

CHURCH SESSION (TRUSTEES) ANNUAL REPORT as of December 31, 2024

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.

Church City: _____ Church PIN: _____

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 *see sample copy

This is a one page document – please don't send a copy of your policy or invoice.

Contact your insurance agent if you have questions.

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: (please print) _____

Daytime phone: _____ Email address: _____

Please return by February 14, 2025

To: Presbytery of Great Rivers, 3601 N Sheridan Road, Peoria, IL 61604

You can also scan & email to smcgrath@greatriverspby.org if you prefer