



INSTRUCTIONS FOR 2018 PAROCHIAL REPORT

TO: Those who fill out Parochial Reports
FROM: Susan Hardaway
DATE: December 7, 2018

Enclosed in this packet are several very important items regarding the 2018 Parochial Report **which is due** in the office of the Diocese of West Texas by **February 1, 2019**. They are:

- Diocesan Supplemental Information Packet (see listing of 6 required reports on page 2)
 - General Convention Envelope with:
 - UIED Card and PIN numbers – **Keep this card – The numbers will not change**
 - Parochial Report information for filing (on-line filing only - no report is in envelope)
 - Instructions for Filing On-Line
 - Instructions for Audit Committee Team Members packet
- NOTE: This is only used by churches with less than \$600,000 on Line A of 2018 Parochial Report.

Please read the instructions that have been provided carefully before beginning. There are no instruction booklets included as they are available online and the download instructions are in the letter from the General Convention office. On the clergy page you will enter the names of all of the ordained clergy who serve on a regular basis.

Note: Diocesan due date for the report is February 1 (not March 1 as stated in TEC letter).

All Parochial Reports must be filed online as well as sent to the Diocese. As in previous years, the preferred method of filing the Parochial Report is online to avoid duplication of efforts. When complete, simply print, sign and send to the diocese. You may begin filing online on January 2, 2019. If you choose to complete by hand, you must sign, keep a copy for your records and return the original to me at the diocese by 2/1/19. Then enter the information online to complete the process.

For the physical address use actual street number and zip code rather than the intersection of two streets. You will need the UIED number and PIN number for the church. There is a card included in your packet containing this information. Save this card because these numbers remain the same from year to year. If you need assistance in putting your report online, please call me.

Here are a few quick tips to assist you:

- **Do not forget to obtain the appropriate signatures on the first page of the report.**
- Federal Tax I.D. No. – Your congregation should have this number which is issued to churches as well as to businesses for identification of employers. If you do not have one, you need to apply for one.
- **Do NOT report cents. ROUND OFF TO THE NEAREST DOLLAR.** When you file online, this is done for you automatically.

Please note that there are 6 additional required reports in the Diocesan Supplemental Information Packet enclosed in this mailing. The brief, but important Diocesan reports, must be completed and mailed with your Parochial Report:

1. Salaries for 2019
2. Diocesan Stewardship Statistics 2018 Actuals & 2019 Estimate
3. Church Officials for 2019
4. Vestry or Bishop's Committee for 2019
5. Certification of Insurance
6. Necrology form – **Report on deaths for the year 2018.**

To access these reports on-line, go to <https://council-dwtx.org/sign-up/parochial-reports/>.

Good Luck!!! If you need assistance, call me, 888/210-824-5387.

ONE FINAL TIME:

ALL PAROCHIAL REPORTS ARE DUE IN THIS OFFICE NO LATER THAN FEBRUARY 1, 2019.

From Diocesan Canon 1, Section 1a – “No clergy person shall be entitled to vote (in the Annual Diocesan Council) unless the Parochial Report required of him/her has been received by the Bishop.”

By the way, it is now possible to view and print an 11-year trend chart that displays average Sunday attendance, active baptized members and plate and pledge gifts for your congregation. For instructions, see the letter from the General Convention office or call me.

Peace,

Susan B Hardaway

INSTRUCTIONS FOR FILING ON-LINE

No parochial report is included in your envelope. The Episcopal Church (TEC) wants the report completed on-line. If you are unable to do the report on-line, contact Susan Hardaway at 888/210-824-5387, ext. 4010).

1. Access church's Parochial Report at: <http://pr.dfms.org>
2. Enter the **Universal Episcopal Identifier number (UEID)** followed by the PIN. (If you need these numbers, please contact Susan Hardaway, 888/210-824-5387, ext. 4010).
3. Your church information will appear on the screen. Review "Parish Information", update / change information as needed and click on "Save Changes" at the bottom of the form.

After saving and if no changes are needed, select the next category from the left navigation menu "Preparation and Certification" to continue your report.

