

**THE AFRICAN METHODIST EPISCOPAL CHURCH
PASTOR'S REPORT**

CONTACT & ADDRESS INFORMATION

PART A

Episcopal District _____
 Annual Conference _____
 Conference Opening Date _____
 Presiding Elder District _____
 Name of Church _____
 Church Address _____
 City _____ State _____ Zip _____
 Telephone _____ E-mail _____
 Congressional District _____
 Number _____
 Senatorial District _____
 Number _____

Presiding Bishop _____
 Presiding Bishop's Address _____
 Telephone _____
 Presiding Elder _____
 Presiding Elder's Address _____
 City _____ State _____ Zip _____
 Telephone _____ E-mail _____
 Pastor's Name _____
 Pastor's Address _____
 City _____ State _____ Zip _____

ACTIVITIES & DEMOGRAPHICS

PART B

1. Conversions _____
 2. Baptisms _____
 a. Adults _____
 b. Youth _____
 c. Infants & Children _____
 d. Total Baptisms _____
 3. Accessions _____
 4. Transfers In _____
 5. Transfers Out _____
 6. Deaths _____
 7. Full Members _____
 a. Adults _____
 b. Youth _____
 c. Children _____
 d. Total Membership _____
 8. Church School Membership _____
 a. Teachers/Officers _____
 b. Infants _____
 c. Children _____

d. Youth _____
 e. Adults _____
 f. Total _____
 9. Registered Voters _____
 10. Marriages Performed _____
 11. Local Lay Organization Members _____
 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 Evangelist/Missionary _____
 d. Retired Elders/Deacons _____
 e. Licentiates _____
 f. Supernumerary _____
 g. Total _____

FINANCIAL STATISTICS

PART C

17. 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. Building Fund \$ _____
 d. Central Budget \$ _____
 e. Other \$ _____
 f. Total Treasure Balance \$ _____
 20. Pastor's Compensation _____
 a. Base Salary \$ _____
 b. Housing Allowance \$ _____
 c. Requisites (Health Ins, Auto, etc.) \$ _____

21. P.E. District Budget \$ _____
 22. Employee Security _____
 a. Presiding Elder \$ _____
 b. Pastor \$ _____
 23. Receipt on General Budget \$ _____
 24. Cash on General Budget \$ _____
 25. Total Budget \$ _____
 26. General Conference Sustentation \$ _____
 27. Annual Conference Sustentation \$ _____
 28. 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 \$ _____

29. Episcopal District Budget \$ _____ 31. Other \$ _____
 30. The Bible Cause (Donation) \$ _____

**CHURCH SPONSORED NOT FOR PROFITS
 (Child Care, Senior Care, Housing, Tutorial, etc.)**

PART D

	Program A	Program B	Program C	Program D
32. Name (Type)	_____	_____	_____	_____
33. Tax ID	_____	_____	_____	_____
34. Federal Funds	_____	_____	_____	_____
35. State Funds	_____	_____	_____	_____
36. Local Funds	_____	_____	_____	_____
37. Private Funds	_____	_____	_____	_____
38. Fund Balance	_____	_____	_____	_____

REAL ESTATE

PART E

	A. Church Building	B. Parsonage	Building C	Building D
39. Property Valuation	_____	_____	_____	_____
40. Mortgage Balance	_____	_____	_____	_____
41. Insurance Company	_____	_____	_____	_____
42. Insurance Premium	_____	_____	_____	_____
43. Coverage Amount	_____	_____	_____	_____
44. Coverage Type	_____	_____	_____	_____

Section 2. Legal Description

45. Legal Description of Properties owned by Church—Sanctuary and Other Buildings

Address: _____
 Number Street City County State Zip Code
 Lots: _____ In Block _____ of _____ a _____ of County (Parish)
 State of _____ . According to the plot thereof in Plot Book _____ Page _____

46. Legal Description of Properties owned by Church's Not for Profits (Duplicate as needed)

Address: _____
 Number Street City County State Zip Code
 Lots: _____ In Block _____ of _____ a _____ of County (Parish)
 State of _____ According to the plot thereof in Plot Book _____ Page _____

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.