LOCAL CHURCH ANNUAL REPORT FORM

Church Name:

Church Number (ID):

Association Code:

Mailing Address:

Church Location (address):
County:

Email:

MINISTERIAL STAFF INFORMATION

Website:

Name:

Phone:

Position Description:

Fax:

Full/Part Time:

Start Year:

Accessible**:** Yes No

MEMBERSHIP

Beginning Membership Total: _____

Additions during year:

Confirmation _____

Confessions of Faith _____

Reaffirmations of Faith _____

Letters of Transfer _____

Total Additions: _____

Losses during the year:

Deaths _____

Transfers _____

Other Removals _____

Total Losses: _____

Adjustments: _____

Total Membership _____

Baptisms:

Child (0-12) _____

Adult (13 and Over) _____

ATTENDANCE

Average Weekly Attendance: _____

Church Participants: _____

Community Engagement: _____

Christian Education/Faith Formation Program: Y / N

Active Children (0-17): _____

Active Adults (18+): _____

Total Active Participants: _____

Average CE/FF Attendance:

Children (0-17): _____

Adults (18+): _____

Total Average Attendance:_____

Youth Programming: Y / N

Junior High Participants: _____

Senior High Participants: _____

Congregational Mission/Service Trips: Y / N

FINANCE REPORT (Round to the nearest dollar)

INCOME

Total income from all sources: $_____
(Includes pledges and offerings)

Total income from pledges and offerings only: $_____

Operating Expenses: $_____
(Salaries, insurance, utilities, etc.)

EXPENDITURES

Basic Support (Will be reported by your Conference.)

Other UCC Giving: $_____
Replaces Special Support (Conference) and Special Support (Direct)
Does not include Special Mission Offerings: OGHS, NIN, CF, STC

Other Gifts: $_____
Financial Support for Non-UCC Agencies and Projects

Capital Payments: $_____
Do not include actual amount borrowed, report only payments.

BEQUESTS, DEFERRED GIFTS AND ENDOWMENTS

Value of gifts to your church this year from:

Bequests by wills : $_____

Deferred Gifts: $_____
(Gift annuities, trusts, and other deferred gifts received upon the giver's death.)

Endowment: $_____
(Total market value as of 12/31 of the principal in your endowment.)

Completed by: _____ Telephone: _____ Date: _____