



2017 Cooperating Church Annual Report

American Baptist Churches USA

Region Name: _____

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

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

March 31, 2018

to the address below:

**ATTN: Ms. Joyce Lake
ABC Information Systems
American Baptist Mission Center
PO Box 851
Valley Forge PA 19482-0851**

**or FAX to 610-768-2275
Thank you for your cooperation!**

DENOMINATIONAL AFFILIATIONS

Please list OTHER denominations in which your church holds membership.

Name: _____

Name: _____

Name: _____

CHURCH MEMBERSHIP

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

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

Please list the individuals CURRENTLY holding professional staff positions within your church. If an individual has left, please provide the details along with the End Date.

Leadership ID	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: _____

Date: _____

Signature of Pastor: _____

Date: _____

Signature of Clerk: _____

Date: _____