

**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](mailto: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? \_\_\_\_\_