EVANGELICAL CONGREGATIONAL CHURCH FORM FOR 2023 ANNUAL STATISTICAL REPORT **INFORMATION FOR YEAR 2023**

DUE DATE: JANUARY 25, 2024

CHURCH:

PLEASE PRINT FULL NAME

LOCATION

ANNUAL TOTAL DUE 1/25/2024

Total Membership [as of December 31, 2023] Average Attendance Worship Average Attendance Sunday School Number of Discipleship Groups [Small Groups, Diads, Triads, etc.] Average Attendance of ALL Discipleship Groups New Professions of Faith **Baptisms** Number of employees [not including assigned pastor(s)] Number of assigned pastor(s)

INCOME

Regular Tithes & Offering [Plate & Envelopes] [Note: Do not include building funds] Discipleship [Small Groups, SS, VBS, etc.] Missions [EC Global and ALL other non-EC] Building or Remodeling Fund Income Other Income TOTAL Income [Include ALL Above Income Items]

EXPENSES

Personnel [include ALL salaries, benefits, wages] New construction or Significant renovations EC Global Ministries Non-EC Missions EC Ministry Funds All Other Expenses TOTAL Expenses [Include ALL Above Expense Items]

SPECIAL OFFERINGS

Have you remitted the required Offerings? Have you remitted any requested Offerings? YES NO YES NO Church Planting Offering (Feb.) Church Planting Partners Self Denial Offering (Mar.) Evangelical Seminary Mother's Day Offering (May) Episcopal Fund Student Aid Offering (Jun.) Manna Fund Kingdom Extension Offering (Oct.) Camping (ECCO; RRBC; TPC) ThankOffering Christmas Missionary Offering (Dec.)

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\$ 1

Please check the appropriate column for each offering.

2023 MINISTRY UPDATES

PASTOR: Please take a few minutes to briefly answer the following questions. Thank you.

1. What ministries have you stopped and will not restart?

2. What new ministry opportunities have you started that you will retain?

3. What is the next big thing on the horizon for your congregation?

4. PASTOR: How do you describe the current state of your congregation [please check one]

_____Vibrant _____Healthy _____Maintaining _____Declining

5. Have you completed the Church Health Checkup survey available at <u>https://eccenter.com/wp-content/uploads/2023/05/Church-Health-Check-Up-Complete-Packet.pdf</u> with your leadership team or congregation?

____ Yes, I have ____ No, I have not

This form is to be completed as a joint effort of the Lead Pastor and the Treasurer(s) of the local church and any other fund-raising organizations within the church.

Questions? Please contact Kevin Henry at khenry@eccenter.com

THIS FORM SHOULD BE SENT TO: E.C. CHURCH CENTER, 100 West Park Avenue Myerstown, PA 17067 OR office@eccenter.com