURPLUS (DEFICIT) (Subtract line 27 from line 20)		\$	.00	28*.
29. AMOUNT RAISED BY				
WOMEN'S MISSIONARY SOCIETY/ATLANTIC MISSION SOCIETY		\$	.00	29.
Calculation of \$ Base (transfer from above line numbers)				
14. Total raised by congregation from for Church operations for use in the current year		+	\$	.00 14*.
26. Total remitted for PCC and other registered mission orgs and expended on refugees		-	\$	.00 26*.
30. Subtotal	(line 14-26)	=	\$	.00 30*.
24. Debt repayment (principal and interest) in _____		-	\$	.00 24*.
31. \$ Base – _____	(line 30-24)	=	\$	.00 31*.

Please forward a copy of your financial statements.

CONTACT INFORMATION

Contact Person for Part 1- Statistics

First Name: Last Name:
Position in Congregation:
Phone Number:
Email:

Contact Person for Part 2 – Finances

First Name: Last Name:
Position in Congregation:
Phone Number:
Email:

Clerk of Session

First Name: Last Name:
Phone Number:
Email:

List all amounts remitted to other Registered Charitable Mission Organizations in _____, use additional list if needed.

Organization	Charitable#	Amount
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$

Total must match 26(b)3