

# Annual Local Church Report

THE CHURCHES OF CHRIST IN CHRISTIAN UNION



CCCU  
*Global Ministry Center*

For church year ending June 30, 2017

Send to the District Office by **District Council**

**DISTRICT**

**YEAR CHURCH FOUNDED** \_\_\_\_\_

**NORTHEAST** \_\_\_\_\_

**SOUTH CENTRAL** \_\_\_\_\_

**WEST CENTRAL** \_\_\_\_\_

**LEGAL NAME OF CHURCH** \_\_\_\_\_

**ADDRESS FOR CHURCH MAIL** \_\_\_\_\_

**CHURCH PHYSICAL ADDRESS** \_\_\_\_\_

**CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**CHURCH PHONE** \_\_\_\_\_ **CHURCH FAX** \_\_\_\_\_

**INCORPORATED:**  **YES**  **NO** IF YES, LIST STATE CHARTER/REGISTRATION # \_\_\_\_\_

**CHURCH FEDERAL I.D.#** \_\_\_\_\_

**CHURCH E-MAIL ADDRESS** \_\_\_\_\_

**CHURCH WEB PAGE/FACEBOOK** \_\_\_\_\_

(Note: Complete this section only if a new church or if directions are different than reported in last year's yearbook)

**DIRECTIONS TO PHYSICAL ADDRESS** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**This Report Prepared by:**

**DATE** \_\_\_\_\_

## DEPARTMENTAL REPORTS

### SUNDAY SCHOOL ATTENDANCE REPORT:

Average Sunday School Attendance \_\_\_\_\_

### CHURCH ATTENDANCE REPORT:

Average Morning Worship Attendance \_\_\_\_\_

Average Sunday Evening Attendance \_\_\_\_\_

Average Midweek Attendance \_\_\_\_\_

### TIME OF SERVICES:

Sunday School \_\_\_\_\_

Sunday Morning Worship \_\_\_\_\_

Sunday Evening \_\_\_\_\_

Midweek \_\_\_\_\_

### SPIRITUAL FORMATION REPORT:

Total Professions of Conversion \_\_\_\_\_

Total Professions of Sanctification \_\_\_\_\_

### MISSIONS:

How many missionary services did your church hold in the past year? \_\_\_\_\_

How many missionaries visited your church in the past year for a service? \_\_\_\_\_

How many of the missionaries who visited your church in the past year were CCCU missionaries? \_\_\_\_\_

## MEMBERSHIP

1. Active Adult Members June 30 Last Year _____	5. Adults Lost by Death _____
2. Adults gained by Profession _____	6. Adults Lost by Transfer _____
3. Adults gained by Transfer _____	7. Adults Lost for Other Reasons _____
4. TOTAL GAINED FOR THIS YEAR _____	8. TOTAL LOSS FOR THE YEAR _____
9. Active Adult Members June 30 This Year _____	
(Add line 1 & 4, minus line 8.)	

## LOCAL CHURCH FINANCIAL REPORT

### I. CHURCH

#### INCOME

#### DISTRIBUTION SENT TO DENOMINATION

1. Tithes and Offerings (Do not include money from lines 2 and 3) \$ \_\_\_\_\_

2. Total Sunday School Offerings \$ \_\_\_\_\_

3. Other (Specify) i.e. Bequests, wills, property, fundraisers \$ \_\_\_\_\_

### II. EVANGELICAL CHRISTIAN YOUTH

4. Total Youth Income \$ \_\_\_\_\_

5. District ECY Budget Tithe sent to General Treasurer \$ \_\_\_\_\_  
(Should be 10% of Line 4)  
(Does not include line 23, Col. C)

**INCOME****DISTRIBUTION  
SENT TO  
DENOMINATION****III. GENERAL MISSIONS** (only funds sent to General Treasurer)

6. Total Income for Missions \$\_\_\_\_\_
- (Itemize this amount below)
- a. Kid Power Offering (only funds sent to General Treasurer) \$\_\_\_\_\_
- b. Work Teams (only funds sent to General Treasurer) \$\_\_\_\_\_
- c. Shares (only funds sent to General Treasurer) \$\_\_\_\_\_
- d. Other (only funds sent to General Treasurer) \$\_\_\_\_\_

