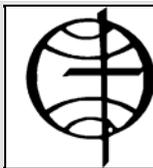


2004 Cooperating Church Annual Report

American Baptist Churches U.S.A.

This survey is produced every year for churches affiliated with American Baptist Churches U.S.A. Your answers are very important. Please complete the survey and help your region and A.B.C. know you better.



CHURCH INFORMATION

CHURCH: _____
PIN: _____ **EIN:** _____
 Location Address: _____

 Mailing Address: _____

 Shipping Address: _____

 Offering Address: _____

 Phone: _____ **FAX:** _____
 E-Mail: _____
 Web Site: _____
 Year Incorporated: _____ **Founding Year:** _____
 Joined ABC Year: _____ **Ethnicity:** _____
 Area: _____
 Association: _____

AMERICAN BAPTIST MISSION SUPPORT

(Please enter data as of year end 2004.)

United Mission: \$ _____
 Annual Offerings: \$ _____
 Missionaries, projects, & institutions: \$ _____
TOTAL: \$ _____

DENOMINATIONAL AFFILIATIONS

List OTHER DENOMINATIONS in which your church holds membership.

NAME: _____
 NAME: _____
 NAME: _____

CURRENT PROFESSIONAL STAFF

Please list the individuals CURRENTLY holding professional staff positions within your church. Use pages 3 & 4 to report detailed information on professional staff and church officers.

Name	POSITION	START DATE	FT/PT
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

This Annual Report collects statistical, leadership, and financial information. The data is widely used for variety of purpose, including:

- * Determining the number of ABC Biennial Delegates for your church
- * Regional and national directories
- * Statistical reporting both within ABC and in inter-denominational publications
- * Congregational Profile reports for pastoral search committees
- * Per capita calculations for financial reports and recognitions

Our entire denomination benefits from having the most accurate information possible on our congregations. Please carefully review and enter requested information.

**PLEASE
DON'T LEAVE IT BLANK!**

Please return your completed form to your region office or to the address below:

ATTN: ABC INFORMATION SYSTEMS
AMERICAN BAPTIST CHURCHES U.S.A.
P.O. BOX 851

VALLEY FORGE, PA 19482-0851

or fax to: 610.768.2309

Thank you for your cooperation!

CHURCH MEMBERSHIP

Please enter data as of year end 2004.

Total Church Membership: _____
Resident Active Membership: _____
Resident Inactive Membership: _____

NEW MEMBERS RECEIVED BY:

Baptism _____
Letter _____
Other _____

MEMBERS LOST BY:

Death _____
Letter _____
Other _____

If membership is not reported, your church's record will reflect zero membership for this reporting year.

AVERAGE WEEKLY ATTENDANCE

Please enter data as of year end 2004.

WORSHIP:

Morning/Primary Services _____
Combine if more than one.
Afternoon/Evening Services _____
If held at least twice per month.

SUNDAY/CHURCH SCHOOL:

Pre-school _____
Elementary _____
Youth _____
Young Adults _____
Adults _____

If attendance is not reported, your church's record will reflect zero attendance for this reporting year.

CURRENT CHURCH LEADERSHIP STYLE

- Two or More Professional Staff
- Full-time Pastor or Interim
- Part-time Pastor - Bivocational
- Part-time Pastor - Retired
- Part-time Pastor - Other
- Part-time Pastor - Student
- Shared Pastor

Yoked With: _____

FINANCES AS OF DECEMBER 31, 2004

Please enter data as of year end 2004.

Non-ABC Missions: \$ _____
Include local missions and community projects. If dually aligned, include amounts given to other denominations.

Total Church Income: \$ _____
Include income received from all sources for all purposes, including mission contributions. Do not include loans.

Total Local Expenditures: \$ _____
Include everything your church and its organizations spent during the year, such as pastoral salaries and benefits, mortgage payments, etc.. DO NOT include mission contributions or transfers to a building or endowment fund.

Additions to Endowment Fund/Reserves: \$ _____

Bequests from Wills or Trusts: \$ _____
Include only funds received during 2004

Total Church Indebtedness: \$ _____
Include all loans outstanding at year end.

PASTORAL COMPENSATION & BENEFITS - OPTIONAL

List the regular ANNUAL value of compensation.

Cash Salary: \$ _____
Include Social Security Offset.

Housing allowance or annual rental value of parsonage and utilities: \$ _____

Total Pastoral Compensation: \$ _____

DOES YOUR CHURCH PAY FOR:

- Health care benefits
- Retirement benefits
- Social Security offset
- Car or mileage reimbursement
- Denominational meeting expenses
- Continuing education
- Similar benefits for other professional staff?

MEETING ATTENDANCE

How many church members attended the most recent ABC region annual/biennial meeting? _____

Please sign below when completed. Have the pastor and the church clerk review the information and sign also. This is an important document in the ABC archives for every church. It can prove your church's denominational relationship and cooperation in the possibility of future legal questions (e.g., proving your ABC relationship to receive a bequest).

Signature of person completing form:: _____

Name and title of person completing form: _____ Date: _____

Signature of Pastor: _____ Date: _____

Signature of Clerk: _____ Date: _____



Professional Staff are considered to be those individuals who meet the national standards of ordination and/or commissioning, are members of an American Baptist church, and serve in an American Baptist-related ministry. Please enter the requested information for individuals currently holding professional staff positions in your church. Use the section titled Church Officers to record the other members of your church staff. You may copy this form as needed to include all professional staff positions.

*** Important notes regarding PROFESSIONAL STATUS:**

Leadership information gathered here is shared with the Professional Registry office of the Ministerial Leadership Commission, and becomes part of the ABC Church Leadership Directory. An individual's Professional Status helps determine if they are included in the Professional Registry.

The recognized Professional Status levels are limited to the following: ABC Ordination, Ordination Recognized by ABC, Other ABC Ordination (temporary), Ordination Not Recognized by ABC, Commissioned, Certified Lay Minister, Licensed, and Lay Professional. Please use only these designations when specifying a Professional Status level for the individuals below.

**** Requires a PROFESSIONAL STATUS to be recorded. See above information regarding Professional Status.**

NAME: _____

Position & Start Date: _____

Home Address: _____

Home Phone: _____

E-Mail Address: _____

Birth Date: _____

Ethnicity: _____

*Professional Status: _____

**Ordination Date: _____

**Ord. Recognized Date: _____

Spouse: _____

Children: _____

NAME: _____

Position & Start Date: _____

Home Address: _____

Home Phone: _____

E-Mail Address: _____

Birth Date: _____

Ethnicity: _____

*Professional Status: _____

**Ordination Date: _____

**Ord. Recognized Date: _____

Spouse: _____

Children: _____

NAME: _____

Position & Start Date: _____

Home Address: _____

Home Phone: _____

E-Mail Address: _____

Birth Date: _____

Ethnicity: _____

*Professional Status: _____

**Ordination Date: _____

**Ord. Recognized Date: _____

Spouse: _____

Children: _____

NAME: _____

Position & Start Date: _____

Home Address: _____

Home Phone: _____

E-Mail Address: _____

Birth Date: _____

Ethnicity: _____

*Professional Status: _____

**Ordination Date: _____

**Ord. Recognized Date: _____

Spouse: _____

Children: _____