



2025 Cooperating Church Annual Report

American Baptist Churches USA

Region Name: _____
Please provide as much of the requested information as possible. Our entire denomination benefits from having current, accurate information on our member churches.
Thank you for your participation!

CHURCH INFORMATION

Church Name: _____
 PIN: _____ EIN: _____
 Location Address: _____

 Mailing Address: _____

 Offering Address: _____

 Phone: _____ FAX: _____
 E-Mail: _____
 Web Site: _____
 Year Incorporated: _____ Founding Year: _____
 Joined ABC Year: _____ Ethnicity: _____

Please return your completed form by

March 31, 2026

to the address below:

**ABC Information Systems
American Baptist Mission Center
PO Box 851
Valley Forge PA 19482-0851**

**or FAX to 610-768-2275
Thank you for your cooperation!**

DENOMINATIONAL AFFILIATIONS

Please list OTHER denominations in which your church holds membership.

Name: _____
 Name: _____
 Name: _____

CHURCH MEMBERSHIP (Please enter data as of year end 2025.)

Total Church Membership: _____
 Resident Active Membership: _____
 Resident Inactive Membership: _____

NEW MEMBERS RECEIVED BY:

Baptism _____
 Letter _____
 Other _____

MEMBERS LOST BY:

Death _____
 Letter _____
 Other _____

AVERAGE WEEKLY ATTENDANCE (Please enter data as of year end 2025.)

WORSHIP: Morning/Primary Services _____
 Combine if more than one.
 Afternoon/Evening Services _____
 If held at least twice per month.

SUNDAY/CHURCH SCHOOL: Pre-School _____
 Elementary _____
 Youth _____
 Young Adults _____
 Adults _____

Non-ABC Missions:

Include local missions and community projects. If dually aligned, include amounts given to other denominations.

\$ _____

Total Church Income:

Include income received from all sources for all purposes, including mission contributions. Do not include loans.

\$ _____

Total Local Expenditures:

Include everything your church and its organizations spent during the year, such as pastoral salaries and benefits, mortgage payments, etc.. DO NOT include mission contributions or transfers to a building or endowment fund.

\$ _____

CURRENT PROFESSIONAL STAFF

Please list the individuals CURRENTLY holding professional staff positions within your church. If an individual has left, please provide the details along with the End Date.

Leadership ID	Name	Position	Start Date	End Date
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Please sign below when completed. Have the pastor and the church clerk review the information and sign also. This is an important document in the ABC archives for every church. It can prove your church's denominational relationship and cooperation in the possibility of future legal questions (e.g., proving your ABC relationship to receive a bequest).

Signature of person completing form: _____

Name and title of person completing form: _____

Date: _____

Signature of Pastor: _____

Date: _____

Signature of Clerk: _____

Date: _____