

2025 Annual Report to Lilly Endowments Inc.
Evangelical Presbyterian Church
Grant Number 2023 2274

Project Aims and Purposes

The purpose of this proposed program is to fully deploy the Evangelical Presbyterian Church's Church Health methods and structure, transforming the entire denomination from traditional inward focused congregations to evangelistic, outward facing vibrant congregations with a new vision and mission that starts with serving their local communities.

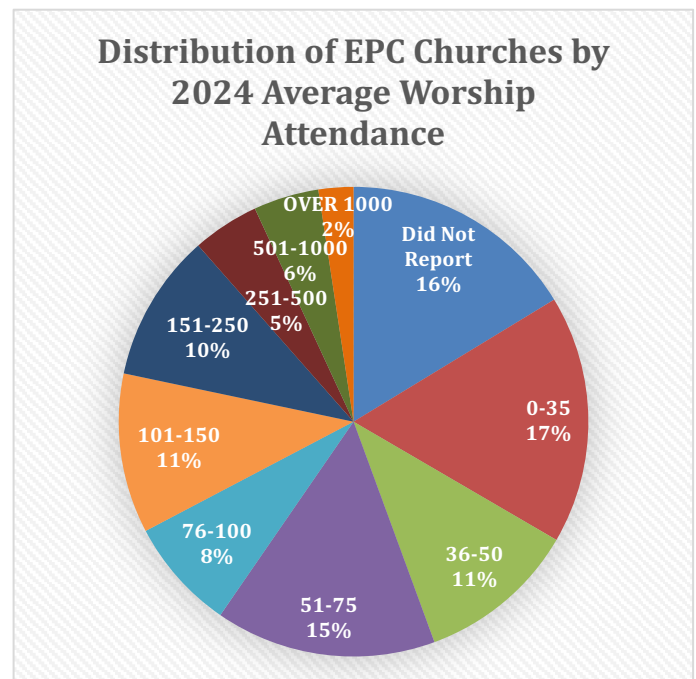
Re-vitalization of local churches using Church Health principles and methods is essential to fulfilling our mission in the future. In addition to and tightly integrated with Church Health methods are Evangelism thrusts and Transitional Pastors. These three initiatives form a coherent, integrated and effective method for transforming a church's vision and mission into one that serves its local community through a plethora of ministry opportunities.

In the following sections we address the identified topics in two ways. First, we provide a top-level response from the program management perspective. We usually follow this 1,000 foot response with illustrative quotes from specific church health coordinators and other leaders who are at the front lines of ministry and provide an up-close perspective.

Grant Activities

Participating Congregations. Describe the congregations participating in your program.
What are their activities? Why are they a good fit for your program?

Being a program catering to the entire EPC denomination, our participating congregations range from large urban centers of worship to small, struggling country churches. The accompanying figure illustrates the denomination's diversity. Instead of discussing the denomination in terms of membership, we express its diversity in terms of actual average weekly attendance. We believe this metric provides a more accurate picture of a crucial aspect of the EPC. Notably, there has been an increase in average attendance over the past year. While it's tempting to attribute this increase to the improvements from the Church Health programs, part of this rise is likely due to a recovery from the Covid depression. About 60 congregations encompassing nearly 4000 members committed to our church health programs this year.



Among the various sizes of congregations, we observed that medium-sized and smaller ones tend to be more receptive and responsive to the program. This could be attributed to their recognition of the necessity to redefine their mission and vision to remain relevant and sustainable. They comprehend that the primary avenue for fostering a thriving and vibrant community lies in extending their reach beyond their own boundaries, serving the community in return. They find a suitable fit for our program when they acknowledge the changes in the world and the fact that people are no longer flocking to their doors as they did during the era of the attractional model in the church community.

