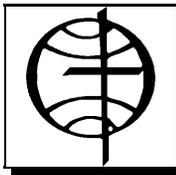


# 2008 Cooperating Church Annual Report

## American Baptist Churches U.S.A.

Review the pre-printed information and make changes as necessary. Please provide as much of the requested information as possible. Our entire denomination benefits from having current, accurate information on our member churches. Thank you for your participation!



### CHURCH INFORMATION

Review the preprinted information. Make corrections and additions as necessary.

**CHURCH NAME:** \_\_\_\_\_

PIN: \_\_\_\_\_ EIN: \_\_\_\_\_

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

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

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

Phone: \_\_\_\_\_ FAX: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Web Site: \_\_\_\_\_

Year Incorporated: \_\_\_\_\_ Founding Year: \_\_\_\_\_

Joined ABC Year: \_\_\_\_\_ Ethnicity: \_\_\_\_\_

Please return your completed form by

**July 31, 2009**

to the address below:

**ATTN: Ms. Joyce Lake  
ABC Information Systems  
American Baptist Mission Center  
P.O. Box 851  
Valley Forge, PA 19468-0851**

**or FAX to 610-768-2309  
Thank you for your cooperation!**

### DENOMINATIONAL AFFILIATIONS

Please list OTHER denominations in which your church holds membership.

NAME: \_\_\_\_\_

NAME: \_\_\_\_\_

NAME: \_\_\_\_\_

### CHURCH MEMBERSHIP

( Please enter data as of year end 2008. )

**Total Church Membership:** \_\_\_\_\_

**Resident Active Membership:** \_\_\_\_\_

**Resident Inactive Membership:** \_\_\_\_\_

### NEW MEMBERS RECEIVED BY:

Baptism \_\_\_\_\_

Letter \_\_\_\_\_

Other \_\_\_\_\_

### MEMBERS LOST BY:

Death \_\_\_\_\_

Letter \_\_\_\_\_

Other \_\_\_\_\_

### AVERAGE WEEKLY ATTENDANCE

( Please enter data as of year end 2008. )

**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 \_\_\_\_\_

### 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.

\$ \_\_\_\_\_

### CURRENT PROFESSIONAL STAFF

Below is a list of the individuals CURRENTLY holding professional staff positions within your church according to the records in the ABC Information Systems database. Please review the list and make corrections if necessary. Use page 2 to report detailed information on professional staff.

Name	Position	Start Date	End Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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: \_\_\_\_\_

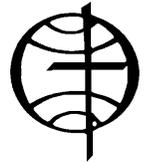
Date: \_\_\_\_\_

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: \_\_\_\_\_