

Monthly Church Report

Kentucky Ministry Network
PO Box 98, Crestwood, KY 40014
Phone: 502-241-7111 fax: 502-241-7112

For the month of _____ 201__

Please complete this form and return to the District ever month.

Please fill out all church information!

Church: _____ **City:** _____ **Pastor:** _____

Church phone: _____ **Pastor's Phone:** _____

Email: _____

Services and average attendance:

_____ **District Affiliated (churches must complete the reverse side of the form)**

_____ **General Council Affiliated Church**

Sunday School	_____
Sunday Morning Worship	_____
Sunday Evening Worship	_____
Midweek Services (Total)	_____
Adults	_____
Youth	_____
Royal Rangers	_____
Missionettes	_____
Nursery	_____
Other	_____
Small Groups	_____
Jail Ministry	_____
Nursing Home	_____
Other:	_____

Spiritual Fruit:

# of people saved	_____
# of people baptized in water	_____
# of people baptized in the Holy Spirit	_____
# of people who joined the church	_____

Are you participating in the 2% Church Advance Fund? Yes _____ No _____

Comments:

MONTHLY CHURCH FINANCIAL REPORT FOR DISTRICT COUNCIL CHURCHES

Church Name: _____ Section: _____
 Mailing Address: _____ Month: _____
 Name of Pastor: _____ Your Name: _____

Balance of ALL funds at beginning of the month.....	\$ _____
General Fund: (tithes and offerings)\$ _____
District Home Missions Assistance.....	\$ _____
Other Assistance (Sections, Churches, Etc)\$ _____
Building Fund Offerings	\$ _____
Special Offerings (specify)	\$ _____
Missionary Offerings\$ _____
Sunday School Offerings	\$ _____
Youth Ministries Offerings	\$ _____
Women's Ministries Offerings	\$ _____
Men's Ministries Offerings	\$ _____
Other Offerings (specify)	\$ _____
	Total Receipts..... \$ _____
Available	TOTAL:\$ _____

Pastor:
 Salary \$ _____ Housing \$ _____ Other \$ _____ (utilities, etc) **TOTAL:** _____

Church:
 Mortgage Payment \$ _____ Church Utilities \$ _____ Maintenance & Repairs \$ _____
 Describe if over \$100 _____ **TOTAL:** _____

Evangelism:
 Revivals \$ _____ Guests \$ _____ Media \$ _____ Advertising \$ _____
 Other \$ _____ specify: _____ **TOTAL: \$** _____

Departments:
 Sunday School \$ _____ Youth \$ _____ Missions \$ _____
 Women's Ministries \$ _____ Men's Ministries \$ _____ **TOTAL: \$** _____

Other, Please Describe:
 1. _____ 2. _____
 3. _____ 4. _____ **TOTAL: \$** _____

Total Disbursements Combined:
 For the month: \$ _____ General Fund: \$ _____ Building Fund: \$ _____
 Special Projects: \$ _____ Other: \$ _____ Balance of monthly funds: \$ _____
TOTAL: \$ _____

Church Liabilities Report: (Past Due Accounts)

Supplier of Product/Services	Date Incurred	Total Amount
Balance		
1. _____	_____	\$ _____
2. _____	_____	\$ _____
3. _____	_____	\$ _____
Church Mortgage Balance: \$ _____	Parsonage Mortgage Balance: \$ _____	

IT IS VERY IMPORTANT TO COMPLETE THE ABOVE INFORMATION THOROUGHLY, AS THIS WILL BE CONSIDERED WHEN CHURCHES REQUEST ASSISTANCE IN FINANCES OR OTHERWISE. CHURCHES FAILING TO COMPLY WILL FORFEIT ANY BENEFITS THAT MAY BE DERIVED FROM PARTICIPATION.