A second group of congregations that would be a good fit for our program are those that have recently lost a pastor due to retirement, transfer, or any other reason. These congregations typically seek a new pastor immediately. We've found that employing a transitional pastor trained in our methods of church health can effectively guide the congregation over a year or so to develop a better understanding of their current or evolving vision and mission. Once this mission and vision are clearly defined, the transitional pastor can more effectively lead the congregation in finding a pastor who aligns with the new role. Consequently, candidate pastors can better understand the congregation to determine if a call is a suitable fit. At any given time, approximately ten percent of our member congregations are in pastoral transition. Of these, around seventy congregations choose to utilize the services of a Transitional Pastor.

Emerging third groups of congregations are dying congregations being replanted with a completely new vision and mission, or new churches being planted in dying neighborhoods with vacant facilities. These new congregations will be discussed in more detail later.

From the Presbytery of the Alleghenies: The eight congregations currently involved in revitalization work vary widely. Most of these churches are small churches struggling with remaining viable. They are working hard to keep their doors open and the church functioning. They are a great fit for our program because they need to revitalize and re-discover how they can bless their community with the good news and not just wait until they have to close their doors.

From the Presbytery of the SouthWest: I worked with four different congregation in 2025. Two are mid-sized or family-sized congregations while the other two are around 75 members. I worked with three congregations in their revitalization process including self-assessments, Refocus Seminars, establishing vision teams, coaching vision teams, helping churches develop an evangelistic culture, and aligning the structure and people of the congregation in the new vision.

Activities. What key activities did you undertake in the last year? How do these activities advance the key aims to help congregations thrive by:

- 1) **Adapting to their changing social and cultural contexts**
- 2) **Refining their missions and values**
- 3) **Drawing on Christian practices.**

Having spent the first year of the grant building the infrastructure of the Church Health Team across all 16 Presbyteries, the second year has focused on deepening the integration of the Church Health Team into the congregations to drive meaningful change. The first year primarily concentrated on achieving “low-hanging fruit,” particularly in the area of training. This past year has been dedicated to maturing congregations from a learning environment to a practical one. This maturation process involves implementing our three key elements and activities: Church Health Refocus seminars, training for Transitional Pastors, and evangelism training. This year’s report extensively references church health coaches and transitional pastors. While these individuals do not receive financial sponsorship from this grant, they greatly benefit from the training, encouragement, and guidance provided by the 16 Presbytery Church Health Coordinators and the Transitional Pastor Director, who receive a monthly stipend from the grant.

Refocus. Our Refocus Seminars lead congregational leaders through a many months long process developing a new mission and vision that turns the focus of the congregation and its activities from an inward direction to and outward direction. We conducted over 35 seminars with local churches with an attendance of over 1000 people. These workshops took place across the U.S., sometimes with a single congregation, sometimes with multiple congregations present. The seminars typically were a full day long. Following the seminars the congregational leaders would work with their pastor, a coach or a transitional pastor to turn the discussions of the day into new mission and vision statements. The workshops serve as a starting point upon which detailed structural alignment and people alignment follow as the concepts matured and the congregation more purposely engaged with the community. Once workshop is completed our coordinators and coaches continue to work with the congregations for up to several years to bring about a cultural change.

Transitional Pastor Training.

We conduct three or four Transitional Pastor training events annually. In 2025, these events took place in Portland, Oregon; Tampa, Florida; and Mechanicsville, Virginia.

Approximately 45 Elders including about 25 Teaching Elders participated in these seminars. Recognizing the broader value of this training beyond transitional pastors, our participants have expanded to include installed pastors and ruling elders. Additionally, we offer “Viability Assessment and the Four Options Seminars” when requested for congregations facing decline and unable to find a meaningful path to restore missional vitality.

Our training attracts participants from various denominations, including pastors from the PCA and ECO. To make this training opportunity more cost-effective, we are developing a 15-20 module set of online training tools in collaboration with Knox Seminary. This expansion aims to strengthen our relationship with them in online training for both regular pastors and Commissioned Pastors (Ruling Elders serving as pastors).

However, our primary objective in transitional pastoring is not merely to impart knowledge to pastors. The Church Health Leadership Team, Church Health Coordinators, and Church Health

Coaches provide ongoing support to trained transitional pastors as they implement church health processes in specific churches. This support guides them in transitioning to serve their local communities effectively.

