

MINISTERIAL SUPPORT FORM FOR _____

Name of Church United Evangelical U.C.C. Location East Ave. & Dillon St.
Baltimore, Maryland

Conference Code 516 Association Code 022 Church Number 0070

LOCAL CHURCH MEMBERSHIP 411

WHAT IT COSTS TO MAINTAIN YOUR MINISTER ANNUALLY

All items below should be computed on an annual basis. (This information is for Conference Office use in serving churches.)

I. A. MINISTER'S COMPENSATION

- | | | |
|--|----|---------------------|
| 1. Cash salary (annual rate) | \$ | 14,500.00 |
| 2. Additional amount paid by churches with which you may be yoked | \$ | _____ |
| 3. If a parsonage is provided, enter estimated rental value. Recommended: at least 30% of total of 1 & 2 | \$ | 4,833.00 |
| 4. Rental allowance if parsonage is not provided | \$ | None |
| 5. Allowance for utilities: gas, electric etc. , fuel | \$ | 3,150.00 |
| TOTAL COMPENSATION | | \$ 22,483.00 |

B. STANDARD BENEFITS:

- | | | |
|--|----|---------------------|
| 6. Social Security | \$ | - |
| 7. *Paid by church toward Annuity Fund dues | \$ | _____ |
| 8. Insurance (life, disability, medical, dental) | \$ | 2,484.00 |
| 9. Other allowances: books, continuing education, etc.) | \$ | _____ |
| 10. Allowance for transportation and other business related expenses (car, etc.) | \$ | 1,000.00 |
| TOTAL COST FOR STANDARD BENEFITS | | \$ 3,484.00 |
| TOTAL COST TO MAINTAIN YOUR MINISTER | | \$ 25,967.00 |

II. A. ASSOCIATE MINISTER OR ASSISTANT MINISTER:

- | | | |
|--|----|-----------------|
| 1. Cash salary (annual rate) | \$ | _____ |
| 2. Additional amount paid by churches with which you may be yoked | \$ | _____ |
| 3. If a parsonage is provided, enter estimated rental value. Recommended: at least 30% of total of 1 & 2 | \$ | _____ |
| 4. Rental allowance, if parsonage not provided | \$ | _____ |
| 5. Allowance for utilities: gas, electric, etc. | \$ | _____ |
| TOTAL COMPENSATION | | \$ _____ |

B. STANDARD BENEFITS:

- | | | |
|--|----|-----------------|
| 6. Social Security | \$ | _____ |
| 7. *Paid by church toward Annuity Fund dues | \$ | _____ |
| 8. Insurance (life, disability, medical, dental) | \$ | _____ |
| 9. Other allowances: books, continuing education | \$ | _____ |
| 10. Allowance for transportation and other business related expenses (car, etc.) | \$ | _____ |
| TOTAL COST FOR STANDARD BENEFITS | | \$ _____ |
| TOTAL COST TO MAINTAIN YOUR ASSOCIATE OR ASSISTANT MINISTER | | \$ _____ |

III. A. OTHER MINISTRY STAFF (CHRISTIAN EDUCATOR, CHURCH ADMIN., ETC.):

- | | | |
|--|----|-----------------|
| 1. Cash salary (annual rate) | \$ | 24,550.00 |
| 2. Additional amount paid by churches with which you may be yoked | \$ | _____ |
| 3. If a parsonage is provided, enter estimated rental value. Recommended: at least 30% of total of 1 & 2 | \$ | _____ |
| 4. Rental allowance, if parsonage is not provided | \$ | _____ |
| 5. Allowance for utilities: gas, electric, etc. | \$ | _____ |
| TOTAL COMPENSATION: | | \$ _____ |

B. STANDARD BENEFITS:

- | | | |
|--|----|-----------------|
| 6. Social Security | \$ | _____ |
| 7. *Paid by church toward Annuity Fund dues | \$ | _____ |
| 8. Insurance (life, disability, medical, dental) | \$ | _____ |
| 9. Other allowances: books, continuing education | \$ | _____ |
| 10. Allowance for transportation and other business related expenses (car, etc.) | \$ | 120.00 |
| TOTAL COST FOR STANDARD BENEFITS | | \$ _____ |

KEEP 1 COPY, RETURN 2 TOP COPIES TO CONFERENCE

Year organized 1873

I. Location, legal name of local church, postal address, area code & telephone number.

UNITED EVANGELICAL CHURCH
EAST AVE. & BELLOV ST.
BALTIMORE, MD 21224

LOCATION BALTIMORE
(301) 276-0393
TELEPHONE

Assn. Code 072 CH

Church accessible to the disabled Yes No X

II. MEMBERSHIP REPORT

A. Membership reported in 1988 Year Book for 1987 (A.) 45

B. Additions during year:
1. Confirmation 1
2. Confession of faith 2
3. Transfer/reaffirmation/other
Total additions (B.) 3

C. Losses during year:
1. Death 14
2. Transfer 3
3. Other removals
Total losses (C.) 17

D. Membership Dec. 31, 1988 (A+B-C=D) (D.) 411

E. Baptisms:
Child (0-12) 14
Adult (13 & over) 1
Total (E.) 15

F. Average weekly attendance in church services 50%

G. Do you have a Church School? Yes X No
Church School enrollment 75
Youth (0-17) 8
Adult 8
Total (G.) 83

H. Average Church School attendance*
Youth (0-17) 30%
Adult 98%
Total (H.) 30

I. Do you have youth fellowship(s)? Yes X No
Number in youth fellowship(s) 10

J. Average attendance in Youth Fellowship(s)* 10

III. Please check if this church is Yoked; Part of a Multiple Charge; or part of a larger parish. Give church No., name of church and location of other churches so related. A separate Local Church Report Form should be filled out for each UCC church listed here:

- 1.
2.

