

Annual Local Church Report

The Churches of Christ in Christian Union



For church year ending June 30, 2026

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 <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list state charter/registration # _____		
Church Federal I.D.# _____		
Church E-mail Address _____		
Church Web Page or Facebook _____		
<small>(Note: Complete this section only if a new church or if directions are different than reported in last year's yearbook.)</small>		
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 _____

2. Adults gained by Profession _____

3. Adults gained by Transfer _____

4. TOTAL GAINED FOR THIS YEAR

5. Adults Lost by Death _____

6. Adults Lost by Transfer _____

7. Adults Lost for Other Reasons _____

8. TOTAL LOSS FOR THE YEAR

9. Active Adult Members June 30 This Year _____

(Add lines 1 & 4, minus line 8.)

LOCAL CHURCH FINANCIAL REPORT

I. CHURCH

INCOME

DISTRIBUTION Sent to Denomination

1. Tithes and Offerings (Do not include money from lines 2 and 3) \$ _____

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)

INCOME

DISTRIBUTION

Sent to

Denomination

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 offerings, 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 (Line1)	\$ _____	\$ _____	\$ _____
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+number Home Phone-area code + number E-mail Address

Preferred Mailing Address for Pastor

Street-Route City State Zip Code

Spouse

Title First & Last Name Street-Route City

State Zip Code Cell Phone- area code+number Home Phone-area code + number E-mail Address

Staff:

Assoc. Pastor

Title First & Last Name Street-Route City

State Zip Code Cell Phone- area code+number Home Phone-area code + number E-mail Address

Assoc. Pastor

Title First & Last Name Street-Route City

State Zip Code Cell Phone- area code+number Home Phone-area code + number E-mail Address

Youth Pastor

Name Street-Route City

State Zip Code Cell Phone- area code+number Home Phone-area code + number E-mail Address

Children's Pastor

Title First & Last Name Street-Route City

State Zip Code Cell Phone- area code+number Home Phone-area code + number E-mail Address

Board:

First Elder

Mr./ Mrs./ Ms. First & Last Name Street-Route City

State Zip Code Cell Phone- area code+number Home Phone-area code + number E-mail Address

Second Elder

Name Street-Route City

State Zip Code Cell Phone- area code+number Home Phone-area code + number E-mail Address

Third Elder

(Financial) Mr./ Mrs./ Ms. First & Last Name Street-Route City

State Zip Code Cell Phone- area code+number Home Phone-area code + number E-mail Address

Elder:

Mr./ Mrs./ Ms. First & Last Name Street-Route City

State Zip Code Cell Phone- area code+number Home Phone-area code + number E-mail Address

Elder:

Mr./ Mrs./ Ms. First & Last Name Street-Route City

State Zip Code Cell Phone- area code+number Home Phone-area code + number E-mail Address

SS Supt.
Mr./ Mrs./ Ms. First & Last Name Street-Route City

State Zip Code Cell Phone- area code+number Home Phone-area code + number E-mail Address

ECY Rep.
Mr./ Mrs./ Ms. First & Last Name Street-Route City

State Zip Code Cell Phone- area code+number Home Phone-area code + number E-mail Address

Miss Pres.
Mr./ Mrs./ Ms. First & Last Name Street-Route City

State Zip Code Cell Phone- area code+number Home Phone-area code + number E-mail Address

Church Ext Pres.
Mr./ Mrs./ Ms. First & Last Name Street-Route City

State Zip Code Cell Phone- area code+number Home Phone-area code + number E-mail Address

Children's Rep.
Mr./ Mrs./ Ms. First & Last Name Street-Route City

State Zip Code Cell Phone- area code+number Home Phone-area code + number E-mail Address

Senior Rep.
Mr./ Mrs./ Ms. First & Last Name Street-Route City

State Zip Code Cell Phone- area code+number Home Phone-area code + number E-mail Address

Trustee
Mr./ Mrs./ Ms. First & Last Name Street-Route City

State Zip Code Cell Phone- area code+number Home Phone-area code + number E-mail Address

Trustee
Mr./ Mrs./ Ms. First & Last Name Street-Route City

State Zip Code Cell Phone- area code+number Home Phone-area code + number E-mail Address

Trustee
Mr./ Mrs./ Ms. First & Last Name Street-Route City

State Zip Code Cell Phone- area code+number Home Phone-area code + number E-mail Address

Trustee
Mr./ Mrs./ Ms. First & Last Name Street-Route City

State Zip Code Cell Phone- area code+number Home Phone-area code + number E-mail Address

Trustee
Mr./ Mrs./ Ms. First & Last Name Street-Route City

State Zip Code Cell Phone- area code+number Home Phone-area code + number E-mail Address

Other
Mr./ Mrs./ Ms. First & Last Name Street-Route City

State Zip Code Cell Phone- area code+number Home Phone-area code + number E-mail Address

Other
Mr./ Mrs./ Ms. First & Last Name Street-Route City

State Zip Code Cell Phone- area code+number Home Phone-area code + number 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+number Home Phone-area code + number E-mail Address

ECL President

Mr./ Mrs./ Ms. First & Last Name Street-Route City

State Zip Code Cell Phone- area code+number Home Phone-area code + number E-mail Address

Kid Power

Mr./ Mrs./ Ms. First & Last Name Street-Route City

State Zip Code Cell Phone- area code+number Home Phone-area code + number 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.

