

# Fifth Episcopal District of the AME Church

District Address: 9431 Haven Ave. Suite 100 PMB 127  
Rancho Cucamonga, CA 91730

Bishop Francine A. Brookins, Esq.



## PASTOR'S ANNUAL REPORT

### CONTACT INFORMATION

Church Tax ID #: \_\_\_\_\_  
Annual Conference: \_\_\_\_\_  
Conference Opening Date: \_\_\_\_\_  
Presiding Elder District: \_\_\_\_\_  
Name of Church: \_\_\_\_\_  
Church's Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Website: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Congressional District #: \_\_\_\_\_  
Congressperson: \_\_\_\_\_

Presiding Elder's Name: \_\_\_\_\_  
Presiding Elder's Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Pastor's Name: \_\_\_\_\_  
Pastor's Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Email: \_\_\_\_\_

### ACTIVITIES & DEMOGRAPHICS

1. Conversions.....
2. Baptisms.....
  - a. Adults (18 & up).....
  - b. Youth (13-17).....
  - c. Children (6-12).....
  - d. Infants (a few weeks - 5).....
  - e. Total Baptisms.....
3. Accessions.....
4. Transfers In.....
5. Transfers Out.....
6. Deaths.....
7. Full Members.....
  - a. Adults (18 & Older Including Retirees).....
  - b. Youth (13-17).....
  - c. Children (Birth-12).....
  - d. Total Membership.....
8. Church School Membership.....
  - a. Teachers / Officers.....
  - b. Infants (Birth-5).....
  - c. Children (6-12).....
  - d. Youth (13-17).....
  - e. Adults (18 & Older Including Retirees).....
  - f. Total.....

9. Registered Voters.....
10. Marriages Performed.....
11. Local Lay Organization Membership.....
12. WMS Membership.....
13. YPD Membership.....
14. SOA Membership.....
15. RAYAC Membership.....
16. Annual Conference Members.....
  - a. Itinerant Elders / Deacons.....
  - b. Local Elders / Deacons.....
  - c. Licensed Evangelists / Missionaries.....
  - d. Retired Elders / Deacons.....
  - e. Licentiates/ Exhorters.....
  - f. Supernumeraries.....
  - g. Total.....

### FINANCIAL STATISTICS

17. Funds raised for Local Church.....
  - a. Tithes and Offerings Only ..... \$
  - b. Commissions, Boards, Auxiliaries ..... \$
  - c. Housing and Other Ministry Programs ..... \$
  - d. Total Funds raised for Local Church.... \$
18. Indebtedness.....
  - a. Stewards..... \$
  - b. Trustees..... \$
  - c. Central Budget..... \$
  - d. Other..... \$
  - e. Total Indebtedness ..... \$

19. Church Treasury Balance.....
  - a. Stewards..... \$
  - b. Trustees..... \$
  - c. Central Budget..... \$
  - d. Building Fund..... \$
  - e. Other..... \$
  - f. Total Treasury Balance ..... \$
20. Pastor's Compensation.....
  - a. Base Salary ..... \$
  - b. Housing or Parsonage Fair Rental Value \$
  - c. Requisites (Health Ins., Auto, etc)..... \$
  - d. Total Compensation Package ..... \$
  - e. W2 Issued (Yes/No) .....
21. P.E. District Budget ..... \$

22. Retirement Services		d. Journal of Christian Education.....	\$ _____
a. Presiding Elder .....	\$ _____	e. Missionary Magazine.....	\$ _____
b. Pastor .....	\$ _____	f. Secret Chamber .....	\$ _____
23. General Budget Assessment		g. YPD Newsletter .....	\$ _____
a. Cash on General Budget .....	\$ _____	h. Total Subscriptions.....	\$ _____
b. Receipt on General Budget .....	\$ _____	27. Annual Conference Support .....	\$ _____
c. Total Budget Paid .....	\$ _____	28. Offering.....	\$ _____
24. General Conference Sustentation .....	\$ _____	29. Roll Call .....	\$ _____
25. Annual Conference Sustentation.....	\$ _____	30. Payne Theological Seminary Support .....	\$ _____
26. SUBSCRIPTIONS		31. Other.....	\$ _____
a. Christian Recorder.....	\$ _____	32. Other.....	\$ _____
b. A. M. E. Review .....	\$ _____	33. Total Brought to Annual Conference .....	\$ _____
c. Voice of Missions.....	\$ _____		

**CHURCH SPONSORED NOT FOR PROFITS**

(Child Care, Senior Care, Housing, Tutorial, etc.)

