

Annual Local Church Report

THE CHURCHES OF CHRIST IN CHRISTIAN UNION



For church year ending June 30, 2025

Send to the District Office by District Council

DISTRICT

YEAR CHURCH FOUNDED _____

NORTHEAST _____

SOUTH CENTRAL _____

WEST CENTRAL _____

LEGAL NAME OF CHURCH _____

ADDRESS FOR CHURCH MAIL _____

CHURCH PHYSICAL ADDRESS _____

CITY _____ **STATE** _____ **ZIP** _____

CHURCH PHONE _____ **CHURCH FAX** _____

INCORPORATED: ☐ YES ☐ NO IF YES, LIST STATE CHARTER/REGISTRATION # _____

CHURCH FEDERAL I.D.# _____

CHURCH E-MAIL ADDRESS _____

CHURCH WEB PAGE/FACEBOOK _____

(Note: Complete this section only if a new church or if directions are different than reported in last year's yearbook)

DIRECTIONS TO PHYSICAL ADDRESS _____

This Report Prepared by: _____

DATE _____

DEPARTMENTAL REPORTS

SUNDAY SCHOOL ATTENDANCE REPORT:

Average Sunday School Attendance _____

CHURCH ATTENDANCE REPORT:

Average Morning Worship Attendance _____

Average Sunday Evening Attendance _____

Average Midweek Attendance _____

Average Online Attendance _____

TIME OF SERVICES:

Sunday School _____

Sunday Morning Worship _____

Sunday Evening _____

Midweek _____

SPIRITUAL FORMATION REPORT:

Total Professions of Conversion _____

Total Professions of Sanctification _____

MISSIONS:

How many missionary services did your church hold in the past year? _____

How many missionaries visited your church in the past year for a service? _____

How many of the missionaries who visited your church in the past year were CCCU missionaries? _____

MEMBERSHIP

- | | |
|---|--|
| 1. Active Adult Members June 30 Last Year _____ | 5. Adults Lost by Death _____ |
| 2. Adults gained by Profession _____ | 6. Adults Lost by Transfer _____ |
| 3. Adults gained by Transfer _____ | 7. Adults Lost for Other Reasons _____ |
| 4. TOTAL GAINED FOR THIS YEAR _____ | 8. TOTAL LOSS FOR THE YEAR _____ |
| 9. Active Adult Members June 30 This Year _____ | |
| (Add line 1 & 4, minus line 8.) | |

LOCAL CHURCH FINANCIAL REPORT

I. CHURCH

	INCOME	DISTRIBUTION SENT TO DENOMINATION
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1. Tithes and Offerings (Do not include money from lines 2 and 3)	\$ _____	
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2. Total Sunday School Offerings	\$ _____	
----------------------------------	----------	--

3. Other (Specify) i.e. Bequests, wills, property, fundraisers	\$ _____	
--	----------	--

II. EVANGELICAL CHRISTIAN YOUTH

4. Total Youth Income	\$ _____	
-----------------------	----------	--

5. District ECY Budget Tithe sent to General Treasurer (Should be 10% of Line 4) (Does not include line 23, Col. C)		\$ _____
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III. GENERAL MISSIONS (only funds sent to General Treasurer)

6. Total Income for Missions \$ _____
(Itemize this amount below)

a. Kid Power Offering (only funds sent to General Treasurer) \$ _____

b. Work Teams (only funds sent to General Treasurer) \$ _____

c. Shares (only funds sent to General Treasurer) \$ _____

d. Other (only funds sent to General Treasurer) \$ _____

7. Total Missions Sent to the General Treasurer \$ _____
(Total of 6a, b, c and d plus any funds the church may have
paid from its own operational accounts to support Missions)

IV. CHURCH EXTENSION (only funds sent to General Treasurer)

8. Total Income (Annual, Monthly and Designated Offerings) \$ _____

9. Total Church Extension sent to the General Treasurer \$ _____

V. OTHER – NOT sent to General Treasurer

These are funds that are kept at the local church or distributed to other
organizations/churches or agencies