IV. Please check if your church is Federated or Dual Aligned. To what denomination?

If separate rolls, please indicate (a) number of UCC (or CC) members (b) number of non UCC (or non CC) members Total (a & b)

V. FINANCIAL REPORT IN DOLLARS (Omit Cents)

A. Our Church's Wider Mission
1. Basic Support total \$6,776.50
2. Special Support for OCWM (OGHS, Neighbors in Need, Family Thank Offering, Christmas Fund, etc.; Fellowship Dues or Per Capita; also directed gifts for UCC Conferences, agencies and Institutions) \$4,376.50
(a) Amount sent through Conference
(b) Amount sent directly to other UCC bodies and Institutions
Total (2a & 2b) 6,776.50
Total (1 & 2a & 2b) 6,776.50

B. Other Gifts (community, ecumenical projects, and non-UCC agencies) 150.00

C. Current expenses None (not including amounts reported in A, B & D)

D. Capital payments -0- (not including any amount borrowed)

Total (C & D)

VI. TOTAL STEWARDSHIP GIVING IN CURRENT YEAR* None (including pledges, contributions, special gifts, excluding bequests, investments, borrowing, property sales, previous balances)

VII. BEQUESTS BY WILL OR OTHER GIFTS OF ASSETS*

A. From how many people did your church receive gifts by bequest or will this year? For a total value of \$

B. How many people gave other gifts of assets? For a total value of \$

Report prepared by Telephone (area code)

*Will not appear in Year Book

For the year ending December 31, 1988

KEEP 1 COPY, RETURN 2 TOP COPIES TO CONFERENCE

1873

I. Location, legal name of local church, postal address, area code & telephone number.

Year organized

CONFERENCE 06 CHURCH NUMBER 0330

UNITED EVANGELICAL CHURCH
EAST AVE. & DILLON ST.
BALTIMORE, MD 21224

LOCATION BALTIMORE
TELEPHONE (301) 276-0393

III. Please check if this church is Yoked; Part of a Multiple Charge; or part of a larger parish. Give church No., name of church and location of other churches so related. A separate Local Church Report Form should be filled out for each UCC church listed here:

1. _____
2. _____

IV. Please check if your church is Federated or Dual Aligned. To what denomination? _____

If separate rolls, please indicate
(a) number of UCC (or CC) members _____
(b) number of non UCC (or non CC) members _____
Total (a & b) _____

V. FINANCIAL REPORT IN DOLLARS (Omit Cents _____)

A. Our Church's Wider Mission

1. Basic Support total \$6,776.50 (To be filled in or edited by Conference) *(6,400 Benerdence Plus 376.50 - One Greatth)*
2. Special Support for OCWM (OGHS, Neighbors in Need, Family Thank Offering, Christmas Fund, etc.; Fellowship Dues or Per Capita; also directed gifts for UCC Conferences, agencies and Institutions)
(a) Amount sent through Conference \$4,376.50

(b) Amount sent directly to other UCC bodies and Institutions

Cent All cont Ches ass United Ches Center One Greatth (Eden, Lancas Hoffman Homewood) \$2,400.00 Total (2a & 2b) \$6,776.50

Total (1 & 2a & 2b) \$6,776.50

B. Other Gifts \$150.00 (community, ecumenical projects, and non-UCC agencies)

C. Current expenses None (not including amounts reported in A, B & D)

D. Capital payments -0- (not including any amount borrowed)

Total (C & D) _____

VI. TOTAL STEWARDSHIP GIVING IN CURRENT YEAR* None

(including pledges, contributions, special gifts, — excluding bequests, investments, borrowing, property sales, previous balances)

VII. BEQUESTS BY WILL OR OTHER GIFTS OF ASSETS*

A. From how many people did your church receive gifts by bequest or will this year? _____ For a total value of \$ _____

B. How many people gave other gifts of assets? _____ For a total value of \$ _____

Report prepared by _____ Telephone _____ (area code)

Assn. Code 072 CH

Church accessible to the disabled Yes _____ No

II. MEMBERSHIP REPORT

A. Membership reported in 1988 Year Book for 1987 (A.) 425

B. Additions during year:

1. Confirmation 1
2. Confession of faith 2
3. Transfer/reaffirmation/other _____
Total additions (B.) 3

C. Losses during year:

1. Death 14
2. Transfer 3
3. Other removals _____
Total losses (C.) 17

D. Membership Dec. 31, 1988 (D.) 411 (A+B-C=D)

E. Baptisms:*

Child (0-12) 14
Adult (13 & over) 1
Total (E.) 15

F. Average weekly attendance in church services 50%

G. Do you have a Church School?*

Yes No _____ If yes, give Church School enrollment 75
Youth (0-17) _____
Adult 8
Total (G.) 83

