

С	hurch Name:			EIN #:		
Δ	Address:					
C	GCFA #:		Local Ch	urch #:		
Lega	<u>ıl:</u>					
1.	Is the church incorporated? ¶2529.1 Legal name of the church:	Yes	No	If yes, provide the:		
	Date of last filing of Statement of Continued Exist Secretary of State's website and must be filed e		Secretary of S	State:(This statement is found on the Ohio		
	Statutory agent:					
2.	Who is the custodian of all church legal papers	s and where t	hey are kept?	? ¶2550.8		
	Custodian Name:					
	Location of Legal Papers:					
Liabi	ility:					
3.	When was your church's property/casualt	ty insurance	last reviewe	ed?		
	Attach a copy of the "Declaration" page(s) from all active insurance policies. ¶2550.7 (Review "Recommended Insurance Levels" adopted by the East Ohio Conference Board of Trustees)					
4.	4. Does your church's liability policy cover sexual misconduct?					
	Yes No					
pe	5. Have all church properties, including the chancel areas, been evaluated to ensure accessibility to persons with disabilities? If no, attach a plan/timeline for the development of accessible church properties. ¶2550.10					
	Yes No					
<u>Prop</u>	erty:					
	Provide the legal description and the reas 2550.1 (Parcel information can be found on the prope insured value from the Insurance Policy declaration p	erty deed or Cou	ınty Auditor's w			
	Church parcel:			Value:		
	Parsonage parcel:			Value:		
	Other parcel(s):			Value:		

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Or, attach a copy of the "Declaration" page(s) from the relevant insurance policies.

the grantee name on each deed of convey	ctions the name on deeds must be your church's correct legal name. Provide rance of real estate to the local church. ¶2550.3 (Found on archived property fach a list if needed. Does the District Office have a copy of the deed?
Church Parcel:	Grantee:
Parsonage Parcel:	Grantee:
Other Parcel:	Grantee:
8. Provide an inventory and reasonable wowned by the local church. ¶2550.3	valuation dated within the last two years of significant personal property
Location of inventory and valuation:	
9. Attach your most recent Parsonage Ins	pection form.
Date of Parsonage Inspection:	
Revenue/Expenses:	
	) the amount of revenue received during the year from any <b>income-</b> xpenditures related to that property. ¶2550.4. The values are NUMBER ONLY Description of Expenses:
Revenue:	
Expense:	
	et) the amount of income received for capital purposes for your g and other real property improvements. Also include a list of
Capital Campaigns:	
Revenue:	Description of Expenses:
Expense:	
12. List below your church's outstanding de ¶2550.6	ebts secured by the church physical assets, and how contracted.
Capital Debt:	
How contracted:	
are invested, clarifying the manner in which	ocal church is the beneficiary, specifying where and how the funds in these investments made a positive contribution toward the al Principles of the Church, and in what manner the income
Trustee Chair Signature:	Date:
Print Name:	

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