10. CHURCH INCOME (NOT sent to General Treasurer) \$ _____

a. Money Raised for Work Teams \$ _____
(does not include line 6b)

b. Ohio Christian University \$ _____
(does not include 3%)

c. Church Extension \$ _____
(special projects, etc.- does not include line 8)

d. Building Fund \$ _____

e. Other offerings or projects \$ _____
(NOT sent to General Treasurer)

VI. TOTAL RECEIPTS FOR ALL DEPARTMENTS OF THE LOCAL CHURCH

11. Total of lines 1, 2, 3, 4, 6, 8 and 10 \$ _____

NOTE: Money reported on lines 1, 2, 3, 4, 6, 8, and 10 should be the only money originally received into the local church treasury. **The purpose of these instructions is to prevent “double reporting” of “income” by more than one department of the local church. Your cooperation will help us to produce the best possible record of your church’s activities.**

PLEASE DO NOT OMIT REPORTS FOR ANY ITEM WHICH PERTAINS TO YOUR CHURCH.

VII. CHURCH BALANCE SHEET (Please list Bank/Financial Institution Balances as of 6/30)

a. Church Operational Checking Account \$ _____

b. Church Operational Savings Account \$ _____

c. Church Building Fund Savings Account \$ _____

d. All other Church Investments and/or Certificate of Deposit \$ _____

TOTAL \$ _____

VIII. BUDGET SUMMARY

GENERAL/DISTRICT	A Income	B Budget Due (10%)	C Budget Paid
12. Church Tithes & Offerings (Line 1)	\$ _____	\$ _____	\$ _____
13. Sunday School Income (Line 2)	\$ _____	\$ _____	\$ _____
14. Other Income (Line 3)	\$ _____	\$ _____	\$ _____
15. INCOME for BUDGET ASSESSMENT (Add items 12, 13, 14, Col. A)	\$ _____		
16. BUDGET DUE (Add lines 12, 13, 14, Col. B)		\$ _____	
17. BUDGET PAID (Add lines 12, 13, 14, Col. C)			\$ _____
18. UNPAID BUDGET (Line 16 minus line 17)		\$ _____	
OCU	A Income	B Budget Due (3%)	C Budget Paid
19. BUDGET DUE for OCU ASSESSMENT (3% of line 15, Col. A)		\$ _____	
20. BUDGET PAID for OCU ASSESSMENT			\$ _____
21. UNPAID BUDGET for OCU (Line 19 minus line 20)		\$ _____	
ECY	A Income	B Budget Due (.5%)	C Budget Paid
22. BUDGET DUE for ECY ASSESSMENT (.5% of line 15, Col. A)		\$ _____	
23. BUDGET PAID for ECY ASSESSMENT			\$ _____
24. UNPAID BUDGET for ECY (Line 22 minus line 23)		\$ _____	
CHRISTIAN EDUCATION			
25. BUDGET DUE for CHRISTIAN ED. ASSESSMENT (.5% of line 15, Col. A)		\$ _____	
26. BUDGET PAID for CHRISTIAN ED. ASSESSMENT			\$ _____
27. UNPAID BUDGET for CHRISTIAN ED. (Line 25 minus line 26)		\$ _____	
28. TOTAL BUDGET DUE (Add lines 16, 19, 22, and 25 Col. B)		\$ _____	
29. TOTAL BUDGET PAID (Add lines 17, 20, 23, and 26 Col. C)			\$ _____
30. TOTAL UNPAID BUDGET (Line 28 minus Line 29)		\$ _____	

CHURCH NAME _____

PERSONNEL FOR COMING YEAR
PLEASE PRINT · PLEASE GIVE COMPLETE MAILING ADDRESS

Pastor

Title	First & Last Name	Street - Route		City
State	Zip Code	Cell Phone	Area Code-Phone	E-mail Address

Preferred Mailing Address for Pastor

Street-Route	City	State	Zip Code
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Spouse

Title	First & Last Name	Street - Route		City
State	Zip Code	Cell Phone	Area Code-Phone	E-mail Address

Staff:

Assoc. Pastor

Title	First & Last Name	Street - Route		City
State	Zip Code	Cell Phone	Area Code-Phone	E-mail Address

