

**DISTRICT AFFILIATED CHURCH REPORT**

**Quarter Ending** \_\_\_\_\_ **20** \_\_\_\_\_

Mail **Pink copy** to: World missions Department, 6051 South Watt Avenue, Sacramento, CA 95829

Mail **Blue copy** to your Regional Director

Mail **Goldenrod** copy to your Presbyter

Reports are due **By** the **30th** of January, April, July and October.

**CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **SECTION** \_\_\_\_\_

**CHURCH** \_\_\_\_\_ **PASTOR** \_\_\_\_\_

**If new address since last report, note here:**

**I. STATISTICS: This Quarter**

A. Average Attendance for Quarter  
SS \_\_\_\_\_ AM \_\_\_\_\_ PM \_\_\_\_\_ Mid-WK \_\_\_\_\_  
RR \_\_\_\_\_ Missionettes \_\_\_\_\_ Youth \_\_\_\_\_

B. Membership  
Added: \_\_\_\_\_ Deleted: \_\_\_\_\_ Current: \_\_\_\_\_

C. Spiritual Growth: \_\_\_\_\_ Conversions: \_\_\_\_\_  
Water Baptisms: \_\_\_\_\_ Spirit Baptisms: \_\_\_\_\_

D. Missions \_\_\_\_\_ Services: \_\_\_\_\_  
Speakers: \_\_\_\_\_

**II. MY CHURCH:**

A. Areas that are strong in my church \_\_\_\_\_  
\_\_\_\_\_

B. Areas that need improvement \_\_\_\_\_  
\_\_\_\_\_

C. Leadership I'm Discipling \_\_\_\_\_  
\_\_\_\_\_

D. Critical issues the church is facing \_\_\_\_\_  
\_\_\_\_\_

E. Special move of the Holy Spirit/Praise Reports \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**III. OUTREACH:**

A. Special Services Held \_\_\_\_\_  
\_\_\_\_\_

B. Types of Outreaches to Community? \_\_\_\_\_  
\_\_\_\_\_

C. What Types Of Follow-up Do You Do? \_\_\_\_\_  
\_\_\_\_\_

D. What Do You Have Planned For Next Quarter?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**IV. NEED HELP?**

1. Do you have a vehicle owned by N Cal/Nev Dist?  
Yes \_\_\_\_\_ No \_\_\_\_\_ Make & Model \_\_\_\_\_  
Registered to? \_\_\_\_\_

2. Do you need assistance from your Presbyter,  
Sectional Committee or Regional WMB Rep?  
Yes \_\_\_\_\_ No \_\_\_\_\_ What type of assistance:  
\_\_\_\_\_

3. Does your church have any unpaid bills?  
Yes \_\_\_\_\_ No \_\_\_\_\_ Over 30 days \_\_\_\_\_ Amt \_\_\_\_\_  
Owed to: \_\_\_\_\_  
Explain \_\_\_\_\_  
\_\_\_\_\_  
Personal unpaid bills? Yes \_\_\_\_\_ No \_\_\_\_\_  
Over 30 days \_\_\_\_\_ Amt \_\_\_\_\_  
Owed to: \_\_\_\_\_  
Explain \_\_\_\_\_  
\_\_\_\_\_

**STATEMENT OF INCOME AND EXPENSE**  
**FOR QUARTER ENDING \_\_\_\_\_, 20\_\_\_\_**

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

**RECEIPTS (3 months)**

General Fund (Tithes & Offering)	_____	Missions	_____
Departments (M, MM, YM, etc.)	_____	Building Fund	_____
Designated District Offerings	_____	Through General Council	_____
Direct from individuals/churches	_____	Other	_____
<b>Total Receipts</b>			<b>\$ _____</b>
<b>Beginning Bank Balance</b>			<b>\$ _____</b>
<b>Total</b>			<b>\$ _____</b>

**DISBURSEMENTS (3 months)**

**WORLD MINISTRIES - (not less than 10%)**

Foreign Missions	_____	Home Missions	_____
District Support U.O.B.	_____	Bethany	_____
Missionary Guests	_____	Other	_____
<b>Total</b>			<b>\$ _____</b>

**PASTOR SALARY AND ALLOWANCES**

Base Salary	_____	Auto Expense Reimbursement	_____
Parsonage (Rental Value)	_____	Church Provided Car	_____
Housing Allowance	_____	Social Security (paid by church)	_____
Utilities	_____	Workman's Comp Insurance	_____
Medical Insurance	_____	Other	_____
Pastor's tithes-District/Springfield	_____		
Dist. Council Expenses paid	_____		
<b>TOTAL PASTOR'S SALARY &amp; ALLOWANCES</b>			<b>\$ _____</b>

**OTHER SALARIES**

Nursery Attendant	_____	Associates	_____
Evangelist/Guest Minister	_____	Secretary	_____
Janitor	_____	Other (list Separately)	_____
<b>TOTAL OTHER SALARIES</b>			<b>\$ _____</b>

**OPERATING EXPENSES**

Advertising - promotion	_____	Utilities/ phone	_____
Literature, music, etc.	_____	Custodial supplies	_____
Departments (WM, MM, YM,)	_____	Office supplies, postage	_____
Insurance	_____	Maintenance & repairs	_____
Lease payments	_____	Other (miscellaneous)	_____
Taxes/assessments	_____		
<b>TOTAL OPERATING EXPENSES</b>			<b>\$ _____</b>

**CAPITAL EXPENDITURES**

Mortgage payments	_____	Improvements	_____
Furniture, fixtures, equipment	_____	Other	_____
<b>TOTAL CAPITAL EXPENDITURES</b>			<b>\$ _____</b>
<b>TOTAL DISBURSEMENTS</b>			<b>\$ _____</b>

**ENDING BALANCE (Beginning balance, plus receipts, less disbursements)**

Checking \$ _____	Savings \$ _____	Transfer to Savings \$ _____
Secy./Treas. Signature: _____	Date: _____	Date: _____
Pastors Signature: _____	Date: _____	Date: _____