



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



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		