

Annual Local Church Report

THE CHURCHES OF CHRIST IN CHRISTIAN UNION



For church year ending June 30, 20_____

Retain one copy for your church; send one copy to the District Office **by District Council**

DISTRICT

NORTHEAST SOUTH CENTRAL WEST CENTRAL WEST INDIES

NAME OF CHURCH _____

CHURCH ADDRESS _____

CITY _____ STATE _____ ZIP _____

CHURCH PHONE _____ CHURCH FAX _____

IF INCORPORATED LIST STATE CHARTER NUMBER _____

CHURCH FEDERAL I.D.# _____

CHURCH E-MAIL ADDRESS _____

CHURCH WEB PAGE _____

(Note: Complete this section only if a new church or if directions are different than reported in last year's yearbook)

DIRECTIONS _____

DEPARTMENTAL REPORTS

SUNDAY SCHOOL ATTENDANCE REPORT:

Average Sunday School Attendance _____

CHURCH ATTENDANCE REPORT:

Average Morning Worship Attendance _____

Average Sunday Evening Attendance _____

Average Midweek Attendance _____

Average Small Group Attendance _____

TIME OF SERVICES:

Sunday School _____

Sunday Morning Worship _____

Sunday Evening _____

Midweek _____

SPIRITUAL FORMATION REPORT:

Total Professions of Conversion _____

Total Professions of Sanctification _____

MEMBERSHIP

1. Active Adult Members June 30 Last Year _____	5. Adults Lost by Death _____
2. Adults gained by Profession _____	6. Adults Lost by Transfer _____
3. Adults gained by Transfer _____	7. Adults Lost for Other Reasons _____
4. TOTAL GAINED FOR THIS YEAR _____	8. TOTAL LOSS FOR THE YEAR _____
9. Active Adult Members June 30 This Year _____ (Add line 1 & 4, minus line 8.)	

LOCAL CHURCH FINANCIAL REPORT

I. CHURCH

INCOME

EXPENSE

- | | | |
|--|----------|----------|
| 1. Tithes and Offerings (Do not include money from lines 2 and 4) | \$ _____ | |
| 2. Other (Specify) | \$ _____ | |
| 3. Budget Distribution (Sent to District Treasurer): | | |
| a. Paid into Church Budget Tithe (Should be 10% of lines 1 and 2) | | \$ _____ |
| b. Paid into OCU Budget Tithe (Should be 2% of lines 1 and 2) | | \$ _____ |
| c. Paid into ECY Budget Tithe (Should be 0.5% of lines 1 and 2) | | \$ _____ |
| d. Paid into Christian Education Budget (Should be 0.5% of lines 1 and 2) | | \$ _____ |
| 4. Building Fund Income
(Do not include money received from other treasurers) | \$ _____ | |

II. SUNDAY SCHOOL

INCOME

EXPENSE

- | | | |
|---|----------|----------|
| 5. Total Sunday School Offerings
(Do not include money received from other treasurers) | \$ _____ | |
| 6. Budget Distribution (Sent to District Treasurer) | | |
| a. Paid into Church Budget Tithe (Should be 10% of Line 5) | | \$ _____ |
| b. Paid into OCU Budget (Should be 2% of Line 5) | | \$ _____ |
| c. Paid into ECY Budget (Should be 0.5% of Line 5) | | \$ _____ |
| d. Paid into Christian Education Budget (Should be 0.5% of Line 5) | | \$ _____ |

III. EVANGELICAL CHRISTIAN YOUTH

7. Total Cash Income \$ _____
(Do not include money received from other treasurers)
8. ECY Budget Tithe sent to District ECY Treasurer (Should be 10% of Line 7) \$ _____

IV. OHIO CHRISTIAN UNIVERSITY

9. Cash Offerings (Other than 2% reported on lines I 3b & II 6b) \$ _____
10. Offerings Sent to OCU (Do not include 2%) \$ _____

V. GENERAL MISSIONS

11. Total Cash Income for Foreign Missions \$ _____
(Do not include money received from other treasurers)
12. Total Sent to the General Treasurer \$ _____
- a. Kid Power Offering \$ _____
- b. All Other \$ _____
13. Money Raised for Work Teams \$ _____