Assoc. Pastor

Title	First & Last Name	Street - Route		City
State	Zip Code	Cell Phone	Area Code-Phone	E-mail Address

Youth Pastor

Mr./ Mrs./ Ms.	First & Last Name	Street - Route		City
State	Zip Code	Cell Phone	Area Code-Phone	E-mail Address

Children's Pastor

Title	First & Last Name	Street - Route		City
State	Zip Code	Cell Phone	Area Code-Phone	E-mail Address

Board:

First Elder

Mr./ Mrs./ Ms.	First & Last Name	Street - Route		City
State	Zip Code	Cell Phone	Area Code-Phone	E-mail Address

Second Elder

Mr./ Mrs./ Ms.	First & Last Name	Street - Route		City
State	Zip Code	Cell Phone	Area Code-Phone	E-mail Address

Third Elder

(Financial)	Mr./ Mrs./ Ms.	First & Last Name	Street - Route		City
State	Zip Code	Cell Phone	Area Code-Phone	E-mail Address	

Elder

Mr./ Mrs./ Ms.	First & Last Name	Street - Route		City
State	Zip Code	Cell Phone	Area Code-Phone	E-mail Address

Elder

Mr./ Mrs./ Ms.	First & Last Name	Street - Route		City
State	Zip Code	Cell Phone	Area Code-Phone	E-mail Address

S.S. Supt.

Mr./ Mrs./ Ms.	First & Last Name	Street - Route	City
State	Zip Code	Cell Phone	Area Code-Phone
E-mail Address			

ECY Rep.

Mr./ Mrs./ Ms.	First & Last Name	Street - Route	City
State	Zip Code	Cell Phone	Area Code-Phone
E-mail Address			

Miss. Pres.

Mr./ Mrs./ Ms.	First & Last Name	Street - Route	City
State	Zip Code	Cell Phone	Area Code-Phone
E-mail Address			

Church Ext. Pres.

Mr./ Mrs./ Ms.	First & Last Name	Street - Route	City
State	Zip Code	Cell Phone	Area Code-Phone
E-mail Address			

Children's Rep.

Mr./ Mrs./ Ms.	First & Last Name	Street - Route	City
State	Zip Code	Cell Phone	Area Code-Phone
E-mail Address			

Senior Rep.

Mr./ Mrs./ Ms.	First & Last Name	Street - Route	City
State	Zip Code	Cell Phone	Area Code-Phone
E-mail Address			

Trustee

Mr./ Mrs./ Ms.	First & Last Name	Street - Route	City
State	Zip Code	Cell Phone	Area Code-Phone
E-mail Address			

Trustee

Mr./ Mrs./ Ms.	First & Last Name	Street - Route	City
State	Zip Code	Cell Phone	Area Code-Phone
E-mail Address			

Trustee

Mr./ Mrs./ Ms.	First & Last Name	Street - Route	City
State	Zip Code	Cell Phone	Area Code-Phone
E-mail Address			

Trustee

Mr./ Mrs./ Ms.	First & Last Name	Street - Route	City
State	Zip Code	Cell Phone	Area Code-Phone
E-mail Address			

Trustee

Mr./ Mrs./ Ms.	First & Last Name	Street - Route	City
State	Zip Code	Cell Phone	Area Code-Phone
E-mail Address			

Other

Mr./ Mrs./ Ms.	First & Last Name	Street - Route	City
State	Zip Code	Cell Phone	Area Code-Phone
E-mail Address			

Other

Mr./ Mrs./ Ms.	First & Last Name	Street - Route	City
State	Zip Code	Cell Phone	Area Code-Phone
E-mail Address			

If additional space is needed you may copy this page.

Other (non-voting):

Advocate Solicitor

Mr./ Mrs./ Ms.	First & Last Name	Street - Route	City
State	Zip Code	Cell Phone	Area Code-Phone
E-mail Address			

ECL President

Mr./ Mrs./ Ms.	First & Last Name	Street - Route	City
State	Zip Code	Cell Phone	Area Code-Phone
E-mail Address			

Kid Power

Mr./ Mrs./ Ms.	First & Last Name	Street - Route	City
State	Zip Code	Cell Phone	Area Code-Phone
E-mail Address			

REPORT OF LICENSED MINISTERS

All local churches are asked to report **ALL** Licensed Ministers who are members of your church.
Include your pastor.