From a transitional pastor in the MidWest Presbytery. *Having a coach walk with me through this wonderful, challenging moment in a church's life has given me greater clarity in each decision and a deeper confidence along the way as I serve them. Receiving my coach's deep experience, wisdom and spiritual sensitivity has been a highlight of my ministry. We're not meant to do this alone—and it's amazing when we do it together: To have support and counsel as I need it helps me to truly be a non-anxious presence in an anxiety-producing time. My satisfaction in my sense of God's leading and purpose in this work and my ability to continue to do this work is made much richer and more certain with someone who's been there.*

Evangelism Training.

One significant change in the past year is that congregations are shifting their focus from basic evangelism training to exploring the “what next” questions. They are seeking the subsequent steps to transform an activity into something more substantial. The coordinators conducted about 20 training sessions with about 700 people in attendance. Additional training is conducted by the congregations as they become experienced in evangelism.

Christian Practices. The entire purpose of the Refocus revitalization is to employ Christian practices to guide the church towards a more comprehensive path of following Jesus, encompassing a mission with him. As churches progress through the revitalization process, they establish a vision team that initiates discussions on how God invites the congregation to collaborate with him in reaching their community. This vision team subsequently recruits a prayer team that prays for God's guidance and direction as they convene and discern God's call on their church. In instances where a transitional pastor is able to lead the process, preaching and reading Scripture play a crucial role in the revitalization process and the spiritual development of the church.

Over the past year, we have increasingly recognized the opportunity to acknowledge and respond to changes in our community and culture. We are addressing this in two ways. Our presbyteries are actively utilizing the “Know Your Community” reports provided by Church Answers. In fact, some presbyteries are incorporating these reports into their meetings to train their teaching and ruling elders on how to effectively utilize them to comprehend the changes in their local communities and prepare for their impact. These reports highlight various economic, social, and relational factors surrounding their churches, frequently revealing that the neighborhood has undergone significant shifts in terms of attitudes, needs, and resources. Armed with this new information, individual congregations can now better plan their engagement with their communities, shifting their focus outward rather than inward.

A second significant shift lies in our approach to addressing dying churches and communities. We've developed a set of four options for churches facing uncertainty about their viability: merging, adoption, revitalizing, or closing. Additionally, we've introduced a new option for

churches with questionable viability: replanting. Many small, declining churches still possess facilities and a few dedicated members who can sponsor a new church plant with a distinct mission and vision. This strategy is reserved for churches experiencing a terminal decline, those nearing the “Close, Bless, and Celebrate” scenario. Replanting is a more radical intervention that necessitates a complete transformation in culture, leadership, and mission, often involving the merging of a planting team with the existing congregation. This intensive, pastor-driven work is yielding our most profound insights.

Learning community: Describe the program’s congregational learning community. How have congregations interacted with one another? What insights have congregations learned? What challenges or opportunities have emerged through the learning community?

Our Learning community is comprised of participating churches, Transitional Pastors, their coaches, the National Church Health Leadership Team, presbytery Church Health Coordinators and our ministry partners at **Vital Church** and **Flourish**.

Several of our presbyteries have increased congregational interaction by including the Church Health topic as a regular item at presbytery meetings. Sometimes this consists of specific training in church health topics, sometimes it is shared what different congregations learned with each other. One item that congregations are sharing is how to reach out into their community in new and different ways.

Challenges and Opportunities

The biggest challenge is a congregation’s resistance to change. Getting congregations to set sail on a journey that they don’t know will work is hard! They want to stay where they are comfortable, even if they know it eventually leads to a decline in their community life. Changing the script from church centric to neighborhood centric is as much a change in mental thinking as it is the physical or programmatic changes.

This past year, we’ve adopted a different approach to this challenge. When we establish a new church or replant an existing one, we’re focused on creating outward-facing cultures. This means we won’t have to overhaul the existing culture; instead, we’ll capitalize on the community’s service needs from the outset. While we’ll continue working to change the culture in established churches, this approach fundamentally alters our approach to church planting and replanting. In this process, we differentiate between traditional church revitalization efforts and full-scale replanting. Recognizing that one-size-fits-all isn’t feasible, we’re developing a dual-track strategy.