H. Average Church School attendance*

Youth (0-17) 30%
Adult 98%
Total (H.) 30

I. Do you have youth fellowship(s)?*

Yes No _____ If yes, give Number in youth fellowship(s) 10

J. Average attendance in Youth Fellowship(s)* 10

*Will not appear in Year Book

Name of Church _____

Location _____

Conference Code 06 Association Code 072 Church Number 0530

LOCAL CHURCH MEMBERSHIP _____

WHAT IT COSTS TO MAINTAIN YOUR MINISTER ANNUALLY

All items below should be computed on an annual basis. (This information is for Conference Office use in serving churches.)

1. A. MINISTER'S COMPENSATION

- 1. Cash salary (annual rate) \$ 14,500.00
 - 2. Additional amount paid by churches with which you may be yoked \$ _____
 - 3. If a parsonage is provided, enter estimated rental value. Recommended: at least 30% of total of 1 & 2 \$ 4833
 - 4. Rental allowance if parsonage is not provided \$ NONE
 - 5. Allowance for utilities: gas, electric etc., fuel \$ 3150.00
- TOTAL COMPENSATION \$ _____

B. STANDARD BENEFITS:

- 6. Social Security \$ _____ → ask Pastor
 - 7. *Paid by church toward Annuity Fund dues \$ _____
 - 8. Insurance (life, disability, medical, dental) \$ 2484.00 → 113rd 047452 - you may have the change simply
 - 9. Other allowances: books, continuing education, etc.) \$ _____
 - 10. Allowance for transportation and other business related expenses (car, etc.) \$ 1000.00
- TOTAL COST FOR STANDARD BENEFITS \$ _____
- TOTAL COST TO MAINTAIN YOUR MINISTER \$ _____

11. A. ASSOCIATE MINISTER OR ASSISTANT MINISTER:

- 1. Cash salary (annual rate) \$ _____
 - 2. Additional amount paid by churches with which you may be yoked \$ _____
 - 3. If a parsonage is provided, enter estimated rental value. Recommended: at least 30% of total of 1 & 2 \$ _____
 - 4. Rental allowance, if parsonage not provided \$ _____
 - 5. Allowance for utilities: gas, electric, etc. \$ _____
- TOTAL COMPENSATION \$ _____

B. STANDARD BENEFITS:

- 6. Social Security \$ _____
 - 7. *Paid by church toward Annuity Fund dues \$ _____
 - 8. Insurance (life, disability, medical, dental) \$ _____
 - 9. Other allowances: books, continuing education \$ _____
 - 10. Allowance for transportation and other business related expenses (car, etc.) \$ _____
- TOTAL COST FOR STANDARD BENEFITS \$ _____
- TOTAL COST TO MAINTAIN YOUR ASSOCIATE OR ASSISTANT MINISTER \$ _____

111. A. OTHER MINISTRY STAFF (CHRISTIAN EDUCATOR, CHURCH ADMIN., ETC.):

- 1. Cash salary (annual rate) \$ 24,550.00
 - 2. Additional amount paid by churches with which you may be yoked \$ _____
 - 3. If a parsonage is provided, enter estimated rental value Recommended: at least 30% of total of 1 & 2 \$ _____
 - 4. Rental allowance, if parsonage is not provided \$ _____
 - 5. Allowance for utilities: gas, electric, etc. \$ _____
- TOTAL COMPENSATION: \$ _____

B. STANDARD BENEFITS:

- 6. Social Security \$ _____
 - 7. *Paid by church toward Annuity Fund dues \$ _____
 - 8. Insurance (life, disability, medical, dental) \$ _____
 - 9. Other allowances: books, continuing education \$ _____
 - 10. Allowance for transportation and other business related expenses (car, etc.) \$ 120.00
- TOTAL COST FOR STANDARD BENEFITS \$ _____
- TOTAL COST TO MAINTAIN OTHER MINISTRY STAFF \$ _____

*General Synod recommends 14% of the sum of 1-5 be paid by the church.

PLEASE MAIL THIS REPORT TO YOUR CONFERENCE OFFICE AS SOON AS YOUR MINISTERIAL SUPPORT SCHEDULE FOR _____ IS DETERMINED.

→ Total: Jim, Millie, Robed
 maybe you should envelope
 \$24,550.00
 \$120.00 to know
 \$120.00
 \$24,670.00

1989



TAPP GRAPHICS, INC. (201) 420-0646 N.Y. (212) 696-4561

FORM FOR NEW OR ADDITIONAL UNITED CHURCH OF CHRIST PASTORS AND OTHER CHURCH PROFESSIONALS YEARBOOK REPORT FOR YEAR ENDING DECEMBER 31, _____

Before Filling out Please see Instructions for Completing the United Church of Christ Local Church Report Form for _____. Do not fill out if you have a print out with the pastor's or other church professional's information. RETURN TWO COPIES TO THE CONFERENCE OFFICE, KEEP ONE FOR YOUR CHURCH FILE. PLEASE RETURN WITH PRINTOUT AND LOCAL CHURCH REPORT.