	Program A	Program B	Program C	Program D
34. Name (Type)	_____	_____	_____	_____
35. Tax ID	_____	_____	_____	_____
36. Federal Funds	_____	_____	_____	_____
37. State Funds	_____	_____	_____	_____
38. Local Funds	_____	_____	_____	_____
39. Private Funds	_____	_____	_____	_____
40. Grants	_____	_____	_____	_____

**REAL ESTATE**

(Please complete for all Properties — use additional pages if necessary)

**Section 1. Church Statistics**

	A. Church Building	B. Parsonage	C. Building C	D. Building D
41. Property Valuation	_____	_____	_____	_____
42. Mortgage Balance	_____	_____	_____	_____
43. Insurance Company*	_____	_____	_____	_____
44. Insurance Premium	_____	_____	_____	_____
45. Coverage Amount	_____	_____	_____	_____
46. Coverage Type	_____	_____	_____	_____
47. Employee Liability/Worker's Comp Coverage	_____	_____	_____	_____

**\*Attach Declaration Page**

**Section 2. Legal Descriptions**

48. Legal Description of Properties owned by the Church (e.g., Sanctuary and Other Buildings):

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

City: \_\_\_\_\_ County: \_\_\_\_\_

State/Province: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Lots: \_\_\_\_\_ In block: \_\_\_\_\_

of \_\_\_\_\_ a \_\_\_\_\_ of County or Parish,

State/Province of \_\_\_\_\_, according to the plot thereof recorded

In Plot Book \_\_\_\_\_, Page \_\_\_\_\_.

49. Legal Description of Properties owned by the Church's Not-for-Profit Organizations (duplicate as needed):

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

City: \_\_\_\_\_ County: \_\_\_\_\_

State/Province: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Lots: \_\_\_\_\_ In block: \_\_\_\_\_

of \_\_\_\_\_ a \_\_\_\_\_ of County or Parish,

State/Province of \_\_\_\_\_, according to the plot thereof recorded

In Plot Book \_\_\_\_\_, Page \_\_\_\_\_.

**MINISTERIAL STAFF**  
(Proprietary Information/ Sensitive Church Data)

List the names and contact information of all of the **ITINERANT ELDERS/DEACONS** who are part of your church or staff (includes Pastor)

Name	Address	City/State/Zip	Phone	Email	DOB

List the names and contact information of all of the **LOCAL ELDERS/DEACONS** who are part of your church or staff

Name	Address	City/State/Zip	Phone	Email	DOB

List the names and contact information of all of the **LICENSED EVANGELIST/MISSIONARY** who are part of your church or staff

Name	Address	City/State/Zip	Phone	Email	DOB

List the names and contact information of all of the **RETIRED ELDERS/DEACONS** who are part of your church or staff

Name	Address	City/State/Zip	Phone	Email	DOB

List the names and contact information of all of the **LICENTIATES/EXHORTERS** who are part of your church or staff

Name	Address	City/State/Zip	Phone	Email	DOB

List the names and contact information of all of the **SUPERNUMERARIES** who are part of your church or staff

Name	Address	City/State/Zip	Phone	Email	DOB

I hereby certify that to the best of my knowledge and belief, the above is a true and accurate statement of the NUMERICAL and FINANCIAL condition of the above-named Charge, for this Conference Year.

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Pastor in Charge's Signature & Date Signed (*Wet Signature*)

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Annual Conference Delegate's Signature & Date Signed (*Wet Signature*)

**PLEASE NOTE:**

The pastor MUST provide a completed copy of this form to the following officers: (1) Bishop (2) Presiding Elder (3) Conference Statistician (4) General Secretary/CIO.

Rev. Tyronda Burgess  
General Secretary / Chief Information Officer  
500 8<sup>th</sup> Avenue South, P.O. Box 331028, Nashville, TN 37203-7508  
OFFICE: 615-254-0911 \* FAX: 615-254-0912 [cio@ame-church.com](mailto:cio@ame-church.com)