

YEARLY REPORT FOR DISTRICT AFFILIATED CHURCH (REPORT DATE: _____)

This report should be completed yearly (in January) or when any change occurs.

Send completed form to:

DAC reports, 10924 Interstate 30, Little Rock, AR 72209

Or as an attachment to:

dacreports@araog.org

Name of church: _____ Section: _____

Mailing address of the church: _____

City/Zip: _____

Pastor's Name:

Secretary's Name:

Email: _____

Month/Year of last DAC Board Meeting: _____

Pastor's Annual Salary: _____ Date of last review: _____

Does the church pay into retirement for the pastor? _____

Is the church incorporated? _____ Tax ID Number (EIN): _____

Are all background checks up to date? _____ CMCRs? _____

Name of Insurance Provider: _____

Does the church have bank loans? _____ If yes, list name of bank: _____

Loan Bal. as of Jan. 1: _____ Mo. Payment: _____ Interest Rate: _____

Does the church have debit cards? _____ Does the church have credit cards? _____ (see below)

If the church has credit cards, are the balances paid off monthly? If not, please list below.

_____ Balance on credit card: \$ _____

_____ Balance on credit card: \$ _____

Number of men/women meeting spiritual qualifications for deacon: _____

Does the church support:

District missions? _____ General Council US Missions? _____ General Council World Missions? _____

Does the church have a food bank/food pantry? _____