



District of Columbia Baptist Convention

Annual Church Report 2021

Information from September 1, 2020 – August 31, 2021
Due date September 15, 2021

Name of Church: _____

Pastor: _____ Employer ID Number (EIN): _____

Church mailing address: _____ Phone: _____

_____ Fax: _____

_____ Email: _____

Church meeting address: _____ Website: _____

_____ Other Social Media: _____

_____ Tax Exemption: Yes. We have a separate 501(c)3

County or DC Ward: _____ No, under DCBC group exemption

<p>This annual Report collects statistical, leadership, and financial information. The data is widely used for variety of purposes, including:</p> <ul style="list-style-type: none"> ➤ Developing strategic priorities, programming, and initiatives for DCBC's work with member congregations. ➤ Regional and national directories (DCBC and ABC) ➤ Statistical reporting within DCBC and national bodies. Statistics results are often used by funders. ➤ Congregational Profiles for pastoral search committees and strategic planning. ➤ Per capita calculations for financial reports and recognitions. ➤ Provide historical information for your church. <p>Our denominational bodies benefit from having the most accurate collective information possible on our congregations. Please carefully review and enter requested information.</p>	Table of Contents	Page
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Annual Church Report Statistics

NAME OF CHURCH: _____

MEMBERSHIP INFORMATION	RACIAL/ETHNIC <i>(Check boxes that apply)</i>
Total Church Membership:	<input type="checkbox"/> African (Specify) _____
Total Resident Active Members:	<input type="checkbox"/> Asian (Specify) _____
Total Resident Inactive Members:	<input type="checkbox"/> Black (African American) _____
New Member by Baptism:	<input type="checkbox"/> Caucasian (European American) _____
New Member by Letter or Other:	<input type="checkbox"/> Hispanic/Latino _____
Member Lost by Death:	<input type="checkbox"/> Other _____
Member Lost by Letter or Other:	FINANCIAL INFORMATION <i>(Round dollar amount to nearest dollar.)</i>
BAPTISMS	a. Church Budget: _____
11 Years and under:	b. Gift to DCBC: _____
12 to 17 years of age:	c. Gift to NCAMO (The Blessing): _____
18 to 29 years of age:	<i>DCBC offers a plethora of trainings throughout the year. A few of the trainings are listed below. Please check any classes of interest:</i>
30 and up	<input type="checkbox"/> Church Clerk
TOTAL BAPTISMS:	<input type="checkbox"/> Grant Writing/Funding
SUNDAY SCHOOL/BIBLE STUDY/SMALL GROUPS	<input type="checkbox"/> Other: _____
Children (Birth – 11):	<i>Time(s) of Worship Service</i>
Youth (12 – 17):	<input type="checkbox"/> 7AM <input type="checkbox"/> 7:30AM <input type="checkbox"/> 11AM <input type="checkbox"/> 11:30AM
Young Adults:	<input type="checkbox"/> 8AM <input type="checkbox"/> 8:30AM <input type="checkbox"/> 12PM <input type="checkbox"/> 12:30PM
Adults:	<input type="checkbox"/> 9AM <input type="checkbox"/> 9:30AM <input type="checkbox"/> 1PM <input type="checkbox"/> 1:30PM
Seniors:	<input type="checkbox"/> 10AM <input type="checkbox"/> 10:30AM <input type="checkbox"/> Other _____
Total Average Attendance:	

Annual Church Report
Ministries and Additional Services

NAME OF CHURCH: _____

Please check all ministries and additional services provided.

