

**GENERAL SYNOD DENOMINATIONAL MINISTRY FUND PLEDGE
FOR 2017\$ _____**

(Do not leave this field blank! Synod's agencies rely on an accurate denominational ministry fund allocation determined by these pledges.)

**Our pledge represents the following percent of our 2015
General Fund Receipts..... _____ %**

MEMBERSHIP

NOTE: Please do not leave any areas blank. If an area does not apply or has zero membership, place either N/A or 0 (Zero) in the blank. **Please see pg 4 for instructions on submitting this information.**

- A. TOTAL COMMUNICANT MEMBERSHIP AT BEGINNING OF CURRENT YEAR (A) _____
(NOTE: Use the number reported on your prior year REPORT as recorded in the 2016 *Minutes of Synod*, as "Total Communicant Membership At End of Current Year." If the number was understated, increase "By Reaffirmation." If the number was overstated, decrease "By Removal From Roll.")
- B. ACCESSIONS:
 - 1. By Profession (Adult) _____
 - 2. By Profession (Baptized Child) _____
 - 3. By Profession (Other Children) _____
 - 4. By Certificate _____
 - 5. By Reaffirmation _____Total Accessions(B) _____
- C. LOSSES:
 - 1. By Death _____
 - 2. By Certificate _____
 - 3. By Removal From Roll _____Total Losses (C) _____
(NOTE: Removal from roll refers to removal from Membership Rolls.)
- D. TOTAL COMMUNICANT MEMBERSHIP AT END OF CURRENT YEAR (D) _____
- E. NON-COMMUNICANT MEMBERSHIP AT END OF CURRENT YEAR (E) _____
(NOTE: "The non-communicant roll shall consist only of the names of those who are baptized children of communicant members of the congregation but who have not yet made public profession of their faith in Jesus Christ." (FOG 4.15.B))
- E.1 NON-COMMUNICANT MEMBERSHIP LOST BY DEATH..... (E.1) _____
- F. ASSOCIATE CHURCH MEMBERS AT END OF CURRENT YEAR..... (F) _____
(NOTE: "An associate church member is one who expects to reside in the area of the church for a limited time or expects to make extended periodic visits to such area and does not want to transfer his or her church membership from their home church, but wants to be a part of the visiting church's communicant membership while temporarily residing in that area." (FOG 4.15.C))
- G. BAPTISMS: (1) Infant: _____ (2) Child: _____ (3) Adult: _____
Total Baptisms (1+2+3) (G) _____
- H. FAMILY UNITS AT END OF CURRENT YEAR (H) _____
(NOTE: As determined by the Session)

CHURCH ORGANIZATIONS

A. SUNDAY SCHOOL:

(1) Teachers _____ (2) Enrolled Members _____ Total SS Enrollment _____

B. VACATION BIBLE SCHOOL:

(1) Teachers & Staff _____ (2) Enrolled Students _____ Total VBS Enrollment _____

C. YOUTH AND CHILDREN'S GROUPS ENROLLMENT:

(1) Senior High _____ (2) Middle/ Jr. High _____
 (3) Children _____ (4) Other _____ Total Youth & Children (1+2+3+4) _____

D. ADULT GROUPS:

(1) ARP Women's Ministries _____ (2) Men's Groups _____ (3) Other _____
 Total Adults (1+2+3) _____

CHURCH FINANCES

Instructions:

1. List in US Dollars. **Do not** use balance from previous year.
2. **Round to nearest whole dollar.** For example: \$17,995.99 should be \$17,996.
3. Make an entry in each box. Insert N/A or Zero (0) if there is not a value to be entered.
4. Take care not to record receipts and disbursements in more than one place.

RECEIPTS FOR JANUARY 1 – DECEMBER 31

1. CONTRIBUTIONS RECEIVED

General Fund Receipts **A. \$** _____

(NOTE: Tithes and Offerings given for the current fund budget or undesignated.)

Designated Receipts

(NOTE: Gifts restricted by the donor, to include special offerings, special appeals, building and capital funds.)

(1) Non-Capital Purposes \$ _____

(2) Capital Purposes \$ _____

TOTAL DESIGNATED **B. \$** _____

Other Offerings..... **C. \$** _____

(NOTE: Sunday School, Adult Groups, and any other offerings of the Church not included above. Expenditures should be reflected in the appropriate disbursement category.)