VI. CHURCH EXTENSION

14. Total Income (Thanksgiving, Palm Sunday and Monthly Offerings) \$ _____
15. Total sent to the General Treasurer \$ _____

VII. TOTAL RECEIPTS FOR ALL DEPARTMENTS OF THE LOCAL CHURCH

16. Total of lines 1, 2, 4, 5, 7, 9, 11, 13 & 14 \$ _____

VIII. GENERAL BUDGET SUMMARY

	A	B	C
	Income	Budget (10%)	Budget Paid
17. Church Tithes & Offerings (Line 1)	\$ _____	\$ _____	\$ _____
18. Other Income (Line 2)	\$ _____	\$ _____	\$ _____
19. Sunday School Income (Line 5)	\$ _____	\$ _____	\$ _____
20. TOTAL INCOME FOR BUDGET ASSESSMENT (Add items 17, 18, 19, Col. A)	\$ _____		
21. TOTAL BUDGET DUE (Add lines 17,18,19,Col. B)		\$ _____	
22. TOTAL BUDGET PAID (Add lines 17,18,19,Col. C)			\$ _____
23. TOTAL UNPAID BUDGET (Line 21 minus Line 22)		\$ _____	

NOTE: Money reported on lines 1,2,4,5,7,9,11,13 and 14 should be the only money originally received into the treasury. Line 12 may include ALL money sent by the local church for General Missions, including personal contributions, allocations from the Church, Sunday School or ECY funds. **The purpose of these instructions is to prevent “double reporting” of “income” by more than one department of the local church. Your cooperation will help us to produce the best possible record of your church’s activities. PLEASE DO NOT OMIT REPORTS FOR ANY ITEM WHICH PERTAINS TO YOUR CHURCH.**

CHURCH NAME _____

PERSONNEL FOR COMING YEAR

PLEASE PRINT • PLEASE GIVE COMPLETE MAILING ADDRESS

Pastor _____
Name Street-Route City

State Zip Code Area Code-Home Phone E-mail Address

Preferred Mailing Address for Pastor

Street-Route City State Zip Code

Spouse _____
Name Street-Route City

State Zip Code Area Code-Home Phone E-mail Address

Assoc. Pastor _____
Name Street-Route City

State Zip Code Area Code-Home Phone E-mail Address

Assoc. Pastor _____
Name Street-Route City

State Zip Code Area Code-Home Phone E-mail Address

Youth Pastor _____
Name Street-Route City

State Zip Code Area Code-Home Phone E-mail Address

Children's Pastor _____
Name Street-Route City

State Zip Code Area Code-Home Phone E-mail Address

First Elder _____
Name Street-Route City

State Zip Code Area Code-Home Phone E-mail Address

Second Elder _____
Name Street-Route City

State Zip Code Area Code-Home Phone E-mail Address

Third Elder _____
Name Street-Route City

State Zip Code Area Code-Home Phone E-mail Address

S.S. Supt. _____
Name Street-Route City

State Zip Code Area Code-Home Phone E-mail Address

ECY Pres. _____
Name Street-Route City

State Zip Code Area Code-Home Phone E-mail Address

Miss. Pres. _____
Name Street-Route City

State Zip Code Area Code-Home Phone E-mail Address

Kid Power _____
Name Street-Route City

State Zip Code Area Code-Home Phone E-mail Address

Church Ext. Pres _____
Name Street-Route City

State Zip Code Area Code-Home Phone E-mail Address

Advocate Solicitor _____
Name Street-Route City

State Zip Code Area Code-Home Phone E-mail Address

ECL President _____
Name Street-Route City

State Zip Code Area Code-Home Phone E-mail Address

Trustee _____
Name Street-Route City

State Zip Code Area Code-Home Phone E-mail Address

Trustee _____
Name Street-Route City

State Zip Code Area Code-Home Phone E-mail Address

Trustee _____
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Trustee _____
Name Street-Route City

State Zip Code Area Code-Home Phone E-mail Address

Trustee _____
Name Street-Route City

State Zip Code Area Code-Home Phone E-mail Address

This report prepared by: _____

Date: _____

