



Cooperating Church Annual Report

American Baptist Churches
of Metro Chicago

Please provide as much of the requested information as possible. Our entire denomination benefits from having current, accurate information on our member churches. Please return your completed form via the region website or by mail to the office. Thank you for your cooperation!

CHURCH INFORMATION

Church Name	PIN	EIN
Location Address	Church Phone	
Mailing Address	Church Email	
Offering Address	Church Website	
Year: Incorporated _____ Founded _____ Joined ABC _____	Ethnicity	
Other denominations in which the church holds membership: _____ _____		

CHURCH MEMBERSHIP (Please enter data as of year-end.)

Total Church Membership	New Members Received By:	Members Lost By:
Resident Active Membership	Baptism _____	Death _____
Resident Inactive Membership	Letter _____	Letter _____
Average Weekly Attendance	Other _____	Other _____
Morning/Primary Services <small>Combine if more than one</small>	Non-ABC Missions \$ _____ <small>Local missions & other denominational giving</small>	
Afternoon/Evening Services <small>If held at least 2x per month</small>	Total Church Income \$ _____ <small>All sources for all purposes except loans</small>	
Sunday/Church School:	Total Local Expenditures \$ _____ <small>Everything the church & its organizations spent except mission contributions or transfers to a building or endowment fund.</small>	
Pre-School _____ Elementary _____		
Youth _____ Young Adults _____ Adults _____		

CURRENT PROFESSIONAL STAFF

Please list the individuals currently holding professional staff positions within your church. If an individual has left, please provide their details and end date.

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

Signature of person completing form _____

Name & title of person completing form _____

Date

Signature of Pastor _____

Date

Signature of Clerk _____

Date

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