1.	Name	Street - Route	City
	State	Zip Code	Cell Phone
		Area Code-Phone	E-mail Address
	<input type="checkbox"/> Local Licensed	<input type="checkbox"/> Council Licensed	<input type="checkbox"/> Ordained

2.	Name	Street - Route	City
	State	Zip Code	Cell Phone
		Area Code-Phone	E-mail Address
	<input type="checkbox"/> Local Licensed	<input type="checkbox"/> Council Licensed	<input type="checkbox"/> Ordained

3.	Name	Street - Route	City
	State	Zip Code	Cell Phone
		Area Code-Phone	E-mail Address
	<input type="checkbox"/> Local Licensed	<input type="checkbox"/> Council Licensed	<input type="checkbox"/> Ordained

4.	Name	Street - Route	City
	State	Zip Code	Cell Phone
		Area Code-Phone	E-mail Address
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

REPORT OF LICENSED MINISTERS

5.	Name		Street - Route		City
	State	Zip Code	Cell Phone	Area Code-Phone	E-mail Address
	<input type="checkbox"/> Local Licensed		<input type="checkbox"/> Council Licensed		<input type="checkbox"/> Ordained

6.	Name		Street - Route		City
	State	Zip Code	Cell Phone	Area Code-Phone	E-mail Address
	<input type="checkbox"/> Local Licensed		<input type="checkbox"/> Council Licensed		<input type="checkbox"/> Ordained

7.	Name		Street - Route		City
	State	Zip Code	Cell Phone	Area Code-Phone	E-mail Address
	<input type="checkbox"/> Local Licensed		<input type="checkbox"/> Council Licensed		<input type="checkbox"/> Ordained

8.	Name		Street - Route		City
	State	Zip Code	Cell Phone	Area Code-Phone	E-mail Address
	<input type="checkbox"/> Local Licensed		<input type="checkbox"/> Council Licensed		<input type="checkbox"/> Ordained

9.	Name		Street - Route		City
	State	Zip Code	Cell Phone	Area Code-Phone	E-mail Address
	<input type="checkbox"/> Local Licensed		<input type="checkbox"/> Council Licensed		<input type="checkbox"/> Ordained

10.	Name		Street - Route		City
	State	Zip Code	Cell Phone	Area Code-Phone	E-mail Address
	<input type="checkbox"/> Local Licensed		<input type="checkbox"/> Council Licensed		<input type="checkbox"/> Ordained

11.	Name		Street - Route		City
	State	Zip Code	Cell Phone	Area Code-Phone	E-mail Address
	<input type="checkbox"/> Local Licensed		<input type="checkbox"/> Council Licensed		<input type="checkbox"/> Ordained

12.	Name		Street - Route		City
	State	Zip Code	Cell Phone	Area Code-Phone	E-mail Address
	<input type="checkbox"/> Local Licensed		<input type="checkbox"/> Council Licensed		<input type="checkbox"/> Ordained

REPORT OF LICENSED MINISTERS

13.

Name		Street - Route		City
State	Zip Code	Cell Phone	Area Code-Phone	E-mail Address
<input type="checkbox"/> Local Licensed		<input type="checkbox"/> Council Licensed		<input type="checkbox"/> Ordained

14.

Name		Street - Route		City
State	Zip Code	Cell Phone	Area Code-Phone	E-mail Address
<input type="checkbox"/> Local Licensed		<input type="checkbox"/> Council Licensed		<input type="checkbox"/> Ordained

15.

Name		Street - Route		City
State	Zip Code	Cell Phone	Area Code-Phone	E-mail Address
<input type="checkbox"/> Local Licensed		<input type="checkbox"/> Council Licensed		<input type="checkbox"/> Ordained

16.

Name		Street - Route		City
State	Zip Code	Cell Phone	Area Code-Phone	E-mail Address
<input type="checkbox"/> Local Licensed		<input type="checkbox"/> Council Licensed		<input type="checkbox"/> Ordained

17.

