

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: _____