Title First & Last Name Street-Route City

State Zip Code Cell Phone- area code+number Home Phone-area code + number E-mail Address

Local Licensed **Council Licensed** **Ordained**

2.

Title First & Last Name Street-Route City

State Zip Code Cell Phone- area code+number Home Phone-area code + number E-mail Address

Local Licensed **Council Licensed** **Ordained**

3.

Title First & Last Name Street-Route City

State Zip Code Cell Phone- area code+number Home Phone-area code + number E-mail Address

Local Licensed **Council Licensed** **Ordained**

4.

Title First & Last Name Street-Route City

State Zip Code Cell Phone- area code+number Home Phone-area code + number E-mail Address

Local Licensed **Council Licensed** **Ordained**

5.

Title First & Last Name Street-Route City

State Zip Code Cell Phone- area code+number Home Phone-area code + number E-mail Address

Local Licensed **Council Licensed** **Ordained**

REPORT OF LICENSED MINISTERS (Con't)

6.

Title	First & Last Name	Street-Route	City	
State	Zip Code	Cell Phone- area code+number	Home Phone-area code + number	E-mail Address
<input type="checkbox"/> Local Licensed		<input type="checkbox"/> Council Licensed	<input type="checkbox"/> Ordained	

7.

Title	First & Last Name	Street-Route	City	
State	Zip Code	Cell Phone- area code+number	Home Phone-area code + number	E-mail Address
<input type="checkbox"/> Local Licensed		<input type="checkbox"/> Council Licensed	<input type="checkbox"/> Ordained	

8.

Title	First & Last Name	Street-Route	City	
State	Zip Code	Cell Phone- area code+number	Home Phone-area code + number	E-mail Address
<input type="checkbox"/> Local Licensed		<input type="checkbox"/> Council Licensed	<input type="checkbox"/> Ordained	

9.

Title	First & Last Name	Street-Route	City	
State	Zip Code	Cell Phone- area code+number	Home Phone-area code + number	E-mail Address
<input type="checkbox"/> Local Licensed		<input type="checkbox"/> Council Licensed	<input type="checkbox"/> Ordained	

10.

Title	First & Last Name	Street-Route	City	
State	Zip Code	Cell Phone- area code+number	Home Phone-area code + number	E-mail Address
<input type="checkbox"/> Local Licensed		<input type="checkbox"/> Council Licensed	<input type="checkbox"/> Ordained	

11.

Title	First & Last Name	Street-Route	City	
State	Zip Code	Cell Phone- area code+number	Home Phone-area code + number	E-mail Address
<input type="checkbox"/> Local Licensed		<input type="checkbox"/> Council Licensed	<input type="checkbox"/> Ordained	

12.

Title	First & Last Name	Street-Route	City	
State	Zip Code	Cell Phone- area code+number	Home Phone-area code + number	E-mail Address
<input type="checkbox"/> Local Licensed		<input type="checkbox"/> Council Licensed	<input type="checkbox"/> Ordained	

13.

Title	First & Last Name	Street-Route	City	
State	Zip Code	Cell Phone- area code+number	Home Phone-area code + number	E-mail Address
<input type="checkbox"/> Local Licensed		<input type="checkbox"/> Council Licensed	<input type="checkbox"/> Ordained	

14.

Title	First & Last Name	Street-Route	City	
State	Zip Code	Cell Phone- area code+number	Home Phone-area code + number	E-mail Address
<input type="checkbox"/> Local Licensed		<input type="checkbox"/> Council Licensed	<input type="checkbox"/> Ordained	

15.

Title	First & Last Name	Street-Route	City
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State	Zip Code	Cell Phone- area code+number	Home Phone-area code + number	E-mail Address
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<input type="checkbox"/> Local Licensed	<input type="checkbox"/> Council Licensed	<input type="checkbox"/> Ordained
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16.

Title	First & Last Name	Street-Route	City
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State	Zip Code	Cell Phone- area code+number	Home Phone-area code + number	E-mail Address
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<input type="checkbox"/> Local Licensed	<input type="checkbox"/> Council Licensed	<input type="checkbox"/> Ordained
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17.

Title	First & Last Name	Street-Route	City
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State	Zip Code	Cell Phone- area code+number	Home Phone-area code + number	E-mail Address
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<input type="checkbox"/> Local Licensed	<input type="checkbox"/> Council Licensed	<input type="checkbox"/> Ordained
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18.

Title	First & Last Name	Street-Route	City
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State	Zip Code	Cell Phone- area code+number	Home Phone-area code + number	E-mail Address
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<input type="checkbox"/> Local Licensed	<input type="checkbox"/> Council Licensed	<input type="checkbox"/> Ordained
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19.

Title	First & Last Name	Street-Route	City
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State	Zip Code	Cell Phone- area code+number	Home Phone-area code + number	E-mail Address
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<input type="checkbox"/> Local Licensed	<input type="checkbox"/> Council Licensed	<input type="checkbox"/> Ordained
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20.

Title	First & Last Name	Street-Route	City
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State	Zip Code	Cell Phone- area code+number	Home Phone-area code + number	E-mail Address
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<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.	10.
2.	11.
3.	12.
4.	13.
5.	14.
6.	15.
7.	16.
8.	17.
9.	18.

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? _____

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 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 \$2000.00 in the last calendar year? _____
Calendar year and rem
 - 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 \$2000.00 for that last calendar year? _____
- 8) **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 63, item #9, of our Manual, 2022 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) **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? _____

