



## Charge Conference 2017 TRUSTEES

(¶ 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.

\_\_\_\_\_ United Methodist Church, \_\_\_\_\_ Charge,  
\_\_\_\_\_ District of the Tennessee Annual Conference

For 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):

ROLE	NAME	TERM EXPIRES
President/Chair		
Vice President/Vice Chair		
Secretary		
Treasurer		
Member		
Member		
Member		
Member		
Member		

2. Is the local church incorporated (¶2529.1a)?  Yes  No
3. a) Name(s) in which title to each piece of property is recorded, as shown by civil land records (¶¶2536, 2538):

	Name(s)	Office	Book	Page
<b>Church Buildings</b>				
<b>Church Buildings</b>				
<b>Parsonages</b>				
<b>Parsonages</b>				
<b>Other</b>				
<b>Other</b>				

- 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/No, Amount)	Expires When

b) Have the buildings been inspected for fire and other safety hazards within the past year?  
 Yes  No

c) Have you assessed the 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 at [www.gcfa.org/united-methodist-church-minimum-insurance-requirements](http://www.gcfa.org/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 can be found at <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 is income 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/Chair of Trustees (sign): \_\_\_\_\_

President/Chair of Trustees (print): \_\_\_\_\_

Date: \_\_\_\_\_