Conference Code 06 Association Code 072 Church Number 030 and Church Name _____

Classification: (see definitions in instruction booklet, please check only one) PASTOR _____ or CO-PASTOR _____

1. Full Name _____
First Middle Last

2. Year Called _____

3. Status
- | | |
|---|--|
| <input type="checkbox"/> United Church of Christ Minister in Full Standing | <input type="checkbox"/> In Care of the Association |
| <input type="checkbox"/> Minister with Dual Standing | <input type="checkbox"/> Lay Person |
| <input type="checkbox"/> Congregational Christian Minister with Full Standing | <input type="checkbox"/> Privilege of Call |
| <input type="checkbox"/> Commissioned Worker or Minister with UCC Standing | <input type="checkbox"/> Ordained Minister of Another Denomination |
| <input type="checkbox"/> Licensed Minister | |

4. Preferred Address. Will be used for mailing.

Street _____
City State Zip

5. Telephone: Office _____ Home _____
area code area code

6. Sex _____ (male, female = M or F) Birthdate: Month _____ Day _____ Year _____

7. Racial or Ethnic Group:
- | | | |
|--------------------|------------------------------|--------------------------|
| 1. Caucasian _____ | 3. Asian/Pac. Islander _____ | 5. American Indian _____ |
| 2. Black _____ | 4. Hispanic _____ | 6. Other _____ |

8. If Pastor is not a UCC Minister in Full Standing, please give the name of the denomination where standing is held. _____

Conference Code _____ Association Code _____ Church Number _____ and Church Name _____

OTHER PASTORS AND CHURCH PROFESSIONALS

Classification: (see definitions in instruction booklet, please check only one) ASSOCIATE OR ASSISTANT PASTOR _____ PASTOR EMERITUS _____ MINISTER OF MUSIC _____ YOUTH MINISTER _____ CHRISTIAN EDUCATION _____ PASTOR OF CHURCH OF ANOTHER DENOMINATION _____ INTERIM _____ SUPPLY _____ PART TIME _____

1. Full Name _____
First Middle Last

2. Year Called _____

3. Status
- | | |
|---|--|
| <input type="checkbox"/> United Church of Christ Minister in Full Standing | <input type="checkbox"/> In Care of the Association |
| <input type="checkbox"/> Minister with Dual Standing | <input type="checkbox"/> Lay Person |
| <input type="checkbox"/> Congregational Christian Minister with Full Standing | <input type="checkbox"/> Privilege of Call |
| <input type="checkbox"/> Commissioned Worker or Minister with UCC Standing | <input type="checkbox"/> Ordained Minister of Another Denomination |
| <input type="checkbox"/> Licensed Minister | |

4. Preferred Address. Will be used for mailing.

Street _____
City State Zip

5. Telephone: Office _____ Home _____
area code area code

6. Sex _____ (male, female = M or F) Birthdate: Month _____ Day _____ Year _____

7. Racial or Ethnic Group:
- | | | |
|--------------------|------------------------------|--------------------------|
| 1. Caucasian _____ | 3. Asian/Pac. Islander _____ | 5. American Indian _____ |
| 2. Black _____ | 4. Hispanic _____ | 6. Other _____ |

8. If Pastor is not a UCC Minister in Full Standing, please give the name of the denomination where standing is held. _____

I. Location, legal name of local church, postal address, area code & telephone number.

Year organized 1873

LOCATION BALTIMORE
TELEPHONE (301) 276-0393

CONFERENCE 06 CHURCH NUMBER 0330
UNITED EVANGELICAL CHURCH
EAST AVE. 2 DILLON ST.
BALTIMORE, MD 21224

Assn. Code 072 CH

Church accessible to the disabled Yes ___ No

II. MEMBERSHIP REPORT

A. Membership reported in Last Year Book for Previous Year (A.) 411

B. Additions during year:

- 1. Confirmation 2
2. Confession of faith 2
3. Transfer/reaffirmation/other 2

Total additions (B.) 6

C. Losses during year:

- 1. Death 8
2. Transfer 4
3. Other removals 0

Total losses (C.) 12

D. Membership Dec. 31, 1988 (A+B-C=D) (D.) 405

E. Baptisms*:

- Child (0-12) 25
Adult (13 & over)

Total (E.) 25

F. Average weekly attendance in church services 50%

G. Do you have a Church School?*

Yes No ___ If yes, give Church School enrollment

- Youth (0-17) 75
Adult 8

Total (G.) 83

H. Average Church School attendance*

- Youth (0-17) 29%
Adult 98%

Total (H.) 40

I. Do you have youth fellowship(s)?*

Yes No ___ If yes, give Number in youth fellowship(s) 10

J. Average attendance in Youth Fellowship(s)* 10

III. Please check if this church is ___ Yoked; ___ Part of a Multiple Charge; or ___ part of a larger parish.

Give church No., name of church and location of other churches so related. A separate Local Church Report Form should be filled out for each UCC church listed here:

- 1.
2.

IV. Please check if your church is ___ Federated or ___ Dual Aligned. To what denomination? ___

If separate rolls, please indicate

- (a) number of UCC (or CC) members
(b) number of non UCC (or non CC) members

Total (a & b) ___

V. FINANCIAL REPORT IN DOLLARS (Omit Cents ___)

A. Our Church's Wider Mission

1. Basic Support total 4,900.00 (To be filled in or edited by Conference)

2. Special Support for OCWM (OGHS, Neighbors in Need, Family Thank Offering, Christmas Fund, etc.; Fellowship Dues or Per Capita; also directed gifts for UCC Conferences, agencies and Institutions) 2,500.00

(a) Amount sent through Conference

(b) Amount sent directly to other UCC bodies and Institutions

2,400.00

Total (2a & 2b) 4,900.00

Total (1 & 2a & 2b) 4,990.00

B. Other Gifts None (community, ecumenical projects, and non-UCC agencies)

C. Current expenses None (not including amounts reported in A, B & D)

D. Capital payments (not including any amount borrowed)

Total (C & D) ___

VI. TOTAL STEWARDSHIP GIVING 67,230.25 IN CURRENT YEAR* (including pledges, contributions, special gifts, — excluding bequests, investments, borrowing, property sales, previous balances)

VII. BEQUESTS BY WILL OR OTHER GIFTS OF ASSETS*

A. From how many people did your church receive gifts by bequest or will this year? ___ For a total value of \$ ___

B. How many people gave other gifts of assets? ___ For a total value of \$ ___

Report prepared by M. Sleshta Telephone 301-276-0393 (area code)

*Will not appear in Year Book

WHAT IT COSTS TO MAINTAIN YOUR MINISTER ANNUALLY

All items below should be computed on an annual basis. (This information is for Conference Office use in serving churches.)

1. A. MINISTER'S COMPENSATION		
1. Cash salary (annual rate)	\$	14,935.18
2. Additional amount paid by churches with which you may be yoked	\$	_____
3. If a parsonage is provided, enter estimated rental value. Recommended: at least 30% of total of 1 & 2	\$	4,481.00
4. Rental allowance if parsonage is not provided	\$	None
5. Allowance for utilities: gas, electric etc. & fuel	\$	2,836.80
TOTAL COMPENSATION		\$ 22,252.98
B. STANDARD BENEFITS:		
6. Social Security	\$	_____
7. *Paid by church toward Annuity Fund dues	\$	_____
8. Insurance (life, disability, medical, dental)	\$	2,871.89
9. Other allowances: books, continuing education, etc.)	\$	_____
10. Allowance for transportation and other business related expenses (car, etc.)	\$	750
TOTAL COST FOR STANDARD BENEFITS		\$ 3,621.84
TOTAL COST TO MAINTAIN YOUR MINISTER		\$ 25,874.82
11. A. ASSOCIATE MINISTER OR ASSISTANT MINISTER:		
1. Cash salary (annual rate)	\$	—
2. Additional amount paid by churches with which you may be yoked	\$	—
3. If a parsonage is provided, enter estimated rental value. Recommended: at least 30% of total of 1 & 2	\$	—
4. Rental allowance, if parsonage not provided	\$	—
5. Allowance for utilities: gas, electric, etc.	\$	—
TOTAL COMPENSATION		\$ _____
B. STANDARD BENEFITS:		
6. Social Security	\$	—
7. *Paid by church toward Annuity Fund dues	\$	—
8. Insurance (life, disability, medical, dental)	\$	—
9. Other allowances: books, continuing education	\$	—
10. Allowance for transportation and other business related expenses (car, etc.)	\$	_____
TOTAL COST FOR STANDARD BENEFITS		\$ _____
TOTAL COST TO MAINTAIN YOUR ASSOCIATE OR ASSISTANT MINISTER		\$ _____
111. A. OTHER MINISTRY STAFF (CHRISTIAN EDUCATOR, CHURCH ADMIN., ETC.):		
1. Cash salary (annual rate)	\$	25,210.66
2. Additional amount paid by churches with which you may be yoked	\$	—
3. If a parsonage is provided, enter estimated rental value. Recommended: at least 30% of total of 1 & 2	\$	—
4. Rental allowance, if parsonage is not provided	\$	—
5. Allowance for utilities: gas, electric, etc.	\$	—
TOTAL COMPENSATION:		\$ _____
B. STANDARD BENEFITS:		
6. Social Security	\$	—
7. *Paid by church toward Annuity Fund dues	\$	—
8. Insurance (life, disability, medical, dental)	\$	—
9. Other allowances: books, continuing education	\$	—
10. Allowance for transportation and other business related expenses (car, etc.)	\$	120.00
TOTAL COST FOR STANDARD BENEFITS		\$ _____
TOTAL COST TO MAINTAIN OTHER MINISTRY STAFF		\$ 25,330.66

*General Synod recommends 14% of the sum of 1-5 be paid by the church.

PLEASE MAIL THIS REPORT TO YOUR CONFERENCE OFFICE AS SOON AS YOUR MINISTERIAL SUPPORT SCHEDULE FOR _____ IS DETERMINED.

INSTRUCTIONS FOR THE FOLLOWING:

UNITED CHURCH OF CHRIST
LOCAL CHURCH REPORT FORM FOR 1989

UNITED CHURCH OF CHRIST
PASTORS AND OTHER CHURCH PROFESSIONALS

SUPPLEMENTARY REPORT FOR CHURCH OFFICERS FOR 1990

+ + + + + + + + + + + + + + +

LOCAL CHURCH REPORT FORM FOR 1989

When all items are complete, send the top two (2) copies to your Conference Office. Please honor the date specified.

I. LOCAL CHURCH IDENTIFICATION

Location

Location is the community in which the church's primary place of worship is located, or the nearest community if in open country.

Church Name

If the church name on your form is not the official, correctly spelled name of the church, please give us the correct information.

Church Address

Make certain the address, with zip code, will enable mail and U.P.S. packages to reach the church. If a correction is needed, mark out the incorrect information and add the correct information at the side.

Church Telephone Number

The telephone number, with area code, should be the one most likely to be answered. If the printed telephone number is incorrect, cross it out and supply the correct number.

Association Code

To be checked or filled in by the Conference Registrar.

Year of Organization

Fill in the year your church was organized if it is incorrect or missing.

Inactive Church

"INAC", means the church no longer has worship services.

Church Accessible to the Disabled

Your church must have 7 out of the 10 accessible facilities: parking, ramps, aisles, sanctuary, washrooms, interpreters for deaf, hearing devices, large print hymnals, trained ushers, on-going work with the disabled.

II. MEMBERSHIP REPORT

The 1988 total membership figure from the 1989 YEAR BOOK is provided under (A). Do not change last year's printed figure.

Begin with the 1988 membership figure(A). Be sure total additions (B) and total losses (C) for the year are entered. Add line (B) (total additions), to the 1988 figure (A). Subtract line (C) (total losses) from (A) and (B) (total 1988 figure plus additions). This will give you 1989 membership. Enter total 1989 membership figure on line (D).

E. **BAPTISMS - CHILD AND ADULT** (In 1989) In the first space, give total number of baptisms of children, 12 and under. In the second space give the total number of baptisms of adults, age 13 and older. Add the two for the total.

F. **AVERAGE WEEKLY CHURCH SERVICE ATTENDANCE** Based on the best 10 months of your church year.

G. **TOTAL CHURCH SCHOOL ENROLLMENT** Indicate whether you have a church school by checking yes or no. If yes, give total enrollment for the Church School. On the first line, place the number of youth, including cradle-roll. (Youth are age 17 and under.) On the second line, place total number of adults (include teachers of children) enrolled in the church school. (Adults are ages 18 and over.) Add youth and adults for total enrollment.

H. **AVERAGE CHURCH SCHOOL ATTENDANCE** Based on the best 10 months of your church school year.

I. **YOUTH FELLOWSHIP(S) ENROLLMENT** Indicate whether you have a youth fellowship by checking yes or no. If yes, list the number of youth who are members of the youth fellowship.

IJ. **AVERAGE ATTENDANCE IN YOUTH FELLOWSHIP(S)** Based on the best 10 months of the year.

III. YOKED, MULTIPLE CHARGE AND LARGER PARISH

If your church is **YOKED**, or part of a **MULTIPLE CHARGE** or a **LARGER PARISH**, mark the form, using these definitions.

YOKED, two or more churches served by one pastor with an interchurch coordinating agency. May involve churches of more than one denomination, having separate memberships and worship services.

MULTIPLE CHARGE, two or more churches served by a pastor with no interchurch coordinating agency. May involve churches of more than one denomination.

LARGER PARISH, two or more churches served by a multiple staff, each staff member called by a specific church (or by a "charge" included within the Parish), with an interchurch coordinating agency. May involve churches of more than one denomination.

Give church name, number, location, (town) and denomination of up to 2 other churches. For UCC and CC churches, give the church YEAR BOOK number.

IV. FEDERATED CHURCHES AND DUAL ALIGNED CHURCHES

FEDERATED CHURCHES are churches that have two or more congregations, including those affiliated with two or more denominations, which have separate memberships, but have combined worship services and leadership.

DUAL ALIGNMENT are churches that have one congregation with one membership roll. The church may be affiliated with two or more denominations.

If separate rolls are maintained indicate denominations in which the alignment occurs.

Please list the number of UCC (or CC) members in the space provided. Also list the number of non-UCC (or non-CC) members. Please also give the total membership figure.

For all other items the information is divided into the following:

(a) **Full reporting** - all statistics are reported to each denomination by the local church.

(b) **Part reporting** - a pre-determined percentage of all statistics is reported to each denomination by the local church

Once this determination is made, be consistent from year to year in reporting the statistics.

V. FINANCIAL REPORT, IN DOLLARS (OMIT CENTS)

A. OUR CHURCH'S WIDER MISSION

The Conference Treasurer will edit or supply local church finance figures for reporting **Our Church's Wider Mission** contributions. Report all figures in dollars, omit cents.

1. BASIC SUPPORT TOTAL - 1989
Your Conference will either supply this figure or edit it.

2. SPECIAL SUPPORT FOR **OUR CHURCH'S WIDER MISSION** - 1989
In reporting, Special Support should include One Great Hour of Sharing, Neighbors In Need Offering, Family Thank Offering, Christmas Fund, (Veterans of the Cross) Hunger Action Fund, Peace Offering, and Emergency Offerings as authorized.

Also, Second Mile Special Projects, Special Financial Campaigns (NICD etc.). Special Conference Appeals (Headquarters, camping properties, new church development, etc.) Also Fellowship Dues or Per Capita Directed Gifts for United Church of Christ Conferences, instrumentalities and other bodies, and institutions that are listed in the YEAR BOOK.

OCWM Special Support sent through the Conference should be shown in part V., section A, line 2a.

To obtain a more complete and accurate report of Special Support, please include gifts your local church or groups within your local church send directly to UCC instrumentalities and other bodies and institutions rather than through the Conference. Each local church is asked to report the total of such gifts sent directly in 1989 in part V., section A, line 2b.

B. OTHER GIFTS **Include** in this figure contributions for work that is not conducted under the auspices of a UCC group listed in the YEAR BOOK.

C. CURRENT EXPENSES **Excludes** expenditures reported in A, B or D. **Includes** upkeep and repair on church building, minister's salary, church programming, etc.

D. CAPITAL PAYMENTS **Excludes** money borrowed for capital purposes. **Includes** monies paid on building mortgages and capital improvements, such as new additions, etc.

VI. TOTAL STEWARDSHIP GIVING OF MEMBERS

Includes pledges, contributions, special gifts, and monies given through all organizations. **Excludes** bequests, investments, borrowing, property sales, previous balances, rent and interest on investments.

VII. BEQUESTS BY WILL, OTHER GIFTS OR ASSETS

Include information pertaining to gifts received in 1988 by your congregation through wills (bequests) or other gifts of assets, (e.g. life income gifts, insurance, real estate, etc.) **Exclude** income received through annual giving for current expenses, benevolences, capital payments and memorial contributions.

Place the number of bequests received in the first space followed by the total dollars received through bequests in the next space. In the third space indicate the number of other gifts of assets received followed by the dollar amount.

PLEASE MAKE CERTAIN THAT ALL FIGURES ARE ON THE PROPER LINE.

VIII. NAME AND TELEPHONE NUMBER OF PERSON FILLING OUT FORM

Please give your name, telephone number and area code so we may contact you if we have questions about this form.

UNITED CHURCH OF CHRIST PASTORS AND OTHER CHURCH PROFESSIONALS

The purpose of the UCC Local Church YEAR BOOK Report of Pastors and other Church Professionals (printout) and Form for New or Additional United Church of Christ Pastors and Other Church Professionals YEAR BOOK Report - Form 3 is to report ordained ministers and other church professional staff a local church wishes to list with the church information in the YEAR BOOK.

You should have a printout with information on your pastors and other professionals reported last year as well as a Form 3 for reporting new and additional pastors and other professionals.

THE UCC LOCAL CHURCH YEAR BOOK REPORT OF PASTORS AND OTHER CHURCH PROFESSIONALS (PRINTOUT):

- A. If the pastor or other professional is not serving your local church as of December 31, 1989, delete the listing by drawing a large X through the name, address and other data. If you know the new address and other information please write it at the side.
- B. If there are name, address or other corrections to be made on the print out, please draw a line through the information and write in the correct information. Please add information to areas that are blank. (See below for instructions on form for UCC pastors and other church professionals.)
- C. If there are persons who do not appear on your print out, please fill out a PASTORS AND OTHER CHURCH PROFESSIONALS - FORM 3 for them.

PASTORS AND OTHER CHURCH PROFESSIONALS - PRINTOUT AND FORM 3

CLASSIFICATIONS FOR PASTORS AND OTHER CHURCH PROFESSIONALS

CLASSIFICATION - Relates to the role or position of the professional in your local church. A pastor who is an interim (IN), supply (SU), part-time (PT), or ordained or licensed by another denomination (OD) should be recorded as such on the printout or form.

Please note that if classification of pastor and/or other church professional is incorrect on the printout, use the following categories to correct the information.

On Form 3 the upper half is for pastor or co-pastor of your church and the lower half is for all other classifications. Please check the classification that is closest to the position you are reporting, if the titles are not exactly like the ones in your local church.

| SYMBOL | CLASSIFICATION | EXPLANATION |
|--------|-------------------------------|---|
| P, CP | Pastor or Co-Pastor | A person who serves as Pastor or Co-Pastor of a local church. |
| AP | Associate or Assistant Pastor | A person who serves as Associate or Assistant Pastor of a local church. |
| CE | Christian Educator | A person who serves as Minister of Christian Education of a local church. |

| | | |
|----|--------------------|---|
| PE | Pastor Emeritus | A person who has been granted the title of Pastor Emeritus by a local church. |
| MM | Minister of Music | A person who serves as Minister of Music in a local church. |
| Y | Youth Minister | A person who works primarily with youth in a local church. |
| IN | Interim Minister | A person who is serving a local church as interim for <u>six months or more or who has been called to an interim ministry</u> by the conference or association. |
| SU | Supply Pastor | A person who conducts worship with a local church in the YEAR BOOK due to a pastoral vacancy or when the pastor is unable to serve. |
| PT | Part-time Pastor | A person who serves a local church part-time or on a part-time basis. |
| OD | Other Denomination | An ordained pastor of another denomination |
| OX | Licensed Pastor | A licensed pastor of another denomination. |
| SP | Student Pastor | A person serving as Pastor while attending school. |

LINE 1. **FULL NAME OF PASTOR**

Please enter the name as you wish it to appear in the YEAR BOOK.

