

2008 Cooperating Church Annual Report

American Baptist Churches U.S.A.

Review the pre-printed information and make changes as necessary. Please provide as much of the requested information as possible. Our entire denomination benefits from having current, accurate information on our member churches. Thank you for your participation!



CHURCH INFORMATION

Review the preprinted information. Make corrections and additions as necessary.

CHURCH NAME:

PIN: _____ EIN: _____

Location Address: _____

Mailing Address: _____

Offering Address: _____

Phone: _____ FAX: _____

E-Mail: _____

Web Site: _____

Year Incorporated: _____ Founding Year: _____

Joined ABC Year: _____ Ethnicity: _____

Please return your completed form by

July 31, 2009

to the address below:

**ATTN: Ms. Joyce Lake
ABC Information Systems
American Baptist Mission Center
P.O. Box 851
Valley Forge, PA 19468-0851**

**or FAX to 610-768-2309
Thank you for your cooperation!**

DENOMINATIONAL AFFILIATIONS

Please list OTHER denominations in which your church holds membership.

NAME: _____

NAME: _____

NAME: _____

CHURCH MEMBERSHIP

(Please enter data as of year end 2008.)

Total Church Membership: _____
Resident Active Membership: _____
Resident Inactive Membership: _____

NEW MEMBERS RECEIVED BY:

Baptism _____
Letter _____
Other _____

MEMBERS LOST BY:

Death _____
Letter _____
Other _____

AVERAGE WEEKLY ATTENDANCE

(Please enter data as of year end 2008.)

WORSHIP: Morning/Primary Services _____
Combine if more than one.

Afternoon/Evening Services _____
If held at least twice per month.

SUNDAY/CHURCH SCHOOL: Pre-School _____
Elementary _____
Youth _____
Young Adults _____
Adults _____

Non-ABC Missions:

Include local missions and community projects. If dually aligned, include amounts given to other denominations.

\$ _____

Total Church Income:

Include income received from all sources for all purposes, including mission contributions. Do not include loans.

\$ _____

Total Local Expenditures:

Include everything your church and its organizations spent during the year, such as pastoral salaries and benefits, mortgage payments, etc.. DO NOT include mission contributions or transfers to a building or endowment fund.

\$ _____

CURRENT PROFESSIONAL STAFF

Below is a list of the individuals CURRENTLY holding professional staff positions within your church according to the records in the ABC Information Systems database. Please review the list and make corrections if necessary. Use page 2 to report detailed information on professional staff.

Name	Position	Start Date	End Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please sign below when completed. Have the pastor and the church clerk review the information and sign also. This is an important document in the ABC archives for every church. It can prove your church's denominational relationship and cooperation in the possibility of future legal questions (e.g., proving your ABC relationship to receive a bequest).

Signature of person completing form: _____

Name and title of person completing form: _____

Signature of Pastor: _____

Signature of Clerk: _____

Date: _____

Date: _____

Date: _____

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CURRENT PROFESSIONAL STAFF



Professional Staff are considered to be those individuals who meet the national standards of ordination and/or commissioning, are members of an American Baptist church, and serve in an American Baptist-related ministry. Please enter the requested information for individuals currently holding professional staff positions in your church. Use the section titled Church Officers to record the other members of your church staff. You may copy this form as needed to include all professional staff positions.

*** Important notes regarding PROFESSIONAL STATUS:**

Leadership information gathered here is shared with the Professional Registry office of the Ministerial Leadership Commission, and becomes part of the ABC Church Leadership Directory. An individual's Professional Status helps determine if they are included in the Professional Registry.

The recognized Professional Status levels are limited to the following: ABC Ordination, Ordination Recognized by ABC, Other ABC Ordination (temporary), Ordination Not Recognized by ABC, Commissioned, Certified Lay Minister, Licensed, and Lay Professional. Please use only these designations when specifying a Professional Status level for the individuals below.

**** Requires a PROFESSIONAL STATUS to be recorded. See above information regarding Professional Status.**

NAME:

Position & Start Date:

Home Address:

Home Phone:

E-Mail Address:

Birth Date:

Ethnicity:

*Professional Status:

**Ordination Date:

**Ord. Recognized Date:

Spouse:

Children:

NAME:

Position & Start Date:

Home Address:

Home Phone:

E-Mail Address:

Birth Date:

Ethnicity:

*Professional Status:

**Ordination Date:

**Ord. Recognized Date:

Spouse:

Children:

NAME:

Position & Start Date:

Home Address:

Home Phone:

E-Mail Address:

Birth Date:

Ethnicity:

*Professional Status:

**Ordination Date:

**Ord. Recognized Date:

Spouse:

Children:

NAME:

Position & Start Date:

Home Address:

Home Phone:

E-Mail Address:

Birth Date:

Ethnicity:

*Professional Status:

**Ordination Date:

**Ord. Recognized Date:

Spouse:

Children: