**LOCAL CHURCH ANNUAL REPORT FORM**

**Church Name:**

Church Number (ID): Association Code:

Mailing Address: Church Location (address):

County:

Email:

Website:

Phone:

Fax:

Accessible**:** Yes No

**MINISTERIAL STAFF INFORMATION**

Name:

Position Description:

Full/Part Time:

Start Year:

**MEMBERSHIP ATTENDANCE**

Beginning Membership Total: \_\_\_\_\_\_\_ Average Weekly Attendance: \_\_\_\_\_\_\_

Additions during year: Church Participants: \_\_\_\_\_\_\_

Confirmation \_\_\_\_\_\_\_ Community Engagement: \_\_\_\_\_\_\_

Confessions of Faith \_\_\_\_\_\_\_ Christian Education/Faith

Formation Program: Y / N

Reaffirmations of Faith \_\_\_\_\_\_\_

Active Children (0-17): \_\_\_\_\_\_\_

Letters of Transfer \_\_\_\_\_\_\_ Active Adults (18+): \_\_\_\_\_\_\_

Total Additions:

Total Active Participants: \_\_\_\_\_\_\_

Losses during the year:

Average CE/FF Attendance:

Deaths

Children (0-17): \_\_\_\_\_\_\_

Transfers

Adults (18+): \_\_\_\_\_\_\_

Other Removals

Total Average Attendance:\_\_\_\_\_\_\_

Total Losses:

Youth Programming: Y / N

Adjustments:

Junior High Participants: \_\_\_\_\_\_\_

Total Membership

Senior High Participants: \_\_\_\_\_\_\_

Baptisms:

Congregational Mission/Service Trips: Y / N

Child (0-12)

Adult (13 and Over)

**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: