

LOCAL CHURCH ANNUAL REPORT FORM

Church Number:

Association Code:

Church Name:

**Mailing
Address:**

**Church
Location:**

Phone:

Fax:

County:

E-mail:

Website:

Accessible: Y/N

Ministerial Staff Information:

MEMBERSHIP

Beginning Membership Total: _____

Additions during year:

Confirmation _____

Confession of Faith _____

Letter of Transfer _____

Reaffirmation of Faith _____

Total Additions: _____

Losses during the year:

Death _____

Transfer _____

Other Removals _____

Total Losses: _____

Year End Membership Total: _____

Baptisms:

Child (0-12) _____

Adult (13 and Over) _____

Total Baptisms: _____

ATTENDANCE

Average weekly attendance
in worship services _____

Total church participants: _____

Community engagement: _____

Do you have a Christian Education/Faith
Formation program?

Yes _____ No _____

If yes, give number of active participants:

Child (0-17) _____

Adult (18 and Over) _____

Total: _____

Average Christian Education/Faith Formation
attendance:

Child (0-17) _____

Adult (18 and Over) _____

Total: _____

Do you have an active youth program?*

Yes _____ No _____

If yes, give number of active participants:

Junior High _____

Senior High _____

Did your congregation participate in a mission/service
trip? Yes _____ No _____

Completed by: _____ Telephone: _____ Date: _____

FINANCIAL REPORT (Round to the
nearest dollar)

INCOME

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

Total income from pledges
and offerings only \$_____

EXPENDITURES: (Your conference will report your
Basic Support Giving.)

Other UCC Giving (excludes Basic support
and four special mission offerings): \$_____

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

Capital Payments (Do not include the actual
amount borrowed. Report payments only.):
\$_____

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

**BEQUESTS, DEFERRED GIFTS AND
ENDOWMENTS**

Value of gifts to your church this year from:

Bequests by wills \$_____

Gift Annuities, trusts, and other
deferred gifts received upon the
income beneficiary's death \$_____

Total market value as of 12/31 of
the principal in your endowment \$_____

Completed by: _____ Telephone: _____ Date: _____