Traditional Coaching and Revitalization: This strategy is most effective for churches that have recently plateaued or are only in the early stages of decline. These churches still have vital signs, a financial base, and leadership willing to make incremental changes. In such cases, coaching is most beneficial for refining programs, developing leaders, and increasing the church’s missional focus.

Church replanting: This strategy is reserved for churches facing a terminal decline—those nearing the “Close, Bless, and Celebrate” scenario. Replanting is a more radical intervention that requires a complete change in the church’s culture, leadership, and mission. Often, this involves merging a planting team with the remnant congregation.

The second approach we employ is through the establishment of classical church plants, albeit with a few unique twists. One notable example is the newly formed Philly Metro Mission, which is actively learning how to strategically collaborate with or reacquire declining churches situated in sacred spaces near colleges and universities. The objective is to establish Hub Churches that serve as resources and training centers for missional endeavors within the surrounding region. Occasionally, this involves repurposing historic church buildings or commercial spaces for commercial ventures or private school purposes, thereby generating a positive and sustainable cash flow. This approach simultaneously addresses urban challenges such as inadequate public education and the absence of a stable, localized parish model. At the core of this strategy lies the commitment to ministering to the local community.

Planning meeting of Philly Metro Mission Team



The Barna Group has highlighted several other challenges in his State of the Church report. They contrast the current cultural climate of anxiety and fear with one of hope and love. This is particularly evident in suburban churches, where they are striving to comprehend their neighborhood and envision their future as a worshipping community. Much of this fear arises from a lack of a robust missional identity and a realistic assessment of their congregation’s health. Traditional church health indicators, such as membership, attendance, and giving, often serve as lagging indicators. These measures fail to accurately reflect the true health of the church or its impact on the community it serves. To address this, we have partnered with Rev. Josh Hayden, a prominent thinker who identifies true missional markers for churches. These markers will guide churches in their transformative journey through discipleship, prioritizing the well-being of their neighbors.

Some of the challenges we face include the fact that many of the churches are small and may feel inadequate to make mistakes. Additionally, we’ve discovered that leadership transitions can be pivotal moments when the path toward revitalization is often overlooked, such as when a new pastor is appointed and installed after a transitional pastor. To address these challenges, we’re introducing a couple of options to maintain momentum for revitalization. One option is to

retain the transitional pastor as a coach after the new pastor is installed. Another option is to bring in a church coach to work alongside the transitional pastor for the initial phase.

Resources: What resources are you using or creating to support congregations? What resources are most effective?

We have a range of assessments, including the SWOT analysis, life cycle analysis, missional posture survey, leadership assessment, and others. These tools help congregations and their leadership gain a clear understanding of their current state and identity. Among these, the life cycle analysis stands out as one of the most effective assessment tools. It empowers congregations to conduct honest self-assessments. When conducted in a large group setting, it facilitates reflection on the congregation's current state with the leadership, fostering a learning environment. Once they identify their current situation, they often begin envisioning what it would be like to embrace a more faith-inspired approach to church.

One congregation utilized the "Know Your Community" tool to uncover that 70 percent of their community belonged to a specific demographic group, commonly referred to as the "tapestry segment." This revelation prompted a shift in their outreach efforts towards this group, which had been significantly underrepresented within the congregation.

Leadership: Who are the key leaders of your program? How is their work progressing? In what ways are they changing, growing, or learning through their engagement in this program? Is leadership emerging in unforeseen places?

