



# 2014 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

**May 31, 2015**

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 ( Please enter data as of year end 2014. )

**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 2014. )

**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.

<u>Leadership ID</u>	<u>Name</u>	<u>Position</u>	<u>Start Date</u>	<u>End Date</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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: \_\_\_\_\_