



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