Over the past year, we've witnessed a significant transition of leadership within our organization. Rev. Dr. Robert Stauffer, the EPC National Director of Church Health and Director of this Lilly Grant activity, gracefully stepped into retirement. He was succeeded by Rev. Dr. Marc de Jeu. Similarly, Rev. Dr. William Rasch, the Director of Transitional Pastors, retired and was replaced by Rev. Bill MacDonald. These transitions, anticipated and planned with a six-month overlap, ensured a seamless transition and maintained momentum. Additionally, several members of the National Church Health Leadership team underwent staggered changes, further sustaining momentum. These changes bring in a new, younger team that effectively builds upon the foundational principles of church health established by the retiring leaders. Furthermore, we've welcomed new coaches who play a crucial role in supporting both the transitional pastors and the congregation undergoing revitalization. Consequently, these changes have led to the emergence of several new leaders at the church health leadership team and presbytery levels who have introduced innovative ideas to effectively challenge our congregation to extend its reach and serve our communities.

From a transitional pastor. "Having a coach walk with me through this wonderful, challenging moment in a church's life has given me greater clarity with each decision and fuller satisfaction all along the way. Receiving wisdom and sensitivity from my coach's experience has been a highlight of my ministry. We're not meant to do this alone - and it's amazing when we do it together!"

Partners: Who are your partners beyond your own institution? Describe how your partnership relationships are developing and working.

We have several partners who address different aspects of transforming congregations. Family Church in Florida offers an evangelism model and training programs. Vital Church Ministries and Interim Pastor Ministries (IPM) collaborate with us and frequently provide transitional pastors in geographic areas where EPC lacks sufficient internal resources. The ECO (Covenant Order of Evangelical Presbyterians) works closely with us, sharing training and pastoral leadership. Additionally, we have established a new relationship with Knox Theological Seminary for online training for Commissioned Pastors, with the EPC providing modules on church health. Lastly, we have renewed our relationship with Alpha to provide resources for a more culturally appropriate “front porch” to the local community.

Reflection

Stories: Share a story or two about something that illustrates the program’s progress toward its aims. The story may be about an important event, activity, or people involved in your program.

Stories: During our second year under this grant, we began to observe significant progress in transforming our congregations from inward-focused to outward-oriented, enabling them to serve their communities effectively. Here are a few notable examples of this progress:

From the Presbytery of the Southwest. Hope Church in Folsom made a bold declaration during the Missional Posture Survey. They expressed their desire to remain open and active, rather than closing their doors. Instead, they felt a divine calling to revitalize their church. They envisioned developing innovative outreach tools, identifying the specific groups or individuals God is calling them to reach, and ultimately calling a new pastor to guide and empower them in fulfilling their mission.

From the Presbytery of the Alleghenies. We had a church with an aging congregation and only a few young families. After going through Refocus, the congregation decided to minister a school. There were several setbacks along the way, and they have scaled back their original programming due to overextending themselves. Today, because of their commitment to the school, the congregation has largely changed, with more young families present. These families seem to have come and stayed not directly because of their work in the school, but because of their commitment to helping children flourish and wanting their families to be in such a place.

From the Presbytery of the East. For years, Garwood Presbyterian Church maintained a quiet and faithful partnership with Gateway Pregnancy Center (GPC) in Elizabeth as a missionary partner. GPC is a vital inner-city ministry, one of the few Christian crisis pregnancy centers in the state, dedicated to guiding men and women facing crisis pregnancies toward life through prayer, evangelism, and practical assistance. However, GPC faced a significant decline in both volunteer support and church engagement, leading to the closure of two locations and severely jeopardizing its operations. During this challenging time, the Holy Spirit was working within

Garwood Presbyterian Church, evident in the arrival of several Spanish-speaking families to the congregation.

This unexpected internal shift served as the catalyst for an external commitment. Recognizing GPC's struggles and the changing cultural landscape within its own community, Garwood made a decisive move toward Gospel service.

The church's transformation was evident in its actions. They offered their building as a dedicated training space for GPC volunteers. Several faithful church members committed to supporting GPC operations for multiple days a week. The pastor stepped in to provide critical leadership and strategic support for GPC's necessary restructuring and revitalization.

What began as emergency aid has blossomed into a profound vision. By God's grace, Garwood Presbyterian Church is moving beyond a supportive partnership; the church is actively adopting and absorbing this entire ministry. This commitment will significantly enhance GPC's financial stability and provide a focused vision aimed specifically at ministering to immigrant and Spanish-speaking families in the Elizabeth area, approximately 20 minutes from Garwood.

