

# CHURCH SESSION (TRUSTEES) ANNUAL REPORT AS OF December 31, 2018

NOTE: Ultimately the Session is responsible for this report. If you have a Board of Trustees, you may choose to have them fill out the report. This information is REQUIRED BY THE PRESBYTERY OF GREAT RIVERS MANUAL.

Church City: \_\_\_\_\_ Church Name: \_\_\_\_\_

A. **ANNUAL FULL FINANCIAL REVIEW** *The Book of Order states: "A full financial review of all financial books and records shall be conducted every year by a public accountant or committee of members versed in accounting procedures. Reviewers should not be related to the treasurer(s)." (G-3.0113).*

Date of last church's full financial review: \_\_\_\_\_

Prepared by: \_\_\_\_\_ Phone Number: \_\_\_\_\_

B. **INDEBTEDNESS** Since the church and the presbytery are in a unique partnership as it relates to property (G-4.0203), the church needs to keep the presbytery updated on major improvements made to the property and to what extent the property serves as security for mortgage loans or other debt.

1. From whom borrowed? \_\_\_\_\_

2. How secured? \_\_\_\_\_

3. Maturity date \_\_\_\_\_

4. Total indebtedness \$ \_\_\_\_\_

5. Total payment(s) per year \$ \_\_\_\_\_

C. **INSURANCE**

Check if your church has: \_\_\_\_\_ Church Building \_\_\_\_\_ Manse \_\_\_\_\_ Other Real Estate

Fill out what the church carries insurance for:

a. Buildings \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, the amount of coverage is \$ \_\_\_\_\_

b. Contents \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, amount \$ \_\_\_\_\_

c. Personal Property \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, amount \$ \_\_\_\_\_

d. Prof Liability \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, amount \$ \_\_\_\_\_

e. Workers' Comp. \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, amount \$ \_\_\_\_\_

Name of Insurance Company(s) \_\_\_\_\_

Insurance Policy #(s) \_\_\_\_\_

f. Employee Bonding \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, amount \$ \_\_\_\_\_

g. Employee Wrongdoing Ins. \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, amount \$ \_\_\_\_\_

**(PLEASE ATTACH A COPY OF CERTIFICATE OF INSURANCE)**

D. **REMARKS**

If you have additional information to provide or need additional information about any of the categories listed above, please use the back of this report for that purpose.

E. Prepared by: \_\_\_\_\_ Daytime phone: \_\_\_\_\_

**Please return by February 18, 2019**

To: Presbytery of Great Rivers, 1230 W Candletree Dr, Suite D, Peoria, IL 61614