TOTAL CONTRIBUTIONS RECEIVED..... **D. \$** _____

(Add A+B+C)

AVERAGE PER-CAPITA \$ _____

(NOTE: Divide TOTAL CONTRIBUTIONS RECEIVED, Line "D" by COMMUNICANT MEMBERS (Item "D" of MEMBERSHIP))

2. OTHER RECEIPTS

Bequests, Wills, Trusts..... \$ _____

Supplements from General Synod..... \$ _____

Supplements from Presbytery..... \$ _____

Other Income \$ _____

(NOTE: Include investment income, interest, and other non-donor receipts.)

Total Other Receipts..... **E. \$** _____

TOTAL RECEIPTS FOR JANUARY 1 – DECEMBER 31 **F. \$** _____

(Add D + E)

DISBURSEMENTS OF RECEIPTS

1. LOCAL

Total Personnel Support..... \$ _____

(NOTE: Include all costs associated with personnel.)

Total Capital Expenditures..... \$ _____

LOCAL Benevolence and Ministry.....\$ _____

(NOTE: Includes all benevolent and program disbursements not included as “Presbytery Benevolence” or “Synod Benevolence” or “non-ARP Missions Support.”)

LOCAL Operating Expenses.....\$ _____

(NOTE: Includes all local expenses not recorded elsewhere, such as Heat, Utilities, Maintenance, Supplies.)

Total **LOCAL** Disbursements..... **G.** \$ _____

2. PRESBYTERY BENEVOLENCE

Assessment or Commitment\$ _____

Special Offerings for Presbytery Causes.....\$ _____

Other\$ _____

Total Presbytery Benevolence **H.** \$ _____

3. GENERAL SYNOD BENEVOLENCE

Denominational Ministry Fund **I.** \$ _____

Synod Easter Offering **J.** \$ _____

(Note: Enter the amount your church gave to the Synod Easter Offering.)

Synod Thanksgiving Offering..... **K.** \$ _____

(Note: Enter the amount your church gave to the Synod Thanksgiving Offering.)

Designated Support for Synod Ministries

(NOTE: Enter the amounts your church gave as designated gifts, **excluding** the Easter and Thanksgiving Offerings above.

DO NOT INCLUDE conference registrations, subscriptions, denominational ministry fund contributions, gifts to non-ARP Mission causes, etc.)

(a) Bonclarken..... \$ _____

(b) Christian Education Ministries \$ _____

(c) Erskine College..... \$ _____

(d) Erskine Seminary \$ _____

(e) Outreach North America \$ _____

(f) Stewardship/Foundation..... \$ _____

(g) World Witness \$ _____

(h) Other Synod Causes \$ _____

(NOTE: If there is more than one cause included, enter the total and list the individual causes and amounts on a separate page.)

Total Designated Support **L.** \$ _____

Total General Synod Benevolence..... **M.** \$ _____

(Add I + J + K + L)

TOTAL DISBURSEMENTS **N.** \$ _____

(Add G + H + M)

REMINDER:

1. Are full-time employees (defined as paid for working 30 hrs or more per week), excluding ministers, offered Synod’s Life and LTD insurance program? ? Yes No

PLEASE CHECK YOUR REPORT FOR BLANK BOXES. IF THERE ARE NO VALUES TO ENTER,
PLEASE ENTER **ZERO (0)** OR **N/A**.

GENERAL INSTRUCTIONS

A. This report is

To be adopted by the session before it is submitted

Name (s) of Person (s) Completing this Form {PRINT}

Email (s) of Person Completing this Form

Date approved by Session

B. This report is to be distributed as follows:

Please enter data using the following link: <http://www.arpsynod.org/Annual%20Statistical%20Report.htm>

We will forward a copy of your online information to your Presbytery Clerk.

(or)

If it is not possible for you to enter the data online, please mail one copy of this form by **February 1, 2017** to:

Associate Reformed Presbyterian Center

918 S. Pleasantburg Dr, Suite 127

Greenville, SC 29607

And one copy to:

Your Clerk of Presbytery

(See addresses below)

Keep one copy with the Session Records.

CLERKS OF PRESBYTERY

Canadian: Bill McKay, 1124 Tupper Gardens, Woodstock, ON, N4S 8K2 CANADA
519-539-7325, bjmckay@rogers.com

Catawba: Guy H. Smith, 3055 Baird Rd, Clover, SC 29710-9595. 803-631-5899, guysmith@comporium.net

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billharris1959@gmail.com

Thank you for returning this form by February 1, 2017