This journey is culminating in a formal, mission-defining commitment. In September 2026, Garwood Presbyterian Church will assume full leadership and operational control of GPC. This is more than a management shift; it demonstrates how the Church Health process creates space for God's work. It brings together a newly energized congregation with a dying ministry, connects new Spanish-speaking members with a mission field just fifteen minutes away, and results in a vibrant, outward-facing church genuinely fulfilling the Great Commission as a passionate servant to its local community.



From the Presbytery of the Coastal Mid-Atlantic. After leading two workshops with one church, they took the initiative to start two outwardly-focused projects in their community. One to serve the parents of the preschool that meets in their building, and the other to adopt a neighborhood near the church.

Accomplishments: What were the program's most important accomplishments in the last year? Identify two or three. What discoveries or insights did you make? What surprises you?

The most significant achievement of the past year has been the successful transition to a new leadership team.

We made substantial progress in training for Commissioned Pastors (Ruling Elders without an M.Div) by integrating Church Health principles into a new program jointly developed by Knox Theological Seminary and the EPC. This online program will commence in January 2026. As Commissioned Pastors and bi/co-vocational pastors assume a more prominent role in our congregation, this program provides an additional avenue to address the congregation's need to cultivate an outward-facing, community-serving culture.

We continue to be surprised at how challenging it is to have congregations embrace the concept of serving their community. When they do, the results are amazing.

Lessons: What lessons from this past year might be worth sharing with others?

In transforming congregations to an outward-facing stance, we've discovered that much more coaching is needed from Church Health Coordinators and Coaches. Instead of viewing a training session on revitalization or evangelism as a means of achieving change, it's crucial to engage in direct, long-term work with the congregation. Consequently, we're focusing coordinators on viewing themselves not just as visiting expert consultants, although they are, but as individuals called alongside the congregation on a regular, encouraging basis. This approach allows them to work closely with the congregation, helping them discover their unique calling and purpose.

We must also discover innovative approaches to ensure a smooth transition from the transitional pastor to the installed pastor, thereby maintaining the momentum of revitalization efforts. Even during the Refocus phase, there are frequently instances where unmet expectations and inadequate handoffs hinder progress.

Modifications: What program modifications have you implemented in the past year?

We made three significant changes over the past year. Due to the substantial impact transitional pastors are having and the growing demand for them, we doubled the support for the Director of Transitional Pastors. Additionally, we discovered that many more individuals wanted to use the content of our transitional pastor training program for their local congregations. Consequently, we initiated the creation of approximately 15 video training modules that could be utilized in both transitional pastor training and individual congregation revitalization efforts to disseminate essential content more widely. Thirdly, to alleviate some of the time constraints for our church health coordinators and leadership, we hired a part-time office administrator. These program modifications are contributing to more efficient and effective utilization of the funds provided by Lilly Endowments under this grant.

Next Steps

What are your plans for next year? Who is involved in your current efforts to sustain the program beyond the grant period? How is their work progressing?

Our objective is to empower individual presbyteries and congregations to take charge of their church's well-being, with an outward focus as a fundamental aspect of their culture. This approach significantly reduces the effort required by a nationally coordinated team of coordinators. To accomplish this, we need a more precise method to assess the health of a congregation and its ministries, enabling them to conduct accurate self-assessments. Over the next year, we intend to develop a set of ministry markers that presbyteries and congregations can utilize to swiftly and effectively identify the impact of their ministries and cultural shifts, as well as the necessity for change.

**Thriving Congregations Initiative
Baseline Data
Grant Number 2023 2274**

A. Name of Organization		
B. Congregations	Reporting Period	Total to Date
Number of Congregations Participating in the Program	73	303
Number of Individuals from congregations participating in the program	4,000	34,000
Total number of individuals participating in the program	4,000	34,000
C. Learning/Training Events		
Number of events conducted by the program**	62	187
Number of congregations represented in all events	60	120

**This represents only those events conducted by Church Health Coordinator or other trained staff but does not include those subsequent events led by the local congregation. In some cases data are extrapolated to account for information not reported from a few events.