Name		Street - Route		City
State	Zip Code	Cell Phone	Area Code-Phone	E-mail Address
<input type="checkbox"/> Local Licensed		<input type="checkbox"/> Council Licensed		<input type="checkbox"/> Ordained

18.

Name		Street - Route		City
State	Zip Code	Cell Phone	Area Code-Phone	E-mail Address
<input type="checkbox"/> Local Licensed		<input type="checkbox"/> Council Licensed		<input type="checkbox"/> Ordained

19.

Name		Street - Route		City
State	Zip Code	Cell Phone	Area Code-Phone	E-mail Address
<input type="checkbox"/> Local Licensed		<input type="checkbox"/> Council Licensed		<input type="checkbox"/> Ordained

20.

Name		Street - Route		City
State	Zip Code	Cell Phone	Area Code-Phone	E-mail Address
<input type="checkbox"/> Local Licensed		<input type="checkbox"/> Council Licensed		<input type="checkbox"/> Ordained

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OBITUARIES

CHURCH NAME _____

Please list all members of your congregation who have deceased during the Council year in order to keep our database current.

- | | |
|----------|-----------|
| 1. _____ | 8. _____ |
| 2. _____ | 9. _____ |
| 3. _____ | 10. _____ |
| 4. _____ | 11. _____ |
| 5. _____ | 12. _____ |
| 6. _____ | 13. _____ |
| 7. _____ | 14. _____ |

If additional space is needed you may copy this page.

Internal Controls/Compliance Questionnaire

Please complete this sheet in its entirety. Your answers will assist the Denomination in providing additional guidance and education to the local church as it relates to compliance with federal/and or state regulations as well as the Internal Controls within the local church. Answer with “Yes” or “No” and provide any additional written detail as requested.

Note: If you are unclear on any of the other items addressed, feel free to contact the General Treasurer for clarification at 740-474-8856 or treasurer@cccuhq.org

1) Internal Controls:

- a. Is there more than one person responsible for all the handling of the church finances? _____.
- b. Is there a separation of duties for those who authorize checks and for those who sign checks? _____.
- c. Does your church have a separation in duties of those who collect and count the offerings? _____.
- d. Are at least two members of a counting committee present when offerings are counted? _____.
- e. Does the church use an offering record to track each offering and counter? _____.
- f. Are all funds promptly deposited with the bank (1-2 days)? _____.
- g. Are all disbursements paid by check or via ACH/EFT online? _____.
- h. Is there supporting documentation available for all disbursements for expenditures? _____.
- i. Are blank checks ever signed in advance? _____.
- j. Are all the bank statements reconciled on a monthly basis? _____.
- k. Does the church prepare a Balance Sheet and a Profit/Loss Sheet for monthly review? _____.
- l. Does the church board review the financial statements indicated in (k) at each board meeting? _____.
- m. Does the church have a budget in place for each year? _____.
- n. Does the church have an annual business meeting? _____.
- o. Are new board members given any board orientation and advised of their fiduciary responsibility? _____.
- p. Does the church maintain a credit card? _____.
- q. Does the church use a debit/check card? _____.
- r. If yes to (p & q), is the cash advance option on those cards deactivated or set to \$0? _____.
- s. Is a church official receiving the “Church Treasurer Updates” sent by the General Treasurer’s Office (sent about 4 times a year via email to pastors, 1st, 2nd, 3rd Elders with email addresses listed on annual report or via mail to churches who did not supply email address as above)? _____.

2) Property and Liability Insurance:

- a) What is the name of the church’s local Insurance Agent? _____.
 - b) What is the name of the church’s Insurance Carrier? _____.
- (i.e., Brotherhood Mutual, Church Mutual, Guide One, etc.)

3) FORM 8822-B: Change of Responsible Party

- a) Did the church have a change of address or "responsible party" since its last annual 8822-B filing? _____.
- b) If yes, did the church submit a revised Form 8822-B to the IRS noting the change(s)? _____.

4) FORM 5578: Annual Certification of Racial Nondiscrimination for Private School Exempt from Federal Income Tax

- a) Does your church operate a daycare, preschool, school, etc? _____.
- b) If yes to (a), please provide the date the church last filed its required Form 5578. _____.

