



# District of Columbia Baptist Convention

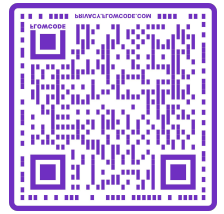
## Annual Church Report

(calendar year date)

Information from \_\_\_\_\_ to \_\_\_\_\_

(church fiscal year dates)

**Due date: September 8**



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  
☐ No, under DCBC group exemption

County or DC Ward: \_\_\_\_\_

This annual Report collects statistical, leadership, and financial information. The data is widely used for variety of purposes, including:

- 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.

Our denominational bodies benefit from having the most accurate collective information possible on our congregations. Please carefully review and enter requested information.

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### DC Baptist Convention

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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:	
<b>BAPTISMS</b>	<b>FINANCIAL INFORMATION</b> <i>(Round dollar amount to nearest dollar.)</i>
11 Years and under:	a. Church Budget: _____
12 to 17 years of age:	b. Gift to DCBC: _____
18 to 29 years of age:	c. Gift to NCAMO (The Blessing): _____
30 and up	<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>
TOTAL BAPTISMS:	<input type="checkbox"/> Church Clerk
<b>SUNDAY SCHOOL/BIBLE STUDY/SMALL GROUPS</b>	<input type="checkbox"/> Grant Writing/Funding
Children (Birth – 11):	<input type="checkbox"/> Other: _____
Youth (12 – 17):	<b><i>Time(s) of Worship Service</i></b>
Young Adults:	<input type="checkbox"/> 7AM <input type="checkbox"/> 7:30AM <input type="checkbox"/> 11AM <input type="checkbox"/> 11:30AM
Adults:	<input type="checkbox"/> 8AM <input type="checkbox"/> 8:30AM <input type="checkbox"/> 12PM <input type="checkbox"/> 12:30PM
Seniors:	<input type="checkbox"/> 9AM <input type="checkbox"/> 9:30AM <input type="checkbox"/> 1PM <input type="checkbox"/> 1:30PM
Total Average Attendance:	<input type="checkbox"/> 10AM <input type="checkbox"/> 10:30AM <input type="checkbox"/> Other _____

# 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
- ☐ Mental Health/Wellness 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.

# Annual Church Report

## 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:

# Annual Church Report

## 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.**

<b>Position: <i>Church Clerk</i></b>  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: _____
<b>Position: <i>Chair of Deacon Bd.</i></b>  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: _____
<b>Position: <i>Chair of Trustees</i></b>  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: _____
<b>Position: <i>Treasurer</i></b>  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: _____
<b>Position: :</b>  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: _____
<b>Position:</b>  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.

- |  |   |
|--|---|
| <input type="checkbox"/> Alliance of Baptists<br><input type="checkbox"/> American Baptist Churches USA<br><input type="checkbox"/> Association of Welcoming and Affirming Baptists<br><input type="checkbox"/> Baptist Convention of DC and Vicinity<br><input type="checkbox"/> Baptist Convention of Maryland/Delaware<br><input type="checkbox"/> Baptist General Association of Virginia<br><input type="checkbox"/> Baptist World Alliance<br><input type="checkbox"/> Cooperative Baptist Fellowship<br><input type="checkbox"/> Lott Carey<br><input type="checkbox"/> Mid-Atlantic Cooperative Baptist Fellowship | <input type="checkbox"/> National Capital Baptist Convention of America International, Inc.<br><input type="checkbox"/> National Baptist Church USA, Inc.<br><input type="checkbox"/> National Missionary Baptist Church Convention of America<br><input type="checkbox"/> Northern Baptist Virginia Association, Inc.<br><input type="checkbox"/> Progressive National Baptist Convention<br><input type="checkbox"/> Southern Baptist Convention<br><input type="checkbox"/> The Virginia State Baptist Association, Inc.<br><input type="checkbox"/> United Church of Christ<br><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.