ANNUAL STATISTICAL AND INFORMATIONAL REPORT FOR YEAR 2024

	es not apply, leave it blank. If applicable lling the form in by hand you will need to			enter 0. Only fill in	yellow boxes if y	ou are using a
Church Name:		Church ID:		Current Presbytery:		
City:		State:		Your Name		
City.		State.		Your Email		
GENERAL SYNOD DE	ENOMINATIONAL MINISTRY FUND	PLEDGE FOR 20)25			
	plank! Synod's agencies rely on accur			ese pledges.		
Enter 2024 General Fur	nd Receipts here to calculate pledge p	percentage:				
		Members	ship			
	ANT MEMBERSHIP AT BEGINNING OF					
N Contraction of the second se	reported on your prior year REPORT as			1 C C C C C C C C C C C C C C C C C C C		At End of Current
B. ACCESSIONS:	understated, increase "By Reaffirmation	n." If the number wa	is overstated, decre	ease "By Removal F	rom Roll.")	
1. By Profession (Adult)]			
· · · ·	ad Child)		-			
2. By Profession (Baptize						
3. By Profession (Other (
 By Certificate of Trans By Reaffirmation of Fa 			Total Ac	cessions:		
C. LOSSES:				Cessions.		
1. By Death			1			
2. By Certificate of Trans	for					
3. By Removal From Rol			Total I	Losses:		
•	bll refers to removal from Membership R	olls)				
	MEMBERSHIP AT END OF CURREN	· · · · · · · · · · · · · · · · · · ·]	
D. NON-COMMUNICAN	T MEMBERSHIP AT END OF CURREN	T YEAR (Note: FC	G 4.15.B)			
E.1. NON-COMMUNICA	NT MEMBERS LOST BY DEATH		BY TRANSFER		Total Losses	
	H MEMBERS AT END OF CURRENT Y	EAR (Note: FOG 4				
G. BAPTISMS:	(1)Covenant Children:		(2)Adult:		Total Baptisms	
H. AVERAGE WEEKLY	ATTENDANCE AT THE MAIN WORSH	IIP SERVICE				
Instructions:		<u>CHURCH FIN</u>	ANCES			
1. List in US Dollars. Do no	t use balance from previous year.					
	dollar. For example: \$17,995.99 should be \$17	,996.				
 Leave blank if there is not a Take care not to record rec 	value to be entered. eipts and disbursements in more than one place.					
	JARY 1 - DECEMBER 31 2024					
1. General Fund Receipt						
•	erings given for the current fund budget	or undesignated)				
2. Designated Receipts		or undebightetod.)				
•	y the donor, to include special offerings,	special appeals, bu	uilding and capital fu	unds.)		
3. Other Receipts	, ,		3 1 1 1			
Supplements from Gene	ral Synod					
Supplements from Prest						
••	ents, Interest, Outside Donor)					
			Total Othe	r Receipts:	-	
			Total RECEIPT	S FOR JANUARY 1 -	DECEMBER 31	-
DISBURSEMENTS O	F RECEIPTS 2024					
1. LOCAL					r	
Total Local Expenses for						
	es (building, equipment, vehicles, etc.)					
•	(Facility and Office Expenses, Not Deno	,	Funds)			
Total International Minist	ry (Non-ARP Giving - Local, Internationa					
		i ota	I Local Disbursem	101113.	-	
2. PRESBYTERY BENE					ľ	
Assessment or Commitn Special Offerings for					ł	
Presbytery Causes						
		Total	Presbytery Benevo	olence:	-	

3. GENERAL SYNOD BENEVOLENCE 2024					
Denominational Ministry Fund					
Synod Easter Offering					
(NOTE: Enter the amount your church gave to the Easter Offering.)		-			
Synod Thanksgiving Offering					
(NOTE: Enter the amount your church gave to the Thanksgiving Offering.) Designated Support for Synod Ministries NOTE: Enter the amounts your church gave as designated gifts, excluding the Easter & Thanksgiving Offerings above.					
DO NOT INCLUDE conference registrations, subscriptions, DMF Contributions, gifts to non-ARP Missi	on causes, etc.				
(a) Bonclarken					
(c) Erskine College					
(d) Erskine Seminary					
(e) Outreach North America					
(f) Stewardship/Foundation					
(g) World Witness					
(h) Other Synod Causes					
List Other:	-1				
Total Designated Support:	-				
Total General Synod Benevolence: -					
TOTAL DISBURSEMENTS:					
Profit/Loss (Total Receipts - Total Disbursements)			-		

This report is to be adopted by the session before it is submitted.

Date approved by Session:

CHANGES IN CHURCH DIRECTORY INFORMATION	1
CHANGES IN CHORCH DIRECTORT INFORMATION	

The ARP Office of Central Services maintains a database for preparing the *Minutes of Synod*. For the database to be accurate, the information we receive from you must be current and accurate. Please complete the next section carefully for any <u>CHANGES</u> in 2024.

Church Mailing Address	(Street or PO Box)	(City)	(State)	(Zip)
Church Meeting Address (If different from mailing address)	(Street)	(City)	(State)	(Zip)
Pastor:	(Name)	Email:		
Associate Pastor:				
Clerk of Session:				
Treasurer:				
Music/Choir/Worship Dir:				
Administrative Assistant:				
Youth/Children's Director:				
Women's Ministries:				

(U.S. Only): Employer Identification Number (EIN)

If your church does not have an EIN, you need to make an application to the IRS using Form SS-4. Contact Brian Such (bsuch@arpsynod.org) for assistance.

Please save and email this form to stanner@arpsynod.org.

If it is not possible for you to enter the information online, please mail a copy of this form by February 1, 2025

Associate Reformed Presbyterian Center 918 S. Pleasantburg Dr., Suite 127

Greenville, SC 29607

Thank you for returning this form by February 1, 2025!