D. Other statistics we are tracking.

1. Number of ReFocus workshops—Tell us how many congregations are actively involved in the revitalization beyond simply attending a seminar. It usually initiates a congregation into active participation of renewed mission and vision. (35)
2. Number of trained Transitional Pastors and ministry leaders—Tells us how many pastors and coaches are available to lead congregations in revitalization in the period when a church is awaiting a new pastor. (148)
3. Number of Coaches available and engaged—tells us how well the process is engaged at the congregational level. (40)

E. Major gathering or significant events for the coming year.

Date	Event and Description	Location
March 3-5, 2026	Transitional Pastor Training	St. Louis, MO
TBD	Transitional Pastor Training	TBD
TBD	Transitional Pastor Training	TBD
February 3-5, 2026	Church Health Coordinator Training and Workshop	Orlando, FL
June 15, 2026	Church Health Coordinator mid-term review	Denver, CO



January 28, 2026

Dr. Channon Ross
Lilly Endowment Inc.
2801 North Meridian Street
PO Box 88068
Indianapolis, IN 46208

Ref Grant No. 2023 2274

Dear Dr. Ross,

The Evangelical Presbyterian Church is pleased to provide our annual financial report for the referenced grant. As the attached report details, all funds are tracked and distributed in strict accordance with the grant guidance. All receipts and records are retained for review upon request. We are currently making no requests for any budget revisions.

If you have any questions or would like more information on any aspect of our annual report or the activities discussed in it, please contact me at (407) 930-4405.

Sincerely,

Patrick Coelho
Chief Financial Officer

Attachment

EVANGELICAL PRESBYTERIAN CHURCH, INC.

Budget

Grant No. 2023 2274

For Period 01/01/25 - 12/31/25

Budget Categories		Approved Budget	For Period	Cumulative	Budget Less Cumulative
INCOME					
Lilly Endowment	1	\$ 888,000	\$ -	\$ 888,000	\$ -
EPC Contributions					
Church Contributions		\$ 1,200,279	\$ 145,890	\$ 325,753	\$ 874,526
Lilly Endowment Interest	2	\$ -	\$ 33,299	\$ 66,734	\$ 66,734
TOTAL INCOME		<u>\$ 2,088,279</u>	<u>\$ 179,189</u>	<u>\$ 1,280,487</u>	<u>\$ 941,260</u>
EXPENSES					
Personnel					
Program Director		\$ 597,094	\$ 139,640	\$ 247,186	\$ 349,908
Presbytery Coordinators	1	\$ 768,000	\$ 188,700	\$ 365,700	\$ 402,300
Regional Coordinators	1	\$ 96,000	\$ 30,500	\$ 53,000	\$ 43,000
TP Director	1	\$ 24,000	\$ 6,755	\$ 12,755	\$ 11,245
Total Personnel		<u>\$ 1,485,094</u>	<u>\$ 365,595</u>	<u>\$ 678,641</u>	<u>\$ 806,453</u>
Administrative		\$ 290,702	\$ 25,795	\$ 38,090	\$ 252,612
Travel		\$ 215,506	\$ 33,921	\$ 72,423	\$ 143,083
Resource Development		\$ 53,876	\$ -	\$ 1,063	\$ 52,813
Consultants		<u>\$ 43,101</u>	<u>\$ 1,155</u>	<u>\$ 7,643</u>	<u>\$ 35,458</u>
TOTAL EXPENSES		<u>\$ 2,088,279</u>	<u>\$ 426,466</u>	<u>\$ 797,860</u>	<u>\$ 1,290,419</u>
CURRENT CASH BALANCE				<u>\$ 482,627</u>	
Lilly Endowment Grant Funds Cash Balance				<u>\$ 454,892</u>	

Notes

- 1 This is the "core" of EPC proposal for the grant
- 2 This is the interest earned on the endowment funds, which we intend to apply to the program.