

# 2024 Trustees Legal & Property Report

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

District: \_\_\_\_\_ Church GCFA # \_\_\_\_\_ EIN # \_\_\_\_\_

## Legal:

1. Is the church incorporated? ¶2529.1  Yes  No If yes, provide the:  
Legal name of the church: \_\_\_\_\_  
Date of last filing of *Statement of Continued Existence* with the Secretary of State: \_\_\_\_\_  
(*This statement is found on the Ohio Secretary of State's website and must be filed every 5 years*)  
Statutory agent: \_\_\_\_\_  
Employer EIN number: \_\_\_\_\_
2. Who is the custodian of all church legal papers and where they are kept? ¶2550.8  
Custodian Name: \_\_\_\_\_  
Location of Legal Papers: \_\_\_\_\_

## Liability:

3. Does your church have the *Safe Sanctuaries® Policy* in place?  Yes  No (*West Ohio churches are required to have a written Safe Sanctuaries® Policy which is reviewed annually. Information at [www.westohioumc.org/safesanctuaries](http://www.westohioumc.org/safesanctuaries)*)  
If yes, date *Safe Sanctuaries® Policy* implemented: \_\_\_\_\_ Date of last review: \_\_\_\_\_  
If no, date *Safe Sanctuaries® Policy* will be implemented: \_\_\_\_\_  
Number of Safe Sanctuaries Trainings offered this year: \_\_\_\_\_  
Number of new servant leaders trained? \_\_\_\_\_  
Number of servant leaders renewed through training? \_\_\_\_\_
4. Does your church host a BSA Boy Scout Troop and/or a BSA Cub Scout Pack at your church?  
If yes, are they chartered through your congregation with:  
 an affiliation agreement or  using space through a Facilities Use Agreement?  
*Please upload your most current agreement.*
5. When was your church's property/casualty insurance last reviewed? \_\_\_\_\_ Attach a copy of the "Declaration" page(s) from all active insurance policies. ¶2550.7 (*Review "Recommended Insurance Levels" adopted by the West Ohio Conference Board of Trustees*)
6. Does your church's liability policy cover sexual misconduct?  Yes  No
7. Have all church properties, including the chancel areas, been evaluated to ensure accessibility to persons with disabilities?  
 Yes  No If no, attach a plan/timeline for the development of accessible church properties. ¶2550.10  
An accessibility audit is available here: <https://www.westohioumc.org/sites/default/files/page/files/umc-accessibility-audit.pdf>.  
Grant funds for accessibility improvements are available. For information, email [gogrants@wocumc.org](mailto:gogrants@wocumc.org).

## Property:

8. Provide the legal description and the reasonable valuation of each parcel of real estate owned by the church. ¶2550.1 (*Parcel information can be found on the property deed or County Auditor's website. May use the value on the Auditor's website or the insured value from the Insurance Policy declaration page. This information will also be used in Table II of your End of Year Annual Report.*)  
Church parcel: \_\_\_\_\_ Value: \_\_\_\_\_  
Parsonage parcel: \_\_\_\_\_ Value: \_\_\_\_\_  
Other parcel(s): \_\_\_\_\_ Value: \_\_\_\_\_  
Or attach a copy of the "Declaration" page(s) from the relevant insurance policies.

***\*This report will be used both for the Trustee's Annual Report to the church/charge conference in the fall and for completing the church's End of Year Annual Report online. When used for the fall charge conference, the report may be for the previous calendar year but may not be more than 12 months old.***

9. To engage in certain business transactions the name on deeds must be your church's correct legal name. Provide the grantee name on each deed of conveyance of real estate to the local church. ¶2550.3 (*Found on archived property deeds or on the County Auditor's website.*) Attach a list if needed.

Church Parcel: \_\_\_\_\_ Grantee: \_\_\_\_\_

Parsonage Parcel: \_\_\_\_\_ Grantee: \_\_\_\_\_

Other Parcel: \_\_\_\_\_ Grantee: \_\_\_\_\_

10. Provide an inventory and reasonable valuation dated within the last two years of significant personal property owned by the local church. ¶2550.3 (*This information will also be used in Table II of your End of Year Annual Report.*)

Location of inventory and valuation: \_\_\_\_\_ Dated: \_\_\_\_\_

Though not required, a video is an easy way to document personal property. If you have recorded a video of personal property, where is it located? \_\_\_\_\_

11. Attach your most recent *Parsonage Inspection* form, which is dated: \_\_\_\_\_

### **Revenue/Expenses:**

12. List below (or attach a separate sheet) the amount of revenue received during the year from any income-producing property and a detailed list of expenditures related to that property. ¶2550.4 (*This information will also be used in Table III of your End of Year Annual Report.*)

Property: \_\_\_\_\_ Revenue: \$ \_\_\_\_\_ Expense: \$ \_\_\_\_\_

Description of expenses: \_\_\_\_\_

13. List below (or attach on a separate sheet) the amount of income received for capital purposes for your current building, a new building, remodeling, and other real property improvements. Also include a list of corresponding expenses. ¶2550.5 (*This information will be used in Tables II and III of your End of Year Annual Report.*)

Capital Campaigns: \_\_\_\_\_ Revenue: \$ \_\_\_\_\_ Expense: \$ \_\_\_\_\_

Description of expenses: \_\_\_\_\_

14. List below your church's outstanding capital debts secured by the church physical assets, and how contracted. ¶2550.6 (For example, 20-year loan with ABC Bank with a stated interest rate of x.x% due mm/dd/yyyy.) (*This information will also be used in Table II of your End of Year Annual Report.*)

Capital debt: \$ \_\_\_\_\_ How contracted: \_\_\_\_\_

15. List below (or attach on a separate sheet) all trusts in which the local church is the beneficiary, specifying where and how the funds are invested, 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 in what manner the income therefrom is expended or applied. ¶2550.9

Trust: \_\_\_\_\_ Revenue: \$ \_\_\_\_\_ Invested: \$ \_\_\_\_\_

Description of Investment: \_\_\_\_\_

### **Signatures:**

Chair, Board of Trustees \_\_\_\_\_ Date: \_\_\_\_\_

Please print name: \_\_\_\_\_

**A copy of this report is to be provided to your district office annually.**

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