4. Complete form "Update Filing Information" and click on "Save Changes" at the bottom of the form.
5. Continue your report by selecting each of the categories on the left navigation menu – "Membership, Attendance, & Services", "Stewardship & Financial", "Clergy", "Outreach Ministries & Volunteer Activity" – adding / adjusting the information requested on the various forms. Once each form is complete, click "Save".
6. After completing each of the categories, go to **Mark Complete** on the left navigation. Click **Confirm** to submit Parochial Report. If you see a time-stamp with the date and time you submitted the report, the report is complete and TEC has received your report.
7. Go to **Print Report** to obtain a hard copy to review. Select the correct year and click "View". You can re-enter to make changes or updates unless the report has been accepted and closed. If report is closed call Susan Hardaway to reopen it.
8. Send a signed copy to mail to DWTX – P.O. Box 6885 – San Antonio, TX 78209.

SALARIES FOR 2019

Church _____ City _____

Instructions:

- List the Title: Rector, Vicar, Assistant, etc., followed by the Annual Cash Salary for the year **2019**.
- Indicate whether Housing, Utilities, or Auto are provided and **amounts**. (Indicate amounts if provided by the congregation, e.g., if clergy person is provided a church-owned rectory or if utilities are paid by the Church.)
- Please answer the question concerning Equity Allowances.

CLERGY POSITION	CASH SALARY INCL. SECA	HOUSING ALLOWANCE	UTILITIES ALLOWANCE	PENSION	MEDICAL INSURANCE	AUTO/TRAVEL ALLOWANCE	CONTINUING EDUCATION ALLOWANCE
\$	\$	\$	\$	\$	\$	\$	\$
\$	\$	\$	\$	\$	\$	\$	\$
\$	\$	\$	\$	\$	\$	\$	\$

Is clergy person who lives in a church-owned rectory provided with an Equity Allowance? Yes ___ No ___ If yes, amount \$ _____

OTHER SALARIES FOR 2019

Please enter actual amounts, not a check mark. If VOLUNTEER POSITION, indicate hours worked then remaining columns N/A. Additional spaces provided on the reverse side

LAY POSITION	VOLUNTEER Yes or No	PART-TIME # of Hours	FULL-TIME # of Hours	ANNUAL SALARY	YEARS OF SERVICE	MEDICAL INS. COST \$	COVERAGE EO,EC,ES,EF XX If declined	PENSION \$ and %
Christian Ed Director				\$		\$		\$ %
Lay Minister				\$		\$		\$ %
Music Director				\$		\$		\$ %
Organist				\$		\$		\$ %
Parish Administrator				\$		\$		\$ %
Secretary				\$		\$		\$ %
Sexton				\$		\$		\$ %
Youth Minister				\$		\$		\$ %
Grounds & Maintenance				\$		\$		\$ %

STEWARDSHIP STATISTICS 2018 Actual & 2019 Estimate

The Department of Stewardship consists of three primary divisions. Volunteer consultants are now available to assist congregations in the following areas:

Annual Giving – To assist with developing a commitment program tailored to your church

Capital Giving – To assist with assessing the degree of readiness and planning the education process that produces readiness in a congregation

Legacy Giving – To assist with the development and implementation of congregational Wills Clinics, Final Affairs Fairs, and to teach the ABCs of estate planning

