

2009 BOARD OF TRUSTEES REPORT Illinois Great Rivers Conference

CHURCH:		DISTRICT:	Iroquois River
CHARGE:		DATE SUBMITTED:	
CHAIRPERSON:			

I. INSURANCE COVERAGE

Item Insured	Actual Value	Limits of Insurance & Deductible	Insurance Company	Annual Premium	Policy Term Dates
Church Buildings (Replacement Value)					
Church Furnishings & Equipment (Cash Value)					
Church Owned Parsonages (Replacement Value)					
Parsonage Contents (Cash Value)					
General Liability					
Pastor Professional Liability					
Directors and Officers					
Workers Compensation*					
Crime (Fidelity)					
Owned Auto					
Boiler and Machinery					
Earthquake					
Flood					
Other					

*It is recommended that all local churches carry Workers Compensation Insurance. All United Methodist Churches in the Conference are eligible for coverage under the "pool policy" of the Conference. **If you are interested, contact the IGRC Director of Administrative Services**

II. OTHER INSURANCE QUESTIONS

A. Is the amount of insurance adequate?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
B. When were your buildings last inspected for fire hazards?		By whom?	
(List significant recommendations which may restrict future policies (attach separate sheet).)			
C. Does your church have a day care or pre-school?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Are you the sponsoring organization?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Number of staff		Number of students	

III. DETAILED LIST OF TRUSTS, OTHER FUNDS AND OTHER PROPERTIES

Are all administered as required by the Discipline? (See ¶2532.5 & ¶2549.9 of **The Book of Discipline, 2008**)

Yes <input type="checkbox"/>	No <input type="checkbox"/>
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(List below or on an attached sheet)

(NOTE: All trust funds or monies held by Trustees must be reported to the Charge Conference annually.)

Name of Fund or Property	Received Date	Amount	Where Invested	Income	How Applied	Who Administers this Fund

If earnings from Section III are greater than \$1,000:

What percentage was expended for building improvements?	%
What percentage was expended for local expenses?	%
What percentage was benevolent – for others?	%

IV. IS THE CHURCH INCORPORATED: (To Check status with State of IL, go to their Web Site <http://www.ilsos.gov/corporatellc/index.jsp>)

With the Illinois Secretary of State?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date (Month/Day/Year)	
(If not previously submitted, or if incorporation status has changed, attach copy of incorporation papers to this form.)				
With the County Recorder?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date (Month/Day/Year)	
(If not previously submitted, or if incorporation status has changed, attach copy of incorporation papers to this form.)				
Have the Trustees filed the paper form for property tax exempt status with the County Assessor?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date (Month/Day/Year)	
Has the tax exempt status of any church properties changed this year?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, describe on separate sheet.	

V. CUSTODIAN OF LOCAL CHURCH LEGAL PAPERS

Place where legal papers are kept	
What was the founding date of your church (year)?	
What specific measures have you taken in the last two years to make your church more handicapped accessible?	
What resources, if any, were most helpful to you in carrying out your accessibility project?	

Chairperson, Board of Trustees

NOTE: This report must be submitted along with other Charge Conference forms.

(Four copies: District Superintendent, Pastor, Recording Secretary, Chair of Board of Trustees)