Ministries/Programs

- Baby or Infant Ministry
- Benevolence Ministry
- Children's Church
- Children's Ministry
- Clothing Pantry
- Evangelism
- Food Pantry
- Food Distribution
- International Missions
- Handicap Accessible Building
- Homeless Ministry
- Mission Trip
- Men's Ministry
- Online Ministry
- Sign Language Interpreters
- Senior Adult Ministry
- Special Needs Accommodations Ministry
- Transportation to Church Services
- Vacation Bible School
- Women's Ministry
- Young Adult Ministry
- Youth Worship/Church
- Youth Ministry

Additional Services

- Afterschool Program
- Bank/Credit Union
- Cooperative Play Group
- Child Care
- Elementary School
- GED/Adult Basic Education
- Head Start Program
- High School
- Homeschool Program
- Middle School
- Parents Time Out
- Professional Counseling
- Professional Training
- Restaurant/Catering
- Site for Educational Institution
- Tutorial Program for Youth
- Vocational Training

Does the church support any missionaries? If so, please list their name(s) and location(s) below:

Missionary Name: _____ Location: _____

Missionary Name: _____ Location: _____

Please add an additional sheet if needed to list missionaries the church is supporting.

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Church Staff Leadership Directory

NAME OF CHURCH: _____

When completing pages 4-6, you have the option of typing the information on to the form or providing a directory of the church's staff, elected leaders and ordained ministers.

Please list staff who is "permanently" employed with primary responsibility for broad areas of the church's ministry such as: Pastoral, Music, Education (Adult, Youth, Children, and Small Groups), Administration (Secretary, Business Manager), Directors for Women's and Men's Ministries, and Community Outreach.

ORDAINED STAFF/PROFESSIONAL STAFF

Position: <i>Pastor</i> Part-Time: <input type="checkbox"/> Full-Time: <input type="checkbox"/> Licensed: <input type="checkbox"/> Ordained: <input type="checkbox"/>	Title & Name: Address: Home Phone: <input type="checkbox"/> Unlisted Cell Phone: <input type="checkbox"/> Unlisted Email Address:
Position: Part-Time: <input type="checkbox"/> Full-Time: <input type="checkbox"/> Licensed: <input type="checkbox"/> Ordained: <input type="checkbox"/>	Title & Name: Address: Home Phone: <input type="checkbox"/> Unlisted Cell Phone: <input type="checkbox"/> Unlisted Email Address:
Position: Part-Time: <input type="checkbox"/> Full-Time: <input type="checkbox"/> Licensed: <input type="checkbox"/> Ordained: <input type="checkbox"/>	Title & Name: Address: Home Phone: <input type="checkbox"/> Unlisted Cell Phone: <input type="checkbox"/> Unlisted Email Address:
Position: Part-Time: <input type="checkbox"/> Full-Time: <input type="checkbox"/> Licensed: <input type="checkbox"/> Ordained: <input type="checkbox"/>	Title & Name: Address: Home Phone: <input type="checkbox"/> Unlisted Cell Phone: <input type="checkbox"/> Unlisted Email Address:
Position: Part-Time: <input type="checkbox"/> Full-Time: <input type="checkbox"/> Licensed: <input type="checkbox"/> Ordained: <input type="checkbox"/>	Title & Name: Address: Home Phone: <input type="checkbox"/> Unlisted Cell Phone: <input type="checkbox"/> Unlisted Email Address:

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Elected Leadership Directory

NAME OF CHURCH: _____

Please update our listing of elected laity who have primary responsibility for leadership areas of the church's ministry such as: Music, Education (Adult, Youth, Children, Small Groups), Administration & Finance (Church Clerk, Treasurer), Directors for Women's & Men's Ministries, Community Outreach, Vacation Bible School, Chairpersons of Deacons & Trustees, etc.

Please use an additional sheet if needed.

