

**ARCHDIOCESE NATIONAL MINISTRIES ALLOCATION WORKSHEET FOR 2012
METROPOLIS OF BOSTON**

Use 2010 Data to Complete This Form

PAGE 1 OF 2

PLEASE PRINT CLEARLY ALL INFORMATION ON THIS FORM. DO NOT INCLUDE ANY PHILOPTOCHOS FUNDS.

PARISH NAME: _____

ADDRESS: _____

CITY: _____ ST: _____ ZIP: _____

TEL: _____ E-MAIL: _____

Person preparing this form:

NAME: _____ Date Completed: _____

TEL: _____ E-Mail: _____

A. TOTAL PARISH INCOME: *(Exclude any donations to any parish sponsored endowment entity; A. \$ _____ but Include any funds from such an endowment entity transferred to parish for any purpose. Also, include all income from festivals, bake sales, etc.)*

B. TOTAL PARISH EXPENDITURES (for all purposes): B. \$ _____

C. DETAILED DEDUCTIBLE EXPENDITURES:

- 1. Funds **actually paid** to Archdiocese for Parish National Ministries Allocation: 1. \$ _____
- * 2. Funds donated to Archdiocese or its National Ministries (e.g. HC/HC, St. Basil, SCOBA): 2. \$ _____
- * 3. Funds donated to the Ecumenical Patriarchate and /or Metropolis: 3. \$ _____
- * 4. Funds paid to hold any Fund Raiser (e.g. Festivals, Dances, etc.): 4. \$ _____
- 5. Funds paid for Greek School (Books & Supplies Only; Does NOT include Sunday School): 5. \$ _____
- 6. Funds paid for Facility Construction, Iconography, and/or Land --exclude mortgage payments: 6. \$ _____
(Attach list of projects including dates started, anticipated completion, estimated Total Cost and Date Approved by Metropolis) DO NOT INCLUDE CAPITAL EXPENDITURES.
- 7. Funds paid for INTEREST ONLY on Construction Loans: 7. \$ _____
- 8. Funds paid on Mortgage (Principal and Interest): 8. \$ _____
- 9. Funds paid to operate a Day-School (PAID FROM FUNDS OF THE PARISH GENERAL ACCOUNTS): 9. \$ _____
(SCHOOL MUST OPERATE AT LEAST 3 HOURS DAILY BETWEEN 8:00 AM AND 3:30 PM)
- 10. Funds paid for Hazard Insurance (e.g. Hurricane, Earthquake, Flood -NOT Liability): 10. \$ _____
- * 11. Funds paid for Moving your Priest: 11. \$ _____
- * 12. Funds paid in connection with National Clergy-Laity Congress: 12. \$ _____

* Attach Itemized Listing **TOTAL FOR ITEM C (1 thru 12) C. \$ _____**

We certify by our signature that this information is complete and accurate.

Parish Priest: _____ PRINT NAME: _____

Parish Council President: _____ PRINT NAME: _____

Parish Council Treasurer: _____ PRINT NAME: _____

**2010 AUDITED FINANCIAL STATEMENTS MUST ACCOMPANY THIS FORM.
THIS INCLUDES FULL BALANCE SHEETS, PROFIT & LOSS STATEMENTS FOR ALL OPERATIONS.**

**THIS COMPLETED FORM AND ACCOMPANYING FINANCIAL REPORTS MUST BE SUBMITTED TO
THE METROPOLIS OF BOSTON FINANCE COMMITTEE NOT LATER THAN JUNE 10, 2011.**

**ARCHDIOCESE NATIONAL MINISTRIES STEWARDSHIP WORKSHEET FOR 2012
METROPOLIS OF BOSTON**

Please Complete This Form Accurately.

NAME OF PARISH _____
CITY _____ STATE _____

	Y/E 2008	Y/E 2009	Y/E 2010
1. <i>Is your parish on Stewardship and/or Membership dues</i>	_____	_____	_____
2A. Total Number of paid Stewards	_____	_____	_____
2B. How are Stewards counted? Per Family or Individual	_____	_____	_____
3A. Total \$ amount – Stewardship and or Membership dues	_____	_____	_____
3B. TOTAL PARISH INCOME , <i>Include income from festival, dinners and other fund raising events, but exclude donations to approved building funds and endowment funds. Transfers from endowment funds and building funds to operating funds should be included</i>	_____	_____	_____
4. Average Stewardship and/or Membership per member	_____	_____	_____
5. What percentage of Stewardship and/or Membership is it to Total Income?	_____	_____	_____

IF ON STEWARDSHIP: Number of Members Giving for Year 2010

_____ Over \$2000	_____ Between \$1000 – \$2000	_____ Between \$800 - \$999
_____ Between \$500 - \$799	_____ Between \$300 - \$499	_____ Less than \$300

IF ON MEMBERSHIP DUES for Year 2010

\$ Amount for Families _____ \$ Amount for Singles _____ \$ Amount for Seniors _____

NAME OF STEWARDSHIP AND/OR MEMBERSHIP CHAIRPERSON/S	CONTACT PHONE NUMBERS	E-MAIL ADDRESSES
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

NAME OF PERSON SUBMITTING
ABOVE INFORMATION _____

DATE
SENT _____

**THIS COMPLETED FORM AND AUDITED FINANCIAL REPORTS MUST BE
SUBMITTED TO THE METROPOLIS OF BOSTON FINANCE COMMITTEE
NOT LATER THAN JUNE 10, 2011.**