

Draft Forms Under Section 6.B.4.

Note: The Attached Forms Are Drafts Only; They Are Not Final in Their Content or Their Formatting.

DRAFT



MINISTRY Quarterly Report Form

For the period: _____ through _____.

[Dates would be blank or filled in on the web for downloading; Ministries may file monthly.]

BACKGROUND: The June 2014 Unity Worldwide Ministries' (UWM) Annual People's Convention adopted UWM's Annual Support Policy, under which all Ministries commit to contribute at least an agreed minimum percentage of Ministry proceeds, either as a freewill offering, tithe, or assessment, or any combination thereof. For further information on the Policy, please see the back page of this form, go to UWM's website at www.UnityWorldwideMinistries.org/TBD or call UWM staff with questions at 816.524.7414.

Ministries are encouraged to complete this form and make payments online through UWM's secure website at: <http://www.unityworldwideministries.org/TBD>. Otherwise, please type or neatly print your answers on this form and mail it, with the included Annual Support contribution, to: Unity Worldwide Ministries, PO Box 610, Lee's Summit MO 64063.

Full Name of Ministry: _____

Business Address of Ministry: _____

Mailing Address (if different from Business): _____

Email Address of Ministry: _____

Telephone Number of Ministry: _____

Name and Title of Person completing this Form: _____

SECTION I: Contribution for Oct. 1, 201x through Dec. 31, 201x

[Dates would be blank or filled in on the web for downloading]

For ministries contributing freewill love offerings or tithes. The recommended Minimum Percentage Annual Support Amount for 2014-15 is **3.3%**; Ministries may maintain their Membership for this period at 1%.

1. Our ministry's contribution for this period: \$ _____
2. Our ministry has calculated this contribution as follows (please briefly explain the method for calculating this amount): _____

3. Total ministry income from all sources for this period: \$ _____
4. Total ministry income from restricted gifts for this period: \$ _____

Please Note: If the contribution for the period equals or exceeds at least 1% (one percent) of all income from all sources less restricted gifts, **then skip to Section III, Certification**, of this form. If the contribution is less than 1%, please complete Section II, below.

The recommended Minimum Percentage for 2014-15 is 3.3%.

SECTION II: Annual Support Amount for Oct. 1, 201X through Dec. 31, 201X

[Dates would be blank or filled in on the web for downloading].

For the meaning of each term that is capitalized in this form, please see the bottom [or back] of this form, consult UWM website at www.UnityWorldwideMinistries.org/TBD, or call UWM at 816.524.7414.

1. Our Ministry is contributing its Annual Support Amount for this period in the amount of: \$ _____
2. Total Ministry Donations for this period: \$ _____
3. Ministry total receipts/income from Revenue Generating Activities: \$ _____
4. Total Ministry Income (Add #2 and #3): \$ _____
5. Total Ministry Restricted Gifts for this period: \$ _____
6. Ministry total out of pocket, non-operating expenses incurred from Revenue Generating Activities: \$ _____
7. Ministry **Annual Assessable Revenue** for this period (#4 minus #5 and #6): \$ _____

If the amount on question 1, above equals or exceeds 1% of the Annual Assessable Revenue (#7) for this period this form section is complete.

If less than 1%, the amount the Ministry is including with this Report is: \$ _____.

SECTION III: Certification

I certify and affirm that I am authorized by this Ministry to complete this form on its behalf, and that copies have been sent to the senior minister and to the chair (the actual or acting leader) of our Board.

Name (printed)

Title

Signature

Date

Definitions Below [to be reviewed to conform to final wording of the Policy]

Annual Support Amount means the minimum contribution to UWM committed by each Member as a condition of Membership, contributed as a freewill love offering, tithe, assessment or any combination thereof. For Ministries, this Amount is expressed as “Minimum Percentage” of ministry income/receipts, calculated as a fraction of a total amount by either of two methods:

- Love offering or tithe: Total Ministry Income – Restricted Gifts X Minimum Percentage x Minimum Percentage = Annual Support Amount.
- Assessment (“Assessable Revenue”): Total Ministry Donations – restricted gifts + Revenue Generating Activities – out of pocket, non-operating expenses incurred by these Activities x Minimum Percentage = Annual Support Amount.
- Ministries may use different calculations, but the calculation must equal or exceed the amount produced by either of these two methods, which are set forth in Sections 1 and 2, respectively of this Form.

Ministry Donations means all tithing, love offerings, gifts, bequests and other forms of donations received by a Ministry, except for donations expressly restricting the use of such funds to a specific project or task that cannot lawfully be used to support any other area of Ministry operations.

