



Report of the Trustees

The trustees are amenable to the Charge Conference and as such are required to make an annual report

(¶ 2550). Additional reports should be made as requested by the Charge Conference or Church Council or equivalent. Numbers in parentheses refer to paragraphs in the 2016 *Book of Discipline*.

Copies of this report should be filed with the recording secretary, pastor, district superintendent and the board of trustees.

_____ Church _____ Charge
 _____ District _____ Annual Conference

For the period beginning _____, and ending _____
DATE OF PRIOR CHARGE CONFERENCE DATE OF CURRENT CHARGE CONFERENCE

1. Organization for the present conference year was effective (date) _____, by electing the following officers (no less than three, and up to nine persons):

	Name	Term Expires
President	_____	_____
Vice President	_____	_____
Secretary	_____	_____
Treasurer	_____	_____
Member	_____	_____
Member	_____	_____
Member	_____	_____
Member	_____	_____
Member	_____	_____

2. Is the local church incorporated (¶2529.1)? Yes No

3. a. Name or names in which title to each piece of property is recorded, as shown by civil land records (¶¶2536, 2538):

	Name(s)	Office	Book	Page
Church Buildings	_____	_____	_____	_____
Church Buildings	_____	_____	_____	_____
Parsonages	_____	_____	_____	_____
Parsonages	_____	_____	_____	_____
Other	_____	_____	_____	_____
Other	_____	_____	_____	_____

b. Who is the custodian of deeds and other legal papers?

c. Where are they kept?

4. Does each deed contain trust clause (¶2503)? Yes No

5. Do you have a long-term plan for the replacement of facilities and equipment as they deteriorate? Yes No

6. a. Insurance (¶2533.2, 2550.7)

Item Insured/ Insurance	Replacement Value	Amount of Coverage	Type of Coverage	Company	Restricted By Coinsurance (Yes or No and amount)		Expires When
Church Buildings	\$	\$			Y <input type="checkbox"/>	Amount::	
					N <input type="checkbox"/>		
Parsonages	\$	\$			Y <input type="checkbox"/>	Amount:	
					N <input type="checkbox"/>		
Church Furnishings and Equipment	\$	\$			Y <input type="checkbox"/>	Amount::	
					N <input type="checkbox"/>		
Parsonage Furnishings and Equipment	\$	\$			Y <input type="checkbox"/>	Amount::	
					N <input type="checkbox"/>		
Vehicle(s)	\$	\$			Y <input type="checkbox"/>	Amount::	
					N <input type="checkbox"/>		
General Liability		\$			Y <input type="checkbox"/>	Amount::	
					N <input type="checkbox"/>		
Worker's Compensation					Y <input type="checkbox"/>	Amount::	
					N <input type="checkbox"/>		
Directors and Officers/Errors and Omissions/Crime		\$			Y <input type="checkbox"/>	Amount::	
					N <input type="checkbox"/>		
Professional Liability Coverage (Including Sexual Misconduct)		\$			Y <input type="checkbox"/>	Amount::	
					N <input type="checkbox"/>		

b. Have the buildings been inspected for fire and other safety hazards within the past year? Yes No

c. Have you assessed the of replacement value within the last 5 years? Yes No

d. Who performed the assessment?

e. Does the church have a Safe Sanctuary Policy? Yes No

f. Is the amount of insurance adequate? Yes No

(to determine adequacy of coverage, please use the GCFA Insurance Worksheet found at www.gcfa.org)

7. a. Has an annual accessibility audit for church properties been conducted (§ 2533.6)? Yes No
(attach as a report; an example accessibility audit form may be found at www.gcfa.org)

b. If needed, have you developed an accessibility plan? Yes No (Attach plan)

8. Provide a detailed list of income-producing and permanent funds:

Item	Date Received	Amount	Where Invested	Income	How Income is Used for Ministry

(Attach as a supplement a statement "clarifying the manner in which these investments made a positive contribution toward the realization of the goals outlined in the Social Principles of the church and showing the investments are socially responsible..." § 2533.5 and § 2550.9)

Please attach a note if you have been notified that your insurance is changing/being canceled as a result of recent disasters. If we do not hear from you otherwise, we expect the coverages listed to be in place throughout the policy period.

President of Trustees _____

Printed Name: _____

Date: _____