LINE 2. **YEAR CALLED**

The year in which the pastor or other church professional was called to the local church.

LINE 3. **STATUS**

Check the appropriate blank to designate the status of the person, UCC ordained minister in full standing (F), temporary dual standing (D), or Congregational Christian (CC), Commissioned Worker (CW), Commissioned Minister (CM), UCC licentiate (X), UCC in care of Association (IC), Lay person (L), UCC Privilege of call (PC), Ordained Minister of another denomination (without privilege of call or dual standing) (OD) - please specify denomination on LINE 8.

LINES 4 & 5. **ADDRESS AND TELEPHONE NUMBER**

The address listed here should be the one at which the pastor wishes to receive mail or packages. It can be a church, office or home address. (The pastor or other professional should make the choice.) We request both home and office telephone numbers and area code.

LINES 6 & 7. SEX, RACIAL OR ETHNIC BACKGROUND

The purpose of asking this question is to know more about the ministers and other staff in our churches. Conference and National staff who work with programs are eager to be more knowledgeable about the persons with whom they are working. This information is helpful for affirmative action purposes. We ask your cooperation in filling in these blanks.

LINE 8. PASTORS OF OTHER DENOMINATIONS AND PASTORS WITH DUAL STANDING

Please list the other denomination with which the pastor is affiliated, if the pastor's status is dual standing, privilege of call or pastor of another denomination. Do not fill out for UCC Ordained Ministers in Full Standing.

SUPPLEMENTARY REPORT OF CHURCH OFFICERS FOR 1990

This information is made available to national offices for mailing addresses and contacts. (It will not appear in the YEAR BOOK.) Please send the top 2 copies to your conference office and retain the third for your use.

If an officer's term expires during the first 6 months of 1990, please indicate the new officer where that name is known.

If this list is unavailable and would delay return of the other forms, please send it separately through your Conference office at a later time.

diskette # 0315A
document #6570A



Central Atlantic Conference of the United Church of Christ

Toll-free Number: 1-800-441-1965

916 SOUTH ROLLING ROAD • BALTIMORE, MD 21228 • (301) 788-4190

December 20, 1989

To the Pastors of our Central Atlantic Conference Churches

From: Hazel M. Ewing, Administrative Assistant

The Local Church Report Forms and other materials needed in preparation for the 1990 Year Book are enclosed. The Year Book Office has provided detailed instructions to aid you in completing these forms, and I have included a copy of these instructions. ALL FORMS SHOULD BE COMPLETED AND RETURNED TO THE CONFERENCE OFFICE NO LATER THAN FEBRUARY 1, 1990. In the event a church is without a pastor, the Chief Lay Officer should assume responsibility for completing these forms. Forms should be typed if at all possible. Although it is helpful to have all forms returned together, it is not essential--once the printout on the pastor has been reviewed, and the necessary information provided on the church (page 2), these could be returned separately while you complete the others, and I would appreciate that.

To augment the information provided in the Instructions on pages 3 and 4, for completing section V. Financial Report, in Dollars (page 2 of the Year Book Report), we would add the following:

PLEASE DO NOT COMPLETE SECTION V A1 or A2. Section V1 and A2 refers to OCWM Basic and Special Support payments made to the Conference and must agree with the monthly statements sent to the National church offices. (You should list only Special Support not sent through the Conference Office.) Our Conference Treasurer will complete this portion of the form after you have returned it to this office.

Section VB, Other Gifts, should include contributions for work that is not conducted under the auspices of a UCC group listed in the Year Book. Some of our churches may have forwarded "Other Gifts" through the Conference Office during the year. Therefore, in listing this total, ONLY "OTHER GIFTS" NOT SENT THROUGH THE CONFERENCE SHOULD BE DESIGNATED. The Conference Treasurer will add to your "Other Gifts" total any monies sent through this office. This will tend to limit confusion in reporting "Other Gifts".

Included with this year's materials is a printout (in duplicate) on the church pastor and/or other church professionals. Please make additions, deletions or corrections on the printout, retain one copy and return the other one. If one is not included, you will find a blank form, in triplicate; please complete and return two copies (no carbon paper necessary to complete).

The Supplementary Report and the Ministerial Support Form are self-explanatory. These are valuable aids during the year to the Conference Office and the area offices and Associations. We hope you will take the time to fill them out and send them in.

Also, the United Church News is enclosing its list for verification. Please follow the instructions on the blue sheet (attached to their letter) and mail your corrected list to the Dallas address indicated on the blue sheet.

Many thanks for your attention to these requests. Please do not hesitate to call me if you have any questions.

Encs.