5) Ministerial & Non-Ministerial Employees:

- a) How many ministerial employees receive reportable wages and/or Housing Allowance? _____.
- b) How many non-ministerial employees receive reportable wages? _____.

6) Form W-2:

- a) Did the church complete a W-2 Wage and Tax Statement on all employees (noted in #5) for the last calendar year and remit a W-3 Transmittal Wage and Tax Statement? _____.
- b) **Note of Exception for (a):** If a minister's entire salary is designated by the church as Housing Allowance, then a W-2 is not applicable for that minister. However, the church should at least provide the minister with a Housing Allowance letter for his/her records and as needed for tax preparation.

7) Form 1099-NEC:

- a) Did the church pay any independent contractors for services in excess of \$600.00 in the last calendar year? _____.
- b) If yes to (a), did the church complete a 1099-NEC and a Form 1096 Summary & Transmittal Form for any unincorporated contractors (example: Speakers, Singers, Yard Maintenance, etc) for their services in excess of \$600.00 for that last calendar year? _____.

8) Cash Housing Allowance:

- a) Does the church provide a housing allowance designation for a part/all of its pastor (including any applicable ministerial staff) salary? _____.
- b) If yes to (a), is the housing allowance properly designated in the church board minutes? _____.

9) Social Security Reimbursement:

- a) Does the church reimburse its pastor (if participating in Social Security) the amount of ½ of the Social Security Tax (Also known as Self Employment Tax for ministers) paid by him/her on his/her income from the church as is noted on page 62, item #9, of our Manual, 2016 Edition? _____.
- b) If yes to (a), does the church include this reimbursement amount in the pastor's gross wages as reportable income? _____.

10) Employment Eligibility Verification Form (I-9) and New Hire Reporting required by Claims Resolution Act:

- a) Does the church follow all federal and state rules for new hires as it pertains to the I-9 maintenance and new hire reporting? _____.

11) Policies:

- a) Does the church have a Conflicts of Interest Policy? _____.
- b) Does the church maintain an Accountable Reimbursement Policy? _____.
- c) Does the church maintain a Benevolence Fund Policy? _____.
- d) Does the church maintain and adhere to a Background Check Policy? _____.

12) Denominational Retirement Plan:

- a) Does the local church participate in the denominational retirement plan? _____.
- b) If no to (a), would the church like to learn how to participate in the plan for its credentialed employees? _____.

13) Audits:

- a) Does the church have a finance committee or audit committee? _____.
- b) Has the church had an audit or financial review conducted at its church? _____.
- c) If yes to (b), please provide the date of the church's last audit. _____.

14) Stewardship:

- a) Did the church have a denominational stewardship presentation in the last Council Year? _____.
- b) Has the church had a denominational stewardship presentation in the last 3 Years? _____.
- c) Is the church willing to help arrange a stewardship presentation in the next 12-24 months? _____.

Property Information and Valuation

Please complete the following for each parcel of real estate owned. **Please include a copy of the total market value as indicated by your local County Auditor/Assessor/Property Appraisal District.** This can simply be a copy of an online printout from their website or a copy obtained directly from their local office. (*) Those columns with an asterisk may involve duplicated responses if various parcels are mortgaged under the same lender/loan number.

Parcel Number(s)	Deeded to: (D) Denom. (C) Church	County Auditors Total Market Value	Is the Property Adequately Insured (Y/N)	Is the Property Mortgaged (Y/N)	Amount of Outstanding Indebtedness*	Lender*	Loan Number*

Total value of property deeded to the local church? \$ _____

Total value of property deeded to the denomination? \$ _____

Indebtedness of the Church? \$ _____

(Provide only the total indebtedness in which the Denomination has signed for/guaranteed)

Total all other indebtedness? \$ _____

(Provide a total for all other indebtedness of the Church less those with Denominational signature/guarantee)

♦ **Please make sure that if property is deeded to the Denomination that the Denomination is also listed as an Additional Interested Party on your Property Insurance.**

(orig 3.23.10)