

## 2009 Church Conference Forms

### Annual Report of the Trustees

\_\_\_\_\_ United Methodist Church of \_\_\_\_\_  
 \_\_\_\_\_ Charge  
 \_\_\_\_\_ District                      Nebraska Annual Conference

To the Church Conference held on \_\_\_\_\_, 20\_\_\_\_ for the year ending *December 31, 2009*.

1. Organization for the present conference year was effected \_\_\_\_\_, 20\_\_\_\_, by electing the following officers. *Please list the officers and when their term expires.*

Chairperson: \_\_\_\_\_  
 Vice-Chairperson: \_\_\_\_\_  
 Secretary: \_\_\_\_\_  
 Treasurer: \_\_\_\_\_

2. Number of church buildings \_\_\_\_\_; number of parsonages \_\_\_\_\_

3. Estimated value of church. . . . . (a) Buildings(s)\* \$ \_\_\_\_\_  
 (b) Furnishings & Equipment \$ \_\_\_\_\_  
 (c) Land \$ \_\_\_\_\_  
**TOTAL** \$ \_\_\_\_\_

4. Estimate value of parsonage(s). . . . . (a) Building(s)\* \$ \_\_\_\_\_  
 (b) Furnishings & Equipment \$ \_\_\_\_\_  
 (c) Land \$ \_\_\_\_\_  
**TOTAL** \$ \_\_\_\_\_

5. Estimate value of other assets (cash, checking and savings account balances, investments, other property, etc.) held by the local church.
- \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_

6. Is the title to church property held in:  The names of individual trustees  
 -OR-  A local church corporation

7. Are church corporation fees current?  Yes  No *Due in January of odd years (2009, 2011, etc.); pay by June. For corporation purposes in Nebraska, the Board of Trustees becomes the Board of Directors. The Chairperson is President of the board, and the corporate body is the church membership.*

8. Name(s) in which the title to each piece of property is recorded, as shown by civil land records (book and page):  
 Church Building(s): \_\_\_\_\_  
 Parsonage(s): \_\_\_\_\_  
 Other: \_\_\_\_\_  
 Who is the custodian of deeds and other legal papers? \_\_\_\_\_  
 Where are they kept? \_\_\_\_\_

9. Improvements to church property:  
 a. Specify improvements and the cost of those improvements made to the church building and grounds *this year*. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\*Insurance appraisal value plus uninsurable value

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**Annual Report of the Trustees**

b. Identify plans for improvements to the church building and grounds *next year*. \_\_\_\_\_  
 \_\_\_\_\_

c. Specify improvements and the cost of those improvements made to the parsonage and grounds *this year*. \_\_\_\_\_  
 \_\_\_\_\_

d. Identify plans for improvements to the parsonage and grounds *next year*. \_\_\_\_\_  
 \_\_\_\_\_

10. Present Indebtedness:

Church Building(s): \_\_\_\_\_ \$ \_\_\_\_\_

Parsonage(s): \_\_\_\_\_ \$ \_\_\_\_\_

Other: \_\_\_\_\_ \$ \_\_\_\_\_

11. Insurance:

*Item Insured/Amount/Type of Coverage/Company/Restricted by Co-Ins Percentage/Expiration Date*  
 Church Building(s): \_\_\_\_\_

Church Furnishings & Equipment: \_\_\_\_\_

Church Equipment not located in church: \_\_\_\_\_

Parsonage(s): \_\_\_\_\_

Parsonage Furnishings & Equipment: \_\_\_\_\_

Other Properties: \_\_\_\_\_

Public Liability: \_\_\_\_\_

Worker's Comp: \_\_\_\_\_

a. Have the buildings been inspected for fire hazards within the past year?  Yes  No

If yes, by whom? \_\_\_\_\_

b. When was the last insurance appraisal performed? \_\_\_\_\_

By whom? \_\_\_\_\_

c. Is the amount of insurance adequate?  Yes  No

d. Do you have Pastor's Professional Liability insurance?  Yes  No

e. Do you have professional liability insurance for church staff?  Yes  No

f. Is the church treasurer(s) covered by a fidelity bond (§ 259.4b)?  Yes  No

g. Does the church have insurance coverage for officers and directors?  Yes  No

12. Detailed list of income-producing property and permanent fund (e.g. rental houses, farmland, etc.)

Item      Date Received      Amount      Where Invested      Income      How Applied

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

13. Have you had an on-site parsonage review this year?  Yes  No  No parsonage

14. Who are the members of the Safety Committee? \_\_\_\_\_  
 \_\_\_\_\_

Does the Safety Committee meet quarterly?  Yes  No

What is the location of the Safety Plan? \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_, 20\_\_\_\_

Chairperson or Secretary, Trustees