Church _____ City _____

2019 Stewardship/EMC/Planned Giving Contact Persons with E-mail _____

S T E W A R D S H I P 2 0 1 8 / 1 9	
Did you use the Herb Miller New Consecration Sunday Stewardship Program in 2018 for the 2019 year?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Did you use the Transforming Generosity Stewardship Program (from The Episcopal Network Stewardship –TENS) in 2018 for 2019 year?	YES <input type="checkbox"/> NO <input type="checkbox"/>
If not, what annual stewardship campaign did you use? (Letter Campaign, Cottage Meetings, Festive Meal, Home Visitation, combination, other (please explain.))	
Did you see an increase in non-pledge income last year (2018)?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Did you see an increase in total dollars pledged for 2019?	YES <input type="checkbox"/> NO <input type="checkbox"/>
If so, what was the percentage (%) increase in dollars pledged?	%
Did you see an increase in number of pledging units for 2019?	YES <input type="checkbox"/> NO <input type="checkbox"/>
If so, what was the percentage (%) increase in # of pledge units?	%
How many pledge units increased their giving from 2018 to 2019?	#
* # of actual pledging units for 2019 year	#
* # of potential pledging units (households) for 2019 year	#
* Total dollars pledged for 2019	\$
Are you interested in participating in Horizons Stewardship Consultants " Taking the Next Step " Annual Stewardship campaign during 2019 (fee \$4,000)?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Small churches with less than 50 Average Sunday Attendance (ASA) may participate in the " Taking the Next Step " Annual Stewardship campaign version led by diocesan volunteer consultants during 2019 (no fee). Would you like to participate?	YES <input type="checkbox"/> NO <input type="checkbox"/>

DEFINITIONS

A **Potential Pledging Unit** is defined as a household, which may include a single person or a family. An **Actual Pledging Unit** is any person, adult or child, or a family who has signed a pledge card or some other pledge of record. The figure for actual pledging units should equal the number of signed pledge cards.

NOTE: Typically, the number of **Actual Pledging Units** will be fewer than the number of **Potential Pledging Units**. BY DEFINITION, THE TWO ARE NOT THE SAME.

This is the only way we have to gather this information as we plan for next year
Diocesan Contact: Nancy Stinson, nancy.stinson@dwtx.org, (888 or 210) 824-5387

Please return this form with your parochial report.

CHURCH OFFICIALS FOR THE YEAR 2019

(Please print or type)

(Please do not change the titles. These are the titles as they are set up for the Quick Reference in the database)

Church _____ Street Address _____

Mailing Address (if different than above) _____

Church Phone Number _____ Fax Number _____ E-mail Address _____

TITLE	NAME	MAILING ADDRESS	PHONE NUMBER	E-MAIL ADDRESS
Senior Warden (if Parish)				
Bishop's Warden (if Mission)				
Treasurer				
Christian Ed Director				
Parish Administrator				
Secretary				
Secretary				
Secretary				
Financial Secretary				
Communications				
Music				
Youth				
Lay Ministry				

CHURCH OFFICIALS FOR THE YEAR 2019

(Please print or type)

(Please do not change the titles. These are the titles as they are set up for the Quick Reference in the database)

PLEASE LIST ALL CLERGY (SALARIED ONLY):

	TITLE	NAME
1.		
2.		
3.		
4.		
5.		

NONSTIPENDIARY CLERGY

1.		
2.		
3.		

OTHER PAID EMPLOYEES (NUMBER ONLY)

PAROCHIAL SCHOOL INFORMATION OR MOTHER'S DAY OUT INFORMATION

(Circle the one that applies)

Name of school _____ Phone _____

Address _____ Zip _____

Headmaster, Principal, or Director _____

Grade or age levels _____ Capacity _____

VESTRY OR BISHOP'S COMMITTEE FOR THE YEAR 2019
(Please print or type)

Church _____

	NAME	MAILING ADDRESS	PHONE NUMBER	E-MAIL ADDRESS
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				

14				
15				
16.				
17.				
18.				
19.				
20.				
21.				
22.				

CERTIFICATION OF INSURANCE - 2019

Church _____

City _____

INSURANCE

INSURANCE CATEGORY	NAME OF PRIMARY INSURANCE CARRIER CANON I.6.1 (3)	COVERAGE
Building(s)		\$
Contents of Building(s)		\$
Bonding		\$
Medical Insurance	Are all eligible employees offered medical insurance under the Denominational Health Plan (DHP)? Yes or No	
	Is your congregation in compliance with the diocesan policy regarding medical insurance (see attached policy Revised 11/12/2015)? Yes or No	
Worker's Compensation	Covered with the Diocesan Worker's Comp Program? Yes or No If no, name of carrier _____	

Signature _____ Date _____

