



2016 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

June 30, 2017

to the address below:

ABC of the South

7008 Security Blvd Ste 120

Baltimore, MD 21244-2568

OR FAX TO:

FAX: 443-551-3565

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 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.

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: _____