



PASTOR'S ANNUAL REPORT

CONTACT & ADDRESS 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 _____
 f. Supernumeraries _____
 g. Total _____

FINANCIAL STATISTICS

17. Funds raised for Local Church
 a. Tithes and Offerings Only \$ _____
 b. Commissions, Boards, Axillaries \$ _____
 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. Tax Reporting:(Select One-Form W2 or 1099) _____
 21. P.E. District Budget \$ _____

| | | | |
|---|----------|--|----------|
| 22. Employee 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. Episcopal District Budget..... | \$ _____ |
| c. Total Budget Paid | \$ _____ | 28. Annual Conference Support | \$ _____ |
| 24. General Conference Sustentation | \$ _____ | 29. Offering..... | \$ _____ |
| 25. Annual Conference Sustentation | \$ _____ | 30. Roll Call | \$ _____ |
| 26. SUBSCRIPTIONS | | 31. United Negro College Fund (Donation) | \$ _____ |
| a. Christian Recorder..... | \$ _____ | 32. Other..... | \$ _____ |
| b. A. M. E. Review | \$ _____ | 33. Total Brought to 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. Fund Balance | _____ | _____ | _____ | _____ |

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 | _____ | _____ | _____ | _____ |

Section 2. Legal Descriptions

47. 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 _____.

48. 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

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

| Name | Address | City/State/Zip | Phone | Email | DOB |
|-------|---------|----------------|-------|-------|-------|
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |

List the names and contact information of the **SUPERNUMERARY (IES)** 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.

Pastor in Charge

Annual Conference Delegate

Date

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. DR. JEFFERY B. COOPER
General Secretary / Chief Information Officer
500 8th Avenue South, P.O. Box 331028, Nashville, TN 37203-7508
OFFICE: 615-254-0911 * FAX: 615-254-0912 cio@ame-church.com