

# Monthly Church Report

**Kentucky Assemblies of God**  
**PO Box 98, Crestwood, KY 40014**  
Phone: 502-241-7111 fax: 502-241-7112

**For the month of \_\_\_\_\_, 202\_\_**

*Please complete this form and email to [mpabon@kyag.org](mailto:mpabon@kyag.org) 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	_____
Missionettes	_____
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 .....	<b>TOTAL \$</b> _____
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 .....	\$ _____
Other Offerings (specify) .....	\$ _____
Total Receipts.....	\$ _____
Available .....	<b>TOTAL \$</b> _____

<b><u>Pastor:</u></b>	
Salary \$ _____ Housing \$ _____ Other \$ _____ (utilities, etc)	<b>TOTAL:</b> _____
<b><u>Church:</u></b>	
Mortgage Payment \$ _____ Church Utilities \$ _____ Maintenance & Repairs \$ _____	
Describe if over \$100 _____	<b>TOTAL: \$</b> _____
<b><u>Evangelism:</u></b>	
Revivals \$ _____ Guests \$ _____ Media \$ _____ Advertising \$ _____	
Other \$ _____ specify: _____	<b>TOTAL: \$</b> _____
<b><u>Departments:</u></b>	
Sunday School \$ _____ Youth \$ _____ Missions \$ _____	
Women's Ministries \$ _____ Men's Ministries \$ _____	<b>TOTAL: \$</b> _____
<b><u>Other, Please Describe:</u></b>	
1. _____ 2. _____	
3. _____ 4. _____	<b>TOTAL: \$</b> _____
<b><u>Total Disbursements Combined:</u></b>	
For the month: \$ _____ General Fund: \$ _____ Building Fund: \$ _____	
Special Projects: \$ _____ Other: \$ _____ Balance of monthly funds: \$ _____	<b>TOTAL: \$</b> _____

<b><u>Church Liabilities Report:</u></b> (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.