

LOCAL CHURCH ANNUAL REPORT FORM

Church Name:

Church Number (ID): _____

Association Code: _____

Mailing Address: _____

Church Location (address): _____
County: _____

Email: _____

MINISTERIAL STAFF INFORMATION

Website: _____

Name: _____

Phone: _____

Position Description: _____

Fax: _____

Full/Part Time: _____

Accessible: Yes No

Start Year: _____

MEMBERSHIP

ATTENDANCE

Beginning Membership Total: _____

Average Weekly Attendance: _____

Additions during year: _____

Church Participants: _____

Confirmation _____

Community Engagement: _____

Confessions of Faith _____

Christian Education/Faith
Formation Program: Y / N

Reaffirmations of Faith _____

Active Children (0-17): _____

Letters of Transfer _____

Active Adults (18+): _____

Total Additions: _____

Total Active Participants: _____

Losses during the year: _____

Average CE/FF Attendance: _____

Deaths _____

Children (0-17): _____

Transfers _____

Adults (18+): _____

Other Removals _____

Total Average Attendance: _____

Total Losses: _____

Youth Programming: Y / N

Adjustments: _____

Junior High Participants: _____

Total Membership _____

Senior High Participants: _____

Baptisms: _____

Congregational Mission/Service Trips: Y / N

Child (0-12) _____

Adult (13 and Over) _____

FINANCE REPORT (Round to the nearest dollar)

INCOME

Total income from all sources: \$ _____
(Includes pledges and offerings)

Total income from pledges and offerings only: \$ _____

Operating Expenses: \$ _____
(Salaries, insurance, utilities, etc.)

EXPENDITURES

Basic Support (Will be reported by your Conference.)

Other UCC Giving: \$ _____
Replaces Special Support (Conference) and Special
Support (Direct)
Does not include Special Mission Offerings: OGHS, NIN, CF, STC

Other Gifts: \$ _____
Financial Support for Non-UCC Agencies and Projects

Capital Payments: \$ _____
Do not include actual amount borrowed, report only payments.

BEQUESTS, DEFERRED GIFTS AND ENDOWMENTS

Value of gifts to your church this year from:

Bequests by wills : \$ _____

Deferred Gifts: \$ _____
(Gift annuities, trusts, and other deferred gifts
received upon the giver's death.)

Endowment: \$ _____
(Total market value as of 12/31 of the
principal in your endowment.)

Completed by: _____ Telephone: _____ Date: _____