Monthly Church Report

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

For the month of _____ 20_____

Please complete this form and return to the District every 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 _____
- Girl's Ministry _____
- 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 …….…… $_____
Men's Ministries Offerings …….……...$_____
Children'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 $ _____ Children'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.