Position: <i>Church Clerk</i> Part-Time: <input type="checkbox"/> Full-Time: <input type="checkbox"/> Licensed: <input type="checkbox"/> Ordained: <input type="checkbox"/>	Title & Name: Address: Home Phone: <input type="checkbox"/> Unlisted Cell Phone: <input type="checkbox"/> Unlisted Email Address:
Position: <i>Chair of Deacon Bd.</i> Part-Time: <input type="checkbox"/> Full-Time: <input type="checkbox"/> Licensed: <input type="checkbox"/> Ordained: <input type="checkbox"/>	Title & Name: Address: Home Phone: <input type="checkbox"/> Unlisted Cell Phone: <input type="checkbox"/> Unlisted Email Address:
Position: <i>Chair of Trustees</i> Part-Time: <input type="checkbox"/> Full-Time: <input type="checkbox"/> Licensed: <input type="checkbox"/> Ordained: <input type="checkbox"/>	Title & Name: Address: Home Phone: <input type="checkbox"/> Unlisted Cell Phone: <input type="checkbox"/> Unlisted Email Address:
Position <i>Treasurer</i> Part-Time: <input type="checkbox"/> Full-Time: <input type="checkbox"/> Licensed: <input type="checkbox"/> Ordained: <input type="checkbox"/>	Title & Name: Address: Home Phone: <input type="checkbox"/> Unlisted Cell Phone: <input type="checkbox"/> Unlisted Email Address:
Position: : Part-Time: <input type="checkbox"/> Full-Time: <input type="checkbox"/> Licensed: <input type="checkbox"/> Ordained: <input type="checkbox"/>	Title & Name: Address: Home Phone: <input type="checkbox"/> Unlisted Cell Phone: <input type="checkbox"/> Unlisted Email Address:
Position: Part-Time: <input type="checkbox"/> Full-Time: <input type="checkbox"/> Licensed: <input type="checkbox"/> Ordained: <input type="checkbox"/>	Title & Name: Address: Home Phone: <input type="checkbox"/> Unlisted Cell Phone: <input type="checkbox"/> Unlisted Email Address:

Annual Church Report

Other Ordained Ministers

NAME OF CHURCH: _____

Please list names and addresses of all other ordained ministers who are members of your church.

OTHER CHURCH MEMBERS WHO ARE ORDAINED MINISTERS

Title & Name	Status:
Address:	Phone:
Title & Name:	Status:
Address:	Phone:

CHURCH MEMBERS ORDAINED

Title & Name	Status:
Address:	Phone:
Title & Name:	Status:
Address:	Phone:

MINISTERS DECEASED

Name:
Name:

Affiliations and Memberships

Please check all organizations that the church has affiliations with or membership. This information will not be published.

- | | |
|--|---|
| <ul style="list-style-type: none"> <input type="checkbox"/> Alliance of Baptists <input type="checkbox"/> American Baptist Churches USA <input type="checkbox"/> Association of Welcoming and Affirming Baptists <input type="checkbox"/> Baptist Convention of DC and Vicinity <input type="checkbox"/> Baptist Convention of Maryland/Delaware <input type="checkbox"/> Baptist General Association of Virginia <input type="checkbox"/> Baptist World Alliance <input type="checkbox"/> Cooperative Baptist Fellowship <input type="checkbox"/> Lott Carey <input type="checkbox"/> Mid-Atlantic Cooperative Baptist Fellowship | <ul style="list-style-type: none"> <input type="checkbox"/> National Capital Baptist Convention of America International, Inc. <input type="checkbox"/> National Baptist Church USA, Inc. <input type="checkbox"/> National Missionary Baptist Church Convention of America <input type="checkbox"/> Northern Baptist Virginia Association, Inc. <input type="checkbox"/> Progressive National Baptist Convention <input type="checkbox"/> Southern Baptist Convention <input type="checkbox"/> The Virginia State Baptist Association, Inc. <input type="checkbox"/> United Church of Christ <input type="checkbox"/> Other (Fill in) _____ |
|--|---|

Annual Church Report
Annual Letter

NAME OF CHURCH: _____

Please write a **one-page** letter **using bullet dots style** about what has happened of significance in your church during the past 12 months. It could include pastoral changes, new buildings or programs, spiritual developments, or whatever the church wishes to record. This letter will be permanently bound and kept as a significant historical document by the DC Baptist Convention. It will be useful to persons compiling a history of your church and/or the DC Baptist Convention. This may not be published.