

Fifth Episcopal District of the AME Church

District Address: 6371 Haven Ave. Suite 3121
Rancho Cucamonga, CA 91737

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..... | _____ | 9. Registered Voters..... | _____ |
| 2. Baptisms | | 10. Marriages Performed..... | _____ |
| a. Adults (18 & up)..... | _____ | 11. Local Lay Organization Membership.... | _____ |
| b. Youth (13-17)..... | _____ | 12. WMS Membership..... | _____ |
| c. Children (6-12)..... | _____ | 13. YPD Membership..... | _____ |
| d. Infants (a few weeks - 5)..... | _____ | 14. SOA Membership..... | _____ |
| e. Total Baptisms..... | _____ | 15. RAYAC Membership..... | _____ |
| 3. Accessions..... | _____ | 16. Annual Conference Members | |
| 4. Transfers In..... | _____ | a. Itinerant Elders / Deacons..... | _____ |
| 5. Transfers Out..... | _____ | b. Local Elders / Deacons..... | _____ |
| 6. Deaths..... | _____ | c. Licensed Evangelists / Missionaries | _____ |
| 7. Full Members | | d. Retired Elders / Deacons..... | _____ |
| a. Adults (18 & Older Including Retirees) | _____ | e. Licentiates/ Exhorters..... | _____ |
| b. Youth (13-17)..... | _____ | f. Supernumeraries..... | _____ |
| c. Children (Birth-12)..... | _____ | g. Total..... | _____ |
| 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..... | _____ | | |

FINANCIAL STATISTICS

- | | | | |
|---|----------|---|----------|
| 17. Funds raised for Local Church | | 19. Church Treasury Balance | |
| a. Tithes and Offerings Only..... | \$ _____ | a. Stewards..... | \$ _____ |
| b. Commissions, Boards, Axillaries..... | \$ _____ | b. Trustees..... | \$ _____ |
| c. Housing and Other Ministry Programs | \$ _____ | c. Central Budget..... | \$ _____ |
| d. Total Funds raised for Local Church... | \$ _____ | d. Building Fund..... | \$ _____ |
| 18. Indebtedness | | e. Other..... | \$ _____ |
| a. Stewards..... | \$ _____ | f. Total Treasury Balance..... | \$ _____ |
| b. Trustees..... | \$ _____ | 20. Pastor's Compensation | |
| c. Central Budget..... | \$ _____ | a. Base Salary..... | \$ _____ |
| d. Other..... | \$ _____ | b. Housing or Parsonage Fair Rental Value | \$ _____ |
| e. Total Indebtedness..... | \$ _____ | c. Requisites (Health Ins., Auto, etc)..... | \$ _____ |
| | | d. Total Compensation Package..... | \$ _____ |
| | | e. W2 Issued (Yes/No)..... | _____ |
| | | 21. P.E. District Budget..... | \$ _____ |

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

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.

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

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 8th Avenue South, P.O. Box 331028, Nashville, TN 37203-7508
OFFICE: 615-254-0911 * FAX: 615-254-0912 GeneralSecretary@AME-CHURCH.com