

2016 MISSIONARY CHURCH ANNUAL MINISTERIAL REPORT

Region/District _____

DUE FEBRUARY 15, 2017

Name _____ Spouse Name _____

Spouse Email _____

Home Phone _____ Cell _____ Office _____ Fax _____

Email _____ Birthdate (mm/dd/yyyy) _____

Status: Ordained ____ Licensed ____ Specialized ____ Unlicensed ____ Retired ____

Mailing Address _____

City, State, Zip _____

Church/Organization Served _____

Address _____

City, State, Zip _____

Date you began serving in this position (mm/yyyy) _____

Are you personally involved in disciplemaking (intentional involvement guided by the Holy Spirit in helping people move from pre-Christian to a reproducing mature believer) beyond your public ministry? ____ Yes ____ No Describe your involvement _____

Are you involved in developing other leaders? ____ Yes ____ No Share one story of how you're doing this _____

Present ministry description _____

(senior pastor, associate pastor, evangelist, chaplain, missionary, other)

Indicate year (yyyy) you last attended (enter "0" if never attended) Regional/District Conference _____ National Conference _____

Local church of which you are a member _____

What is your desire concerning future ministry?

____ Continue in present ministry, credentialed by the Missionary Church

____ Move to a new ministry, credentialed by the Missionary Church

Date available _____ Type of ministry desired _____

____ Discontinue credentials with the Missionary Church

____ Other (Please explain) _____

Minister's Financial Report for 2016 - Report annual amount budgeted or anticipated for 2017.

Please be complete and accurate. A portion of this information serves as the basis for determining Long Term Disability benefits. Due to changes in LTD rates & billing procedures, it is VERY IMPORTANT for participants to complete the Salary & Benefits Section.

ANNUAL SALARY & BENEFITS

ANNUAL MINISTRY ALLOWANCES

Cash Salary \$ _____
 Housing Allowance \$ _____
 Fair Rental Value of Parsonage \$ _____
 Utilities¹ \$ _____
 Social Security² \$ _____
 Life Insurance \$ _____
 Health Insurance \$ _____
 HSA/MSA³ \$ _____
 Long Term Disability Insurance \$ _____
 Retirement Funds contributed by Church \$ _____

Travel \$ _____
 Continuing Education \$ _____
 Ministry Expense \$ _____
 Entertainment \$ _____
 Other \$ _____

***Are you bi-vocational?** ___ Yes ___ No

¹List either the value of the utilities or the actual cash allowance for utilities.
²List only the portion of the self-employment tax to be paid by the church.
³List any Health Savings Account or Medical Savings Account funds.

List the continuing education courses and/or training seminars attended this past year:

Event _____ CEUs earned _____
 Event _____ CEUs earned _____
 Event _____ CEUs earned _____

List your ministry goals for the coming year _____

Comments/Questions/Suggestions _____

Ministry History (please indicate where you have served and the years – a mini résumé).

Year Started	Year Ended	Church / Organization / Ministry (Second Missionary Church / Bethel College / Chaplain)	Region/District (Central)
Example (2010-2013)			
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

****NOTE: Completion of this form is required for the issuance of credentials****
 All reports, applications, evaluations and assessments are placed in the minister's personnel file.

Please complete this report online at www.mcusa.org

If you cannot submit the report online, print a copy for your personal record and send a copy to Annual Reports, P.O. Box 9127, Fort Wayne, IN 46899-9127

If you downloaded the files from the website, complete and return the files as attachments to stats@mcusa.org