Ministry Restricted Gifts means the total of all donations received by a Ministry that the donor specifically assigns to a specific purpose and cannot lawfully be used to support the Ministry’s general operations.

Revenue Generating Activities means all revenue or income, other than Donations or Restricted Gifts, from Ministry special events, commercial activities and other actions not based on free will love offerings and tithes that provide a service or product to participants for which payment is required or requested; from this Amount, the Ministry may deduct all out-of-pocket, non-operating expenses used to produce the revenue or income.

For further information or assistance, please go to UWM’s website at www.UnityWorldwideMinistries.org/TBD, or call UWM staff with questions at 816.524.7414



MINISTRY Annual Report

Form

For the period: _____ through _____.

[Dates would be blank or filled in on the web for downloading; Ministries may file monthly.]

All Ministries must complete an annual financial report for either the calendar year (January–December) or for your latest fiscal year-end prior to the calendar year-end. This report is a revenue and expense report (profit and loss) statement, not a balance sheet. It is due March 1.

SECTION I: INFORMATION SECTION

A. BACKGROUND

Date Completed: _____

Full Name of Ministry: _____

Business Address of Ministry: _____

Email address of Ministry: _____

Telephone Number of Ministry: _____

FEIN (Federal Identification Number): _____

Are you filing your annual report under the tax umbrella of Unity Worldwide Ministries (UWM)?

Check one: Yes ___ No ___

If not, what is the tax identification number for your 501(c)(3) status determination:

B. MINISTRY LEADERSHIP

The name and title of our senior minister or spiritual leader is:

Name: _____

Title: _____

Our Spiritual Leader is (Check One)

Ordained Unity minister ___ Licensed Unity minister ___ Licensed Unity teacher ___

If none of these apply, please answer the following questions:

Our Ministry is between ministers/spiritual leaders at this time. Yes ___ No ___

Our Spiritual Leader is a Candidate for Ordination (Check One)

Field Licensing Program ___ Unity Institute Ministry Path ___ Urban Ministry Program ___

Ordained in a different faith ___ What faith? _____

Other (please explain) _____

C. CONTACT INFORMATION FOR BOARD MEMBERS: Please attach a list of all Board members including: name, title, telephone contact (home and mobile) and email address. [Note: We will be creating a specific section for this in the document.]

D. OTHER INFORMATION

(By answering the following questions, UWM is given the opportunity to capture, honor, plan and report on the desires and wishes of its Member Ministries.)

Ministry Anniversary Date: _____

Office Hours: _____

Minister's Anniversary Date: _____

Ministry website: _____

Regional affiliation: _____

Are you active in your region? Y N

Number of weekend services held: _____

Which languages are services offered in? _____

The average attendance for all weekend services is: _____.

The average attendance for all weekday services is: _____.

Mark with a Y/N whether your ministry has these programs.

SEE Classes ____ Chaplain Program ____ Choir/Band ____ Young Adult Ministry ____

Small Group Ministry Program ____ Volunteer Training Program ____ Couples Ministry ____

Wellness Ministry Program ____ Spiritual Counseling Program ____ Pre-School ____

Community Outreach Program ____ Membership Classes ____ Other Educational Classes ____

Youth and Family Ministry Training ____ Board Training ____ Special Music Programs ____

Youth of Unity Group ____ (If yes, average number of participants ____)

Uniteen Group ____ (If yes, average number of participants ____) One Room Classroom

____K-5th Grade Program ____ (If yes, average number of participants ____)

Our Ministry does not currently have a Youth and Family Ministry Program ____

SECTION II: FINANCIAL SECTION

For the meaning of each term that is capitalized below, please see the bottom of this form, consult UWM website at <http://www.unityworldwideministries.org/annual-report-ministries> or call UWM at 816.524.7414, Ext. 6811. (Financial Reports)

A. Ministry Annual Contribution:

Contributions for the Period Reported on Page 1.

1. Our Ministry's contributions to UWM for the 12-month period: \$ _____
(Please give a brief explanation as to how this amount was calculated.)

2. Ministry total income from all sources for this period: \$ _____

3. Ministry total income from restricted gifts for this period: \$ _____

4. Ministry total expenses from all sources for this period: \$ _____

Please Note: If the contribution for the 12 months equals or exceeds 1% (one percent) of all income from all sources less restricted gifts, **then skip to Section III, Certification Section of this form.** If the contribution is less than 1%, please complete B. below.

B. Annual Support Amount for the Period Reported on Page 1.

1. Our Ministry is contributing its Annual Support Amount for this period in the amount of: \$ _____
2. Total Ministry Donations for this period: \$ _____
3. Ministry total receipts/income from Revenue Generating Activities: \$ _____
4. Total Ministry Income (Add #2 and #3): \$ _____
5. Total Ministry Restricted Gifts for this period: \$ _____
6. Ministry total out of pocket, non-operating expenses incurred from Revenue Generating Activities: \$ _____
7. Ministry Annual Assessable Revenue for this period (#4 minus #5 and minus #6): \$ _____.

If the amount on question #1, above equals or exceeds 1% of the Annual Assessable Revenue for this period, this section is complete.

If it is less than 1%, the amount I am including with this Report is: \$ _____.

SECTION III: CERTIFICATION SECTION

I certify and affirm that I am authorized by this ministry to complete this form on its behalf, and that copies have been sent to the ministry leader and the chair (or acting leader) of our ministry's Board.

Name (printed)

Title

Signature

Date

Whom may we contact if we have questions about this report? If the same as above, please check : Yes ___ If No, please complete the following:

Name (printed)

Email

Phone

Definitions

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- Love offering or tithe: Total Ministry Income – Restricted Gifts X Minimum Percentage x Minimum Percentage = Annual Support Amount.
- Assessment (“Assessable Revenue”): Total Ministry Donations – restricted gifts + Revenue Generating Activities – out of pocket, non-operating expenses incurred by these Activities x Minimum Percentage = Annual Support Amount.
- Ministries may use different calculations, but the calculation must equal or exceed the amount produced by either of these two methods, which are set forth in Sections 1 and 2, respectively of this Form.

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Revenue Generating Activities means all revenue or income, other than Donations or Restricted Gifts, from Ministry special events, commercial activities and other actions not based on free will love offerings and tithes that provide a service or product to participants for which payment is required or requested; from this Amount, the Ministry may deduct all out-of-pocket, non-operating expenses used to produce the revenue or income.

For further information or assistance, please go to UWM’s website at www.UnityWorldwideMinistries.org/TBD, or call UWM staff with questions at 816.524.7414



MINISTER Annual Report Form 2014

BACKGROUND: The June 2014 Unity Worldwide Ministries (UWM) Annual People's Convention adopted UWM's Annual Support Policy, under which Ministers commit to contribute at least \$180 annually to UWM as financial support, either as a freewill offering, tithe, or assessment, or combination thereof, and report relevant contact information to UWM. For further information, please go to UWM's website at www.UnityWorldwideMinistries.org or call UWM staff with questions at 816.524.7414.

Ministers are encouraged to complete this form and make payments online through UWM's secure website at: www.UnityWorldwideMinistries.org. Otherwise, please type or neatly print your answers on this form and mail it, with any included payment, to: Unity Worldwide Ministries, PO Box 610, Lee's Summit MO 64063. The form may also be faxed to 816.525.4020 or scanned and emailed to TBD .

Ministers: Please complete and submit this form by [March 1, 2015. Late fees may be incurred for submissions received after April 1, 2015].

SECTION I: CONTACT INFORMATION

[For second year, add box: "if there are no changes from the prior year, please check and proceed to next Section"]

Name _____ Spouse/Partner _____

Residence Address _____

City _____ State/Province _____ Zip Code _____

Preferred Phone _____ Other Tel. _____ Email _____

Official Name of Ministry you are principally serving, if any (church, center, alternative ministry)

Date you began _____

Check those that apply:

Active Minister

Inactive Minister

Senior Minister

Other: _____

Associate Minister

Retired Minister

The UWM Yearbook and UWM's website will include the above information. You may request contact information NOT be published by indicating below.

UWM, please do **not** publish the following information: Name ___ Residence Address ___
Preferred telephone ___ Other telephone ___ Email ___ Spouse/Partner ___
Name of current ministry ___ All contact information ___

SECTION II: ANNUAL SUPPORT CONTRIBUTION

I commit to contribute to UWM the following amount as my Annual Support Amount for Fiscal Year 2014: \$_____.

Please check those which apply:

- A. ___ My contribution is a love offering or tithe.
- B. ___ My contribution satisfies the Annual Support Amount for this year.
- C. ___ My contribution is included with this form or is otherwise paid as of this date.
- D. ___ I commit to send to UWM \$_____ per month or \$_____ per quarter, starting October 1 for the coming Fiscal Year.

SECTION III: OTHER INFORMATION

A. If not serving a ministry, what are your current ministerial/work activities?

B. What specialized knowledge or skills do you have?

I am willing to have colleague[s] contact me if they are seeking information or support in those areas. ___ Yes ___ No

C. I currently serve on the following UWM Ministry Team(s):

D. I am enrolled in UWM's 403(b) plan. ___ Yes ___ No

Please contact me for information on the 403(b) plan ___

Signature of Minister

Date