7. Total Missions Sent to the General Treasurer \$\_\_\_\_\_
- (Total of 6a, b, c and d plus any funds the church may have paid from its own operational accounts to support Missions)

**IV. CHURCH EXTENSION** (only funds sent to General Treasurer)

8. Total Income (Annual, Monthly and Designated Offerings) \$\_\_\_\_\_
9. Total Church Extension sent to the General Treasurer \$\_\_\_\_\_

**V. OTHER – NOT sent to General Treasurer**

These are funds that are kept at the local church or distributed to other organizations/churches or agencies

10. CHURCH INCOME (NOT sent to General Treasurer) \$\_\_\_\_\_
- a. Money Raised for Work Teams \$\_\_\_\_\_
- (does not include line 6b)
- b. Ohio Christian University \$\_\_\_\_\_
- (does not include 3%)
- c. Church Extension \$\_\_\_\_\_
- (special projects, etc.- does not include line 8)
- d. Building Fund \$\_\_\_\_\_
- e. Other offerings or projects \$\_\_\_\_\_
- (NOT sent to General Treasurer)

**VI. TOTAL RECEIPTS FOR ALL DEPARTMENTS OF THE LOCAL CHURCH**

11. Total of lines 1, 2, 3, 4, 6, 8 and 10 \$\_\_\_\_\_

**NOTE:** Money reported on lines 1, 2, 3, 4, 6, 8, and 10 should be the only money originally received into the local church treasury. **The purpose of these instructions is to prevent “double reporting” of “income” by more than one department of the local church. Your cooperation will help us to produce the best possible record of your church’s activities.**

**PLEASE DO NOT OMIT REPORTS FOR ANY ITEM WHICH PERTAINS TO YOUR CHURCH.**

**VII. CHURCH BALANCE SHEET (Please list Bank/Financial Institution Balances as of 6/30)**

- a. Church Operational Checking Account \$\_\_\_\_\_
- b. Church Operational Savings Account \$\_\_\_\_\_
- c. Church Building Fund Savings Account \$\_\_\_\_\_
- d. All other Church Investments and/or Certificate of Deposit \$\_\_\_\_\_
- TOTAL** \$\_\_\_\_\_

## VIII. BUDGET SUMMARY

<b>GENERAL/DISTRICT</b>	<b>A Income</b>	<b>B Budget Due (10%)</b>	<b>C Budget Paid</b>
12. Church Tithes & Offerings (Line 1)	\$ _____	\$ _____	\$ _____
13. Sunday School Income (Line 2)	\$ _____	\$ _____	\$ _____
14. Other Income (Line 3)	\$ _____	\$ _____	\$ _____
<b>15. INCOME for BUDGET ASSESSMENT</b> (Add items 12, 13, 14, Col. A)	<b>\$ _____</b>		
16. BUDGET DUE (Add lines 12, 13, 14, Col. B)		\$ _____	
<b>17. BUDGET PAID</b> (Add lines 12, 13, 14, Col. C)			<b>\$ _____</b>
<b>18. UNPAID BUDGET</b> (Line 16 minus line 17)		<b>\$ _____</b>	
<b>OCU</b>	<b>A Income</b>	<b>B Budget Due (3%)</b>	<b>C Budget Paid</b>
19. BUDGET DUE for OCU ASSESSMENT (3% of line 15, Col. A)		\$ _____	
<b>20. BUDGET PAID for OCU ASSESSMENT</b>			<b>\$ _____</b>
<b>21. UNPAID BUDGET for OCU</b> (Line 19 minus line 20)		<b>\$ _____</b>	
<b>ECY</b>	<b>A Income</b>	<b>B Budget Due (.5%)</b>	<b>C Budget Paid</b>
22. BUDGET DUE for ECY ASSESSMENT (.5% of line 15, Col. A)		\$ _____	
<b>23. BUDGET PAID for ECY ASSESSMENT</b>			<b>\$ _____</b>
<b>24. UNPAID BUDGET for ECY</b> (Line 22 minus line 23)		<b>\$ _____</b>	
<b>CHRISTIAN EDUCATION</b>			
25. BUDGET DUE for CHRISTIAN ED. ASSESSMENT (.5% of line 15, Col. A)		\$ _____	
<b>26. BUDGET PAID for CHRISTIAN ED. ASSESSMENT</b>			<b>\$ _____</b>
<b>27. UNPAID BUDGET for CHRISTIAN ED.</b> (Line 25 minus line 26)		<b>\$ _____</b>	
<b>28. TOTAL BUDGET DUE</b> (Add lines 16, 19, 22, and 25 Col. B)		<b>\$ _____</b>	
<b>29. TOTAL BUDGET PAID</b> (Add lines 17, 20, 23, and 26 Col. C)			<b>\$ _____</b>
<b>30. TOTAL UNPAID BUDGET</b> (Line 28 minus Line 29)		<b>\$ _____</b>	

CHURCH NAME \_\_\_\_\_

**PERSONNEL FOR COMING YEAR  
PLEASE PRINT · PLEASE GIVE COMPLETE MAILING ADDRESS**

**Pastor** \_\_\_\_\_  
Name Street-Route City

State Zip Code Cell Phone Area Code-Phone E-mail Address

**Preferred Mailing Address for Pastor**

Street-Route City State Zip Code

**Spouse** \_\_\_\_\_  
Name Street-Route City

State Zip Code Cell Phone Area Code-Phone E-mail Address

**Staff:**

**Assoc. Pastor** \_\_\_\_\_  
Name Street-Route City

State Zip Code Cell Phone Area Code-Phone E-mail Address

**Assoc. Pastor** \_\_\_\_\_  
Name Street-Route City

State Zip Code Cell Phone Area Code-Phone E-mail Address

**Youth Pastor** \_\_\_\_\_  
Name Street-Route City

State Zip Code Cell Phone Area Code-Phone E-mail Address

**Children's Pastor** \_\_\_\_\_  
Name Street-Route City

State Zip Code Cell Phone Area Code-Phone E-mail Address

**Board:**

**First Elder** \_\_\_\_\_  
Name Street-Route City

State Zip Code Cell Phone Area Code-Phone E-mail Address

**Second Elder** \_\_\_\_\_  
Name Street-Route City

State Zip Code Cell Phone Area Code-Phone E-mail Address

**Third Elder (Financial)** \_\_\_\_\_  
Name Street-Route City

State Zip Code Cell Phone Area Code-Phone E-mail Address

**Elder** \_\_\_\_\_  
Name Street-Route City

State Zip Code Cell Phone Area Code-Phone E-mail Address

**Elder** \_\_\_\_\_  
Name Street-Route City

State Zip Code Cell Phone Area Code-Phone E-mail Address

**S.S. Supt.**

Name	Street-Route	City		
State	Zip Code	Cell Phone	Area Code-Phone	E-mail Address

**ECY Rep.**

Name	Street-Route	City		
State	Zip Code	Cell Phone	Area Code-Phone	E-mail Address

**Miss. Pres.**

Name	Street-Route	City		
State	Zip Code	Cell Phone	Area Code-Phone	E-mail Address

**Church Ext. Pres.**

Name	Street-Route	City		
State	Zip Code	Cell Phone	Area Code-Phone	E-mail Address

**Children's Rep.**

Name	Street-Route	City		
State	Zip Code	Cell Phone	Area Code-Phone	E-mail Address

**Senior Rep.**

Name	Street-Route	City		
State	Zip Code	Cell Phone	Area Code-Phone	E-mail Address

**Trustee**

Name	Street-Route	City		
State	Zip Code	Cell Phone	Area Code-Phone	E-mail Address

**Trustee**

Name	Street-Route	City		
State	Zip Code	Cell Phone	Area Code-Phone	E-mail Address

**Trustee**

Name	Street-Route	City		
State	Zip Code	Cell Phone	Area Code-Phone	E-mail Address

**Trustee**

Name	Street-Route	City		
State	Zip Code	Cell Phone	Area Code-Phone	E-mail Address

**Trustee**

Name	Street-Route	City		
State	Zip Code	Cell Phone	Area Code-Phone	E-mail Address

**Other**

Name	Street-Route	City		
State	Zip Code	Cell Phone	Area Code-Phone	E-mail Address

**Other**

Name	Street-Route	City		
State	Zip Code	Cell Phone	Area Code-Phone	E-mail Address

**If additional space is needed you may copy this page.**

**Other (non-voting):**

**Advocate Solicitor**

Name		Street-Route		City
State	Zip Code	Cell Phone	Area Code-Phone	E-mail Address

**ECL President**

Name		Street-Route		City
State	Zip Code	Cell Phone	Area Code-Phone	E-mail Address

**Kid Power**

Name		Street-Route		City
State	Zip Code	Cell Phone	Area Code-Phone	E-mail Address

**REPORT OF LICENSED MINISTERS**

All local churches are asked to report **ALL** Licensed Ministers who are members of your church. Include your pastor.

1. \_\_\_\_\_  
Name Street-Route City

State Zip Code Cell Phone Area Code-Phone E-mail Address

Local Licensed  Council Licensed  Ordained

2. \_\_\_\_\_  
Name Street-Route City

State Zip Code Cell Phone Area Code-Phone E-mail Address

Local Licensed  Council Licensed  Ordained

3. \_\_\_\_\_  
Name Street-Route City

State Zip Code Cell Phone Area Code-Phone E-mail Address

Local Licensed  Council Licensed  Ordained

4. \_\_\_\_\_  
Name Street-Route City

State Zip Code Cell Phone Area Code-Phone E-mail Address

Local Licensed  Council Licensed  Ordained

# REPORT OF LICENSED MINISTERS

5.

---

Name		Street-Route		City
State	Zip Code	Cell Phone	Area Code-Phone	E-mail Address
<input type="checkbox"/> Local Licensed		<input type="checkbox"/> Council Licensed		<input type="checkbox"/> Ordained

6.

---

Name		Street-Route		City
State	Zip Code	Cell Phone	Area Code-Phone	E-mail Address
<input type="checkbox"/> Local Licensed		<input type="checkbox"/> Council Licensed		<input type="checkbox"/> Ordained

7.

---

Name		Street-Route		City
State	Zip Code	Cell Phone	Area Code-Phone	E-mail Address
<input type="checkbox"/> Local Licensed		<input type="checkbox"/> Council Licensed		<input type="checkbox"/> Ordained

8.

---

Name		Street-Route		City
State	Zip Code	Cell Phone	Area Code-Phone	E-mail Address
<input type="checkbox"/> Local Licensed		<input type="checkbox"/> Council Licensed		<input type="checkbox"/> Ordained

9.

---

Name		Street-Route		City
State	Zip Code	Cell Phone	Area Code-Phone	E-mail Address
<input type="checkbox"/> Local Licensed		<input type="checkbox"/> Council Licensed		<input type="checkbox"/> Ordained

10.

---

Name		Street-Route		City
State	Zip Code	Cell Phone	Area Code-Phone	E-mail Address
<input type="checkbox"/> Local Licensed		<input type="checkbox"/> Council Licensed		<input type="checkbox"/> Ordained

11.

---

Name		Street-Route		City
State	Zip Code	Cell Phone	Area Code-Phone	E-mail Address
<input type="checkbox"/> Local Licensed		<input type="checkbox"/> Council Licensed		<input type="checkbox"/> Ordained

12.

---

Name		Street-Route		City
State	Zip Code	Cell Phone	Area Code-Phone	E-mail Address
<input type="checkbox"/> Local Licensed		<input type="checkbox"/> Council Licensed		<input type="checkbox"/> Ordained



# REPORT OF LICENSED MINISTERS

13.

Name		Street-Route		City
State	Zip Code	Cell Phone	Area Code-Phone	E-mail Address
<input type="checkbox"/> Local Licensed		<input type="checkbox"/> Council Licensed		<input type="checkbox"/> Ordained

14.

Name		Street-Route		City
State	Zip Code	Cell Phone	Area Code-Phone	E-mail Address
<input type="checkbox"/> Local Licensed		<input type="checkbox"/> Council Licensed		<input type="checkbox"/> Ordained

15.

Name		Street-Route		City
State	Zip Code	Cell Phone	Area Code-Phone	E-mail Address
<input type="checkbox"/> Local Licensed		<input type="checkbox"/> Council Licensed		<input type="checkbox"/> Ordained

16.

Name		Street-Route		City
State	Zip Code	Cell Phone	Area Code-Phone	E-mail Address
<input type="checkbox"/> Local Licensed		<input type="checkbox"/> Council Licensed		<input type="checkbox"/> Ordained

17.

Name		Street-Route		City
State	Zip Code	Cell Phone	Area Code-Phone	E-mail Address
<input type="checkbox"/> Local Licensed		<input type="checkbox"/> Council Licensed		<input type="checkbox"/> Ordained

18.

Name		Street-Route		City
State	Zip Code	Cell Phone	Area Code-Phone	E-mail Address
<input type="checkbox"/> Local Licensed		<input type="checkbox"/> Council Licensed		<input type="checkbox"/> Ordained

19.

Name		Street-Route		City
State	Zip Code	Cell Phone	Area Code-Phone	E-mail Address
<input type="checkbox"/> Local Licensed		<input type="checkbox"/> Council Licensed		<input type="checkbox"/> Ordained

20.

Name		Street-Route		City
State	Zip Code	Cell Phone	Area Code-Phone	E-mail Address
<input type="checkbox"/> Local Licensed		<input type="checkbox"/> Council Licensed		<input type="checkbox"/> Ordained

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## OBITUARIES

CHURCH NAME \_\_\_\_\_

*Please list all members of your congregation who have deceased during the Council year in order to keep our database current.*

- |          |           |
|----------|-----------|
| 1. _____ | 8. _____  |
| 2. _____ | 9. _____  |
| 3. _____ | 10. _____ |
| 4. _____ | 11. _____ |
| 5. _____ | 12. _____ |
| 6. _____ | 13. _____ |
| 7. _____ | 14. _____ |

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### Internal Controls/Compliance Questionnaire

Please complete this sheet in its entirety. Your answers will assist the Denomination in providing additional guidance and education to the local church as it relates to compliance with federal/and or state regulations as well as the Internal Controls within the local church. Answer with “Yes” or “No” and provide any additional written detail as requested.

**Note:** If you are unclear on any of the other items addressed, feel free to contact the General Treasurer for clarification at 740-474-8856 or [treasurer@cccuhq.org](mailto:treasurer@cccuhq.org)

**1) Internal Controls:**

- a. Is there more than one person responsible for all the handling of the church finances? \_\_\_\_\_.
- b. Is there a separation of duties for those who authorize checks and for those who sign checks? \_\_\_\_\_.
- c. Does your church have a separation in duties of those who collect and count the offerings? \_\_\_\_\_.
- d. Are at least two members of a counting committee present when offerings are counted? \_\_\_\_\_.
- e. Does the church use an offering record to track each offering and counter? \_\_\_\_\_.
- f. Are all funds promptly deposited with the bank (1-2 days)? \_\_\_\_\_.
- g. Are all disbursements paid by check or via ACH/EFT online? \_\_\_\_\_.
- h. Is there supporting documentation available for all disbursements for expenditures? \_\_\_\_\_.
- i. Are blank checks ever signed in advance? \_\_\_\_\_.
- j. Are all the bank statements reconciled on a monthly basis? \_\_\_\_\_.
- k. Does the church prepare a Balance Sheet and a Profit/Loss Sheet for monthly review? \_\_\_\_\_.
- l. Does the church board review the financial statements indicated in (k) at each board meeting? \_\_\_\_\_.
- m. Does the church have a budget in place for each year? \_\_\_\_\_.
- n. Does the church have an annual business meeting? \_\_\_\_\_.
- o. Are new board members given any board orientation and advised of their fiduciary responsibility? \_\_\_\_\_.
- p. Does the church maintain a credit card? \_\_\_\_\_.
- q. Does the church use a debit/check card? \_\_\_\_\_.
- r. If yes to (p & q), is the cash advance option on those cards deactivated or set to \$0? \_\_\_\_\_.
- s. Is a church official receiving the “Church Treasurer Updates” sent by the General Treasurer’s Office (sent about 8 times a year via email to pastors, 1<sup>st</sup>, 2nd, 3rd Elders with email addresses listed on annual report or via mail to churches who did not supply email address as above)? \_\_\_\_\_.

**2) Property and Liability Insurance:**

- a) What is the name of the church’s local Insurance Agent? \_\_\_\_\_
- b) What is the name of the church’s Insurance Carrier? \_\_\_\_\_  
(i.e., Brotherhood Mutual, Church Mutual, Guide One, etc.)

**3) FORM 8822-B: Change of Responsible Party**

- a) Did the church have a change of address or "responsible party" since its last annual 8822-B filing? \_\_\_\_\_.
- b) If yes, did the church submit a revised Form 8822-B to the IRS noting the change(s)? \_\_\_\_\_.

**4) FORM 5578: Annual Certification of Racial Nondiscrimination for Private School Exempt from Federal Income Tax**

- a) Does your church operate a daycare, preschool, school, etc? \_\_\_\_\_.
- b) If yes to (a), please provide the date the church last filed its required Form 5578. \_\_\_\_\_.

**5) Ministerial & Non-Ministerial Employees:**

- a) How many ministerial employees receive reportable wages and/or Housing Allowance? \_\_\_\_\_.
- b) How many non-ministerial employees receive reportable wages? \_\_\_\_\_.

**6) Form W-2:**

- a) Did the church complete a W-2 Wage and Tax Statement on all employees (noted in #4) for the last calendar year and remit a W-3 Transmittal Wage and Tax Statement? \_\_\_\_\_.
- b) **Note of Exception for (a):** If a minister's entire salary is designated by the church as Housing Allowance, then a W-2 is not applicable for that minister. However, the church should at least provide the minister with a Housing Allowance letter for his/her records and as needed for tax preparation.

**7) Form 1099-MISC:**

- a) Did the church pay any independent contractors for services in excess of \$600.00 in the last calendar year? \_\_\_\_\_.
- b) If yes to (a), did the church complete a 1099-MISC and a Form 1096 Summary & Transmittal Form for any unincorporated contractors (example: Speakers, Singers, Yard Maintenance, etc) for their services in excess of \$600.00 for that last calendar year? \_\_\_\_\_.

**8) Housing Allowance:**

- a) Does the church provide a housing allowance designation for a part/all of its pastor (including any applicable ministerial staff) salary? \_\_\_\_\_.
- b) If yes to (a), is the housing allowance properly designated in the church board minutes? \_\_\_\_\_.

**9) Social Security Reimbursement:**

- a) Does the church reimburse its pastor (if participating in Social Security) the amount of ½ of the Social Security Tax (Also known as Self Employment Tax for ministers) paid by him/her on his/her income from the church as is noted on page 62, item #9, of our Manual, 2016 Edition? \_\_\_\_\_.
- b) If yes to (a), does the church include this reimbursement amount in the pastor's gross wages as reportable income? \_\_\_\_\_.

**10) Employment Eligibility Verification Form (I-9) and New Hire Reporting required by Claims Resolution Act:**

- a) Does the church follow all federal and state rules for new hires as it pertains to the I-9 maintenance and new hire reporting? \_\_\_\_\_.

**11) Policies:**

- a) Does the church have a Whistleblower Policy as required by Sarbanes Oxley Act? \_\_\_\_\_.
- b) Does the church have a Conflicts of Interest Policy? \_\_\_\_\_.
- c) Does the church maintain an Accountable Reimbursement Policy? \_\_\_\_\_.
- d) Does the church maintain a Benevolence Fund Policy? \_\_\_\_\_.
- e) Does the church maintain and adhere to a Background Check Policy? \_\_\_\_\_.

**12) Denominational Retirement Plan:**

- a) Does the local church participate in the denominational retirement plan? \_\_\_\_\_.
- b) If no to (a), would the church like to learn how to participate in the plan for its credentialed employees? \_\_\_\_\_.

**13) Audits:**

- a) Does the church have a finance committee or audit committee? \_\_\_\_\_.
- b) Has the church had an audit or financial review conducted at its church? \_\_\_\_\_.
- c) If yes to (b), please provide the date of the church's last audit. \_\_\_\_\_.

**14) Stewardship:**

- a) Did the church have a denominational stewardship presentation in the last Council Year? \_\_\_\_\_.
- b) Has the church had a denominational stewardship presentation in the last 3 Years? \_\_\_\_\_.
- c) Is the church willing to help arrange a stewardship presentation in the next 12-24 months? \_\_\_\_\_.

# Property Information and Valuation

Please complete the following for each parcel of real estate owned. **Please include a copy of the total market value as indicated by your local County Auditor/Assessor/Property Appraisal District.** This can simply be a copy of an online printout from their website or a copy obtained directly from their local office. (\*) Those columns with an asterisk may involve duplicated responses if various parcels are mortgaged under the same lender/loan number.

Parcel Number(s)	Deeded to: (D)Denom. (C) Church	County Auditors Total Market Value	Is the Property Adequately Insured (Y/N)	Is the Property Mortgaged (Y/N)	Amount of Outstanding Indebtedness*	