



# 2017 Annual Ministry Report (AMR) Form

Due March 31, 2018 for previous calendar year ended.

**Note:** In order to best serve our members, Unity Worldwide Ministries requires that **every** ministry submit an Annual Ministry Report Form. It is a legal requirement that all ministries and affiliated groups using the Unity Worldwide Ministries (UWM) (aka Association of Unity Churches Inc.) Group Tax Exemption Number (2062) submit this AMR form to the UWM Central Office for confidential filing.

Please send this AMR form by email to Diana Kennedy at [Diana@unity.org](mailto:Diana@unity.org), by fax to 816.817.8355 or through mail to Unity Worldwide Ministries, PO Box 610, Lees Summit, MO 64063. If you are filing on behalf of an Alternative Ministry, please attach a listing of last year's activities.

Check here if any of the below information has changed since last year's annual report form was submitted.

## Ministry Information

Name Ministry goes by (dba): \_\_\_\_\_

Legal Name of Ministry if different: \_\_\_\_\_

For ministries in the U.S. or U.S. Territories, please include Employer's Fed Tax ID# (EIN): \_\_\_\_\_ - \_\_\_\_\_

Office Hours: \_\_\_\_\_ Region: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Website: \_\_\_\_\_

Total 2017 Ministry Revenue: \_\_\_\_\_ Total 2017 Ministry Expenses: \_\_\_\_\_

Total 2017 Tithe to UWM: \_\_\_\_\_

**Complete Ministry Mailing Address:**

**Complete Ministry Meeting Address:**

### Please check one:

Member Ministry of Unity Worldwide Ministries

Member Ministry of the Expansion/Evolving Ministries Program of Unity Worldwide Ministries

Alternative Ministry of Unity Worldwide Ministries

Satellite Ministry of \_\_\_\_\_  
Church/Center Name City State

### Please list the person we may contact if we have questions about this report:

Name: \_\_\_\_\_ Role in Ministry: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Date this form was completed: \_\_\_\_\_

## Classes, Programs and Services

How many members does your ministry have?

Average attendance per Sunday: \_\_\_\_\_

Do you offer services other than Sunday, if so, when? \_\_\_\_\_

Services are offered in which languages? \_\_\_\_\_

### Check any programs that you offer:

- |                                   |                                     |
|-----------------------------------|-------------------------------------|
| SEE Classes                       | Lay Volunteer Training Program      |
| Chaplain Program/Prayer Team      | Next Generation Unity (Young Adult) |
| Small Group/SpiritGroups Ministry | Music Ministry/Choir                |
| Youth Program                     | Livestream                          |
| Podcasting (Recorded Services)    |                                     |

## Current Minister/Spiritual Leader

Name: \_\_\_\_\_ Significant Other: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Email: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Employment start date in this ministry: \_\_\_\_\_

Is the current minister/spiritual leader credentialed through Unity?      Yes      No

Is your ministry in between ministers/spiritual leaders at this time?      Yes      No

## People Affiliated With Your Ministry

Please complete the information on the following page **for each** \_\_\_\_\_ **person actively serving in an official** \_\_\_\_\_ **our ministry** plus ministry administrator, board members and board president. Please attach additional page if necessary.

**For each person**, please indicate (using code in parenthesis) if they are:

- |   |   |
|---|---|
| <ul style="list-style-type: none"> <li>• Licensed Unity Minister (LUM)</li> <li>• Ordained Unity Minister (OUM)</li> <li>• Spiritual Leader/LUT (SL/LT)</li> <li>• Spiritual Leader/Other Ordination (SL/OO)</li> <li>• Spiritual Leader enrolled in the Field Program (SL/FP)</li> <li>• Spiritual Leader/No Ordination (SL/NO)</li> </ul> | <ul style="list-style-type: none"> <li>• Licensed Unity Teacher (LUT)</li> <li>• Board President/Chair (BP)</li> <li>• Board Member (BM)</li> <li>• Ministry Administrator (MA)</li> <li>• Youth Director (YD)</li> </ul> |
|---|---|



# Annual Ministry Report Form

### Example:

BP                      Mary Smith                      Board President                      Phone: 816-555-1212  
 Code                      Name                      Title                       home     cell     work  
xyz@aol.com                      123 Any St., Anytown, MO 64065  
 Email                      Mailing Address

1. \_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_                      Phone: \_\_\_\_\_  
 Code                      Name                      Title                      home    cell    work  
 \_\_\_\_\_  
 Email                      Mailing Address

2. \_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_                      Phone: \_\_\_\_\_  
 Code                      Name                      Title                      home    cell    work  
 \_\_\_\_\_  
 Email                      Mailing Address

3. \_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_                      Phone: \_\_\_\_\_  
 Code                      Name                      Title                      home    cell    work  
 \_\_\_\_\_  
 Email                      Mailing Address

4. \_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_                      Phone: \_\_\_\_\_  
 Code                      Name                      Title                      home    cell    work  
 \_\_\_\_\_  
 Email                      Mailing Address

5. \_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_                      Phone: \_\_\_\_\_  
 Code                      Name                      Title                      home    cell    work  
 \_\_\_\_\_  
 Email                      Mailing Address

6. \_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_                      Phone: \_\_\_\_\_  
 Code                      Name                      Title                      home    cell    work  
 \_\_\_\_\_  
 Email                      Mailing Address

7. \_\_\_\_\_ Phone: \_\_\_\_\_  
Code Name Title home cell work

\_\_\_\_\_ Email \_\_\_\_\_ Mailing Address

8. \_\_\_\_\_ Phone: \_\_\_\_\_  
Code Name Title home cell work

\_\_\_\_\_ Email \_\_\_\_\_ Mailing Address

9. \_\_\_\_\_ Phone: \_\_\_\_\_  
Code Name Title home cell work

\_\_\_\_\_ Email \_\_\_\_\_ Mailing Address

10. \_\_\_\_\_ Phone: \_\_\_\_\_  
Code Name Title home cell work

\_\_\_\_\_ Email \_\_\_\_\_ Mailing Address

11. \_\_\_\_\_ Phone: \_\_\_\_\_  
Code Name Title home cell work

\_\_\_\_\_ Email \_\_\_\_\_ Mailing Address

12. \_\_\_\_\_ Phone: \_\_\_\_\_  
Code Name Title home cell work

\_\_\_\_\_ Email \_\_\_\_\_ Mailing Address

13. \_\_\_\_\_ Phone: \_\_\_\_\_  
Code Name Title home cell work

\_\_\_\_\_ Email \_\_\_\_\_ Mailing Address

14. \_\_\_\_\_ Phone: \_\_\_\_\_  
Code Name Title home cell work

\_\_\_\_\_ Email \_\_\_\_\_ Mailing Address