

**DISTRICT AFFILIATED ETHNOLINGUISTIC CHURCH
QUARTERLY REPORT**

Quarter ending _____, 20____

Mail **PINK** copy to: World Missions Department, 6051 South Watt Avenue, Sacramento, CA 95829

Mail **Goldenrod** copy to your Sectional Presbyter, send **Blue** copy to your Regional Director

All reports are due by the **30th** of March, June, September, and December

City _____ State _____ Section _____

Church Name _____ Pastor _____

If new address since last report, note here.

I. Attendance Averages:

List Months _____

Sunday School _____

Sunday Morning _____

Sunday Evening _____

Number of people on membership roll at the beginning of the quarter: _____

Number of people on membership roll at the end of the quarter: _____

Do you make visits to members of your church? (circle one) Yes No

Do you contact visitors for "follow-up?" Yes No

Do you have communion services? Yes No

Do you have revival services? Yes No

Do you have a missionary services/missions convention? Yes No

Do you support any missionary families? Yes No

During the past quarter (last 3 months):

How many accepted Christ for the first time? _____

How many have recommitted their life to Christ? _____

How many have been baptized? In water: _____ In the Holy Spirit: _____

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1) Does your church have any vehicles, mobile homes, property, etc. owned by the church and/or the District? Yes__No__

If yes, please list: _____

2) Do you need help from your Presbyter? Yes ___ No ___ If Yes, please list: _____

3) Do you pay for things purchased by: a) Cash _____ b) Credit _____

4) Do you or the church have any past due bills? Yes___ No ___

If yes, please list and explain _____

STATEMENT OF INCOME AND EXPENSE

For Quarter Ending _____ 20__

BEGINNING BANK BALANCE: Checking \$ _____ Savings \$ _____ **Total** \$ _____

INCOME: (three months) Total Income \$ _____ **Total Cash Value** \$ _____

EXPENSES: (three months)

Pastor's Salary and Allowances:

Salary..... \$ _____
Parsonage (quarterly rental value)..... _____
Rent (if renting, do not own)..... _____
Medical Insurance..... _____
Utilities..... _____
Social Security..... _____
Does the Church pay for your car?..... _____
 for gas, oil and maintenance?..... _____

Does your church contribute to UOB? Yes ___ No ___
Amount your church contributes to UOB \$ _____

TOTAL PASTOR'S SALARY \$ _____

Other Salaries & Allowances (if paid)

Nursery workers..... \$ _____
Assoc.Pastors, Youth, etc. _____
Other (list) _____

Secretary..... \$ _____
Evangelists & guest ministers..... \$ _____
Janitor..... \$ _____

TOTAL OTHER SALARIES \$ _____

Capital Expenditures

Mortgage payments..... \$ _____
Furniture, Fixtures, Equipment..... \$ _____

Improvements..... \$ _____
Other..... \$ _____

TOTAL DISBURSEMENTS..... \$ _____

Ending Bank Balance: Checking \$ _____ Savings \$ _____ **TOTAL.....** \$ _____

Please send a copy of the most recent bank statement regarding your church property morgage if applicable. Thank you!

Signature: Secretary/Treasurer

Date

Signature: Pastor

Date