



2016

Cooperating Church Annual Report

Please provide as much of the requested information as possible. Our entire denomination benefits from having current information.

PIN: \_\_\_\_\_ EIN: \_\_\_\_\_

Church Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Location Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Website: \_\_\_\_\_ Email: \_\_\_\_\_ May we add this email address to the Region alert network?  
\_\_\_\_\_ Yes \_\_\_\_\_ No

Founding Year: \_\_\_\_\_ Year Incorporated: \_\_\_\_\_

Joined ABC Year: \_\_\_\_\_ Other Church Affiliations: \_\_\_\_\_

**CHURCH MEMBERSHIP**

(Please enter data as of year end 2016.)

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 2016.)

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

Afternoon/Evening Services \_\_\_\_\_  
If held at least twice per month

**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.

\$ \_\_\_\_\_

**SUNDAY/CHURCH SCHOOL:** Pre-School \_\_\_\_\_  
Elementary \_\_\_\_\_  
Youth \_\_\_\_\_  
Young Adults \_\_\_\_\_  
Adults \_\_\_\_\_

**Total Local Expenditures:**

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

\$ \_\_\_\_\_

Would you like to receive a copy of your church's Congregational Profile which includes mission giving, membership & leadership history?  
\_\_\_\_\_ Yes \_\_\_\_\_ No

**CURRENT PROFESSIONAL STAFF**

Please list individuals currently holding staff positions within your church. Use page 2 to report detailed information on professional staff.

Name	Position	Start Date	Email	_____ Yes _____ No

Please sign below when completed. Have the pastor and 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: \_\_\_\_\_

Print name and title of person completing form: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Pastor: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Clerk: \_\_\_\_\_ Date: \_\_\_\_\_

# Current Professional Staff

*(Please copy this form as necessary to include all 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.

Leadership information gathered here 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.

*\*Important notes regarding PROFESSIONAL STATUS.*

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

Name: \_\_\_\_\_

Position & Start Date: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Ethnicity: \_\_\_\_\_

\*Professional Status: \_\_\_\_\_

\*\*Ordination Date: \_\_\_\_\_

\*\*Ord. Recognized Date: \_\_\_\_\_

Spouse: \_\_\_\_\_

Children: \_\_\_\_\_

Name: \_\_\_\_\_

Position & Start Date: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Ethnicity: \_\_\_\_\_

\*Professional Status: \_\_\_\_\_

\*\*Ordination Date: \_\_\_\_\_

\*\*Ord. Recognized Date: \_\_\_\_\_

Spouse: \_\_\_\_\_

Children: \_\_\_\_\_

Name: \_\_\_\_\_

Position & Start Date: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Ethnicity: \_\_\_\_\_

\*Professional Status: \_\_\_\_\_

\*\*Ordination Date: \_\_\_\_\_

\*\*Ord. Recognized Date: \_\_\_\_\_

Spouse: \_\_\_\_\_

Children: \_\_\_\_\_

Name: \_\_\_\_\_

Position & Start Date: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Ethnicity: \_\_\_\_\_

\*Professional Status: \_\_\_\_\_

\*\*Ordination Date: \_\_\_\_\_

\*\*Ord. Recognized Date: \_\_\_\_\_

Spouse: \_\_\_\_\_

Children: \_\_\_\_\_