



THE DIOCESE OF BRANDON

Instructions for Completing the Annual Return Forms

Completed forms are to be returned to the Synod Office:

The Diocese of Brandon
403 13th Street
Brandon MB R7A 4P9

For assistance in completing the forms, please contact the Synod Office at 204-727-2380, or e-mail Greig Scott at finance@brandon.anglican.ca. Additional copies are available to download on our diocesan website: <http://www.dioceseofbrandon.org>.

The Annual Return form must be completed and returned to the Synod Office by **February 28, 2019**. Your assistance and cooperation in meeting this deadline is appreciated.

1. Election/Appointment of Officers:

This part of the Annual Return asks for the name and contact information of the Wardens, Secretary, Treasurer, Lay Readers, Eucharistic Administrants, and other contacts appointed at your Annual Meeting.

2. Statistical Information:

This section is for your congregation's statistics. The "Total Confirmed Persons" is used to determine the number of Synod delegates to which your parish is entitled. Please ensure that this number is completed as accurately as possible.

3. SYNOD DELEGATES (Tri-annually beginning in 2017: 2017, 2020, 2023...)

The final page is for recording your parish lay delegates and alternates in a Synod year. Synod 2020 will be October, 2020.

4. Financial Information:

Page 1

A. Congregation Income [Do not include the principal of matured GIC's or other investments as income.]

1. For FAIR SHARE:

- a) Envelope including special service collections e.g. Easter, Christmas, etc. Any specified donation for regular operations (e.g. heat bill, stipend) is subject to Fair Share. *Only capital repair or fixture donations are exempt.*
- b) Undesignated donations for which receipt is issued.
- c) Open (cash) offerings and general donation.
- d) Donations from parish associations: ACW, Men's Assn, etc.
- e) Undesignated Fundraising (net) for general operating expenses is subject to fair share. Rental income for church properties is subject.

2 & 3. Lines 2&3 are self-explanatory.

4. Designated Donations for capital projects (e.g., new roof, pews, heating system). This will not include donations for normal operations expenses such as furnace or plumbing repairs, broken

windows, and miscellaneous maintenance items, etc. Funds withdrawn from designated accounts for use as designated must have corresponding expense.

- 5 & 6.** Special Appeals include such items as PWRDF, Mustard Seed, Camp Fund. This should equal the line 12 expenditure: you have forwarded the same amount to the recipient. **Do Not** include special Easter and Christmas, Harvest Festival, etc.; they are to be reported as envelope or open income on section A, line 1.a).

PAGE 2

B. Expenditures

Clergy Expense, Lines 6-8

6. **SINGLE POINT PARISH:** Clergy salary, benefits/travel, housing and utility costs go on line 6. If you pay actual mileage directly to incumbent, that goes on line 24.
7. **MULTI POINT PARISH:** Your share of stipend and benefits you contribute to your parish council treasurer.
8. Rectory repair expenses and other misc. would be placed in #8 and labeled as such in the blank space.

General Operating

9. Loan Repayment – Include principal and interest in this figure.
20. Capital Repairs – Examples: re-shingling roof, building additions, new heating systems, structural repairs, insulation, new organ, renovations, etc.
22. “Vestry...” expenses would be any costs incurred by the meeting of vestry, supplies for meetings, or other administrative costs that are beyond the scope of charitable activities, and would be considered not entirely necessary by the CRA. Any items related to worship services, (organist, honoraria, etc.) are not included here. This is important as it constitutes T3010 line 5010 “management and admin.” It does not include salary costs because they are considered part of the charitable activity costs (line 5000) in turn assuring disbursement quota is met.

SURPLUS/DEFICIT: The difference between totals A and B will be the surplus or deficit for the year. If it is a deficit, then place a bracket () around the resulting balance.

Page 3: A simplified T3010 CRA return. Consider using the fillable PDF form which has been set up to calculate all fields automatically for you, which you can simply transfer over to your T3010. If you choose manual entry, simply add up the “LINE NUMBERS” and enter them on the T3010.

Page 4: Information about the buildings that the Parish operates. Please complete this information as accurately as possible. It is especially important to have the replacement value and the insured value completed.

Please do not forget to indicate the amount of General Liability Insurance Coverage that the congregation has through a general insurance policy. For congregations participating in the Diocesan Insurance plan, the liability coverage is \$5,000,000.

Greig Scott CFP
Executive Financial Officer
The Diocese of Brandon.

Diocese of Brandon
Notice of Election/Appointment of Officers for 2019

Congregation/Parish: _____

City/Town: _____

Incumbent: _____

Please complete and return this form to the Synod Office by February 28, 2019.

Incumbent's Warden:

Name: _____

Mailing Address: _____

Telephone (Office): _____ (Home): _____

Fax (if available): _____ E-Mail: _____

People's Warden:

Name: _____

Mailing Address: _____

Telephone (Office): _____ (Home): _____

Fax (if available): _____ E-Mail: _____

Treasurer:

Name: _____

Mailing Address: _____

Telephone (Office): _____ (Home) _____

Fax (if available): _____ E-Mail: _____

Secretary:

Name: _____

Mailing Address: _____

Telephone (Office): _____ (Home): _____

Fax (if available): _____ E-Mail: _____

Parish Council Chairperson (if applicable):

Name: _____

Mailing Address: _____

Telephone (Office): _____ (Home): _____

Fax (if available): _____ E-Mail: _____

Parish Council Treasurer (if applicable):

Name: _____

Mailing Address: _____

Telephone (Office): _____ (Home): _____

Fax (if available): _____ E-Mail: _____

SUNDAY SCHOOL SUPERINTENDENT:

Name: _____
Mailing Address: _____
Telephone (Office): _____ (Home): _____
Fax (if available): _____ E-Mail: _____

CAMP REPRESENTATIVE:

Name: _____
Mailing Address: _____
Telephone (Office): _____ (Home): _____
Fax (if available): _____ E-Mail: _____

PWRDF CONTACT :

Name: _____
Mailing Address: _____
Telephone (Office): _____ (Home): _____
Fax (if available): _____ E-Mail: _____

PARTNERS IN MISSION CONTACT:

Name: _____
Mailing Address: _____
Telephone (Office): _____ (Home): _____
Fax (if available): _____ E-Mail: _____

ACW PRESIDENT:

Name: _____
Mailing Address: _____
Telephone (Office): _____ (Home): _____
Fax (if available): _____ E-Mail: _____

MUSTARD SEED REP:

Name: _____
Mailing Address: _____
Telephone (Office): _____ (Home): _____
Fax (if available): _____ E-Mail: _____

ANGLICAN FELLOWSHIP OF PRAYER PARISH REP:

Name: _____
Mailing Address: _____
Telephone (Office): _____ (Home): _____
Fax (if available): _____ E-Mail: _____

STEWARDSHIP OFFICER:

Name: _____
Mailing Address: _____
Telephone (Office): _____ (Home): _____

LAY READERS:

1. Name: _____
Mailing Address: _____
Telephone (Office): _____ (Home): _____
Fax (if available): _____ E-Mail: _____
2. Name: _____
Mailing Address: _____
Telephone (Office): _____ (Home): _____
Fax (if available): _____ E-Mail: _____
3. Name: _____
Mailing Address: _____
Telephone (Office): _____ (Home): _____
Fax (if available): _____ E-Mail: _____
4. Name: _____
Mailing Address: _____
Telephone (Office): _____ (Home): _____
Fax (if available): _____ E-Mail: _____
5. Name: _____
Mailing Address: _____
Telephone (Office): _____ (Home): _____
Fax (if available): _____ E-Mail: _____

EUCHARISTIC ADMINISTRANTS:

1. Name: _____
Mailing Address: _____
Telephone (Office): _____ (Home): _____
Fax (if available): _____ E-Mail: _____
2. Name: _____
Mailing Address: _____
Telephone (Office): _____ (Home): _____
Fax (if available): _____ E-Mail: _____
3. Name: _____
Mailing Address: _____
Telephone (Office): _____ (Home): _____
Fax (if available): _____ E-Mail: _____
4. Name: _____
Mailing Address: _____
Telephone (Office): _____ (Home): _____
Fax (if available): _____ E-Mail: _____

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Diocese of Brandon Annual Return – 2018 – Statistical Information

Congregation/Parish: _____

City/Town: _____

Incumbent: _____

A. CONGREGATION STATISTICS

1. Total Members on Parish Roll (adults & children) _____

2. Total ACTIVE Members on Parish Roll (those who attend services or contribute,
or are identified with ACW, Sunday School, etc.) _____

3. Total Identifiable Givers
(as identified by the number of Charitable Donation Receipts issued during 2018) _____

Regular Givers: _____ One-Time Givers: _____

4. Confirmed persons on Parish Rolls _____

5. Average weekly attendance at Sunday Services _____

6. Total yearly Sunday attendance _____

7. Total Attendance for the year, including all Services of every kind _____

8. Average number of weekly communicants _____

9. Attendance for: Christmas Eve + Christmas Day (total) _____

Easter Day, including the Easter Vigil _____

Pentecost _____

2nd Sunday in September _____

Please complete and return this form to the Synod Office by February 28, 2019.

B. PARISH RECORDS

- 1. Baptisms (Children _____ / Adults _____) _____
- 2. Confirmations (Children _____ / Adults _____) _____
- 3. Received from other Communion _____
- 4. Marriages _____
- 5. Funerals _____

C. ORGANIZATIONS AND GROUPS (Please record number of participants, not number of groups)

- 1. Anglican Church Women _____
- 2. Other Women's Groups _____
- 3. Men's Groups _____
- 4. Other Adult Groups _____
- 5. Youth Groups _____
- 6. Church Sponsored* Youth Groups (Cubs, Scouts, etc.) _____
- 7. Church Sponsored* Adult Groups (A.A., etc.) _____

*Note: "Church-Sponsored" means the group does NOT pay for the use of the church hall or meeting room.

D. CHURCH SCHOOLS

- 1. Number of Schools _____
- 2. Number of Teachers _____
- 3. Number of Pupils _____
- 4. Average Sunday Attendance _____

Diocese of Brandon Notice of Election of Lay Delegates for 2019

Congregation/Parish: _____

City/Town: _____

Incumbent: _____

Please complete and return this form to the Synod Office by February 28, 2019.

I hereby certify that at the duly convened Annual/Special meeting of the Communicants of this Parish held on _____, 2019, the following persons, duly qualified, were elected Lay Delegates and Alternates, as noted, to the Synod of the Diocese of Brandon.

All synod delegate and alternate positions must be filled by persons who are at least 18 years of age, confirmed, and regular communicants in the Parish.

(Signed) _____ **Presiding Officer at Election**

DELEGATES:

1. Name: _____

Mailing Address: _____

Telephone (Office): _____ (Home): _____

Fax (if available): _____ E-Mail: _____

2. Name: _____

Mailing Address: _____

Telephone (Office): _____ (Home): _____

Fax (if available): _____ E-Mail: _____

3. Name: _____

Mailing Address: _____

Telephone (Office): _____ (Home): _____

Fax (if available): _____ E-Mail: _____

4. Name: _____

Mailing Address: _____

Telephone (Office): _____ (Home): _____

Fax (if available): _____ E-Mail: _____

Please see over for Alternates.

ALTERNATES:

- 1. Name: _____
Mailing Address: _____
Telephone (Office): _____ (Home): _____
Fax (if available): _____ E-Mail: _____
- 2. Name: _____
Mailing Address: _____
Telephone (Office): _____ (Home): _____
Fax (if available): _____ E-Mail: _____
- 3. Name: _____
Mailing Address: _____
Telephone (Office): _____ (Home): _____
Fax (if available): _____ E-Mail: _____
- 4. Name: _____
Mailing Address: _____
Telephone (Office): _____ (Home): _____
Fax (if available): _____ E-Mail: _____

Note that the number of Lay Delegates permitted is governed by the “Confirmed Persons (aged 18 and over) on the Congregation Roll” as recorded on the Statistical Information form and according to the following table:

Confirmed Persons	Lay Delegates
6 to 50	1
51 to 101	2
102 to 201	3
202 to 301	4

Diocese of Brandon Annual Return SUMMARY – 2018 – Financial Information & T3010

FILLABLE FORM - Automatic Calculation

Congregation/Parish: _____

City/Town: _____

Incumbent: _____

Please complete and return this form to the Synod Office by February 28, 2019.

This version automatically totals the T3010 return for you. You can save the filled form.

A. CONGREGATION INCOME (Note: Do *not* include matured investments)

1. For FAIR SHARE:

- | | | |
|--|------|--|
| a) Envelope offering: including special services | 4500 | |
| b) Undesignated donations (receipted) | 4500 | |
| c) Open offering (not receipted) | 4530 | |
| d) Donations from organizations (ACW, men's, etc.) | 4650 | |
| e) Undesignated fundraising & Misc. Income | 4630 | |
| f) Rentals of Parish Buildings | 4650 | |

SUBTOTAL SUBJECT TO FAIR SHARE: _____

- | | | |
|---|------|--|
| 2. Interest on Parish Investments, Endowments, GST rebates | 4650 | |
| 3. Diocesan or Anglican Foundation Grant (rec'd from other charities) | 4510 | |
| 4. Designated Donations & Fundraising (receipted) | 4500 | |
| 5. Special Appeals Receipted - Flow Through (PWRDF, etc.) | 4500 | |
| 6. Other No Receipt: Special Appeals & Other Income & Flow Through. | 4530 | |

(A) TOTAL INCOME: _____

The numbers beside the line items indicate where the amount is to be reported on the CRA T3010 CHARITY RETURN. Add the amounts with the same numbers and report them on the lines of the T3010. Multiple numbers beside a line item indicate all places where that amount is included.

Note that this "simple" version of the T3010 applies only if your congregation's income is less than \$100,000. If yours exceeds \$100 K, you will be required to fill out SECTION D of the T3010.

B. EXPENDITURES

Clergy Expense (visiting clergy are not employees, enter on #22):

- 6. Salaries, benefits, housing & utilities, + travel if included on payroll _____
- 7. Multi-Point parish contribution to Parish Council _____
- 8. Other: _____

SUBTOTAL Clergy Expenses: 4920, 5000 & 390 _____

General Operating:

- 9. Loan Repayment (including interest) 4920 _____
- 10. Fair Share 5050 _____
- 11. Special Appeal Gifts to other charities (PWRDF, Samaritan House, etc.) 5050 _____
- 12. Gifts to clergy / clergy honorariums 4920 _____
- 13. Fire and liability insurance 4920 _____
- 14. Property taxes 4920 _____
- 15. Utilities 4920 _____
- 16. Supplies 4920 _____
- 17. Caretaker, Grounds 4920 _____
- 18. Miscellaneous 4920 _____
- 19. Repairs (general maintenance) 4920 _____
- 20. Capital Repairs (major construction to building) 4920 _____
- 21. Organist honorariums, honorariums to visiting clergy 4920 _____
- 22. Vestry or council expenses: secretarial, admin., council travel, etc. 4920 & 5010 _____
- 23. Professional expenses (accountant, audit, lawyer) 4860 & 5010 _____
- 24. Travel ****ONLY if ACTUAL mileage paid directly to Incumbent** 4810 _____
- 25. Other (specify) _____ 4920 _____
- 26. Other (specify) _____ 4920 _____

(B) TOTAL EXPENSES: 5100 _____

SURPLUS/DEFICIT (A MINUS B): _____

T3010	
Section D: Income is under \$100,000. If over, complete Schedule 6	
Income	Total
4500: Receipted Income	
4510: Received from Other Charities	
4530: Non-receipted Income	
4630: Undesignated Fundraising	
4650: Other revenue	
Expense	Total
4860: Professional / Consulting Fees	
4810: Travel & Vehicle *	
4920: Expenses not included in above	
4950: Total expenses	
5000: Amount on Charitable Activities	
5010: Management and Admin Expenses	
5050: Gifts to Qualified Donee's (Fairshare, PWRDF, etc.)	
Schedule 3: Compensation (Zero if only have visiting clergy honorariums)	
390: Total compensation	

4650: GST rebate is included here. Do not put GST on line 4570 Revenue from gov't.

4860 is included in 5010.

4810 is included in 5000.

4920: These amounts are also included in 5000.

***4810: ONLY IF NOT INCLUDED ON T4. Use this ONLY if you pay actual mileage to Incumbent directly.**

5000: Your incumbents salary and benefits are included on this line, not line 5010. 5010 is costs of meetings, secretary salaries, auditor fees and other administrative expense.

5050: Fairshare, PWRDF, etc. is not included on 4950. You must fill in form T1236. The Diocese' B/N is 10806139RR0001. PWRDF is 866434640RR0001

SCHEDULE 3: Visiting clergy are NOT employees; do not include these costs on Sced. 3 I have verified this with the CRA.

C-1. Financial Assets: Please list all bank balances and Financial Assets as of Dec. 31st
 Include accounts receivable and amounts invested in the Diocesan Investments.

Chequing	4100	_____
Savings	4100	_____
GIC etc., Capital Available	4100	_____
GIC etc., Capital Restricted	4100	_____
GST Rebate Receivable	4120	_____
Other Accounts Receivable	4100	_____
Other Assets	4100	_____
	TOTAL:	_____

C-2. Liabilities: Please list all loans (including loans from the Diocese) and other liabilities
 (e.g. accounts payable) and indicate purpose (capital or operating) with balance owing
 as of December 31st:

_____	(Capital/Operating)	_____
_____	(Capital/Operating)	_____
_____	(Capital/Operating)	_____
_____	(Capital/Operating)	_____
	TOTAL: (Line 4350)	_____

D. BUILDING INSURANCE	4155 Estimated Replacement Value	Insured Value	Outstanding Indebtedness
1. Building #1 (e.g. church)			
2. Building #2 (e.g. hall)			
3. Building #3 (e.g. rectory)			
4. Furniture & Fixtures (contents)			

GENERAL LIABILITY COVERAGE IS WITH:

(AON Diocesan Policy or Parish Policy)

PROPERTY (FIRE) INSURANCE COVERAGE IS WITH:

LAST CHARITY RETURN WAS FILED BY:

For Fiscal Year Ended:

Parish Charity Number is:

Diocese of Brandon Annual Return SUMMARY – 2018 – Financial Information & T3010

MANUAL FORM

Congregation/Parish: _____

City/Town: _____

Incumbent: _____

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A. CONGREGATION INCOME (Note: Do *not* include matured investments)

1. For FAIR SHARE:

- | | | |
|--|------|--|
| a) Envelope offering: including special services | 4500 | |
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- | | | |
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- 24. Travel **ONLY if ACTUAL mileage paid directly to Incumbent 4810 _____
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(B) TOTAL EXPENSES: _____

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5010: Management and Admin Expenses	
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GIC etc., Capital Restricted	4100	_____
GST Rebate Receivable	4120	_____
Other Accounts Receivable	4100	_____
Other Assets	4100	_____
	TOTAL:	_____

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 (e.g. accounts payable) and indicate purpose (capital or operating) with balance owing
 as of December 31st:

_____	(Capital/Operating)	_____
_____	(Capital/Operating)	_____
_____	(Capital/Operating)	_____
_____	(Capital/Operating)	_____
	TOTAL: (Line 4350)	_____

D. BUILDING INSURANCE	4155 Estimated Replacement Value	Insured Value	Outstanding Indebtedness
1. Building #1 (e.g. church)			
2. Building #2 (e.g. hall)			
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4. Furniture & Fixtures (contents)			

GENERAL LIABILITY COVERAGE IS WITH:

(AON Diocesan Policy or Parish Policy)

PROPERTY (FIRE) INSURANCE COVERAGE IS WITH:

LAST CHARITY RETURN WAS FILED BY:

For Fiscal Year Ended:

Parish Charity Number is:
