

THE UNITED METHODIST CHURCH

CHARGE CONFERENCE

**2018 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 (¶2529.1a)? **[ ]  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** | **[ ]**  | ***Amount::*** |       |
| **N** | **[ ]**  |
| **Parsonages** | $      | $      |       |       | **Y** | [ ]  | ***Amount:*** |       |
| **N** | **[ ]**  |
| **Church Furnishings****and Equipment** | $      | $      |       |       | **Y** | [ ]  | ***Amount::*** |       |
| **N** | **[ ]**  |
| **Parsonage Furnishings and Equipment** | $      | $      |       |       | **Y** | [ ]  | ***Amount::*** |       |
| **N** | **[ ]**  |
| **Vehicle(s)**  | $      | $      |       |       | **Y** | [ ]  | ***Amount::*** |       |
| **N** | **[ ]**  |
| **General Liability** |  | $      |       |       | **Y** | [ ]  | ***Amount::*** |       |
| **N** | **[ ]**  |
| **Worker’s Compensation** |  |  |  |       | **Y** | [ ]  | ***Amount::*** |       |
| **N** | **[ ]**  |
| **Directors and Officers/Errors and Omissions/Crime** |  | $      |       |       | **Y** | [ ]  | ***Amount::*** |       |
| **N** | **[ ]**  |
| **Professional Liability****Coverage (Including****Sexual Misconduct)** |  | $      |       |       | **Y** | [ ]  | ***Amount::*** |       |
| **N** | **[ ]**  |

 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* <http://www.gcfa.org/gcfa/united-methodist-church-minimum-insurance-requirements>*)*

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* [*http://www.gcfa.org/forms-and-resources*](http://www.gcfa.org/forms-and-resources) *)*

 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)

 President of Trustees      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| Printed Name: |       |
| Date: |       |

**Annual Report of the Board of Trustees, 2017-2020**

Prepared and edited by the General Council on Finance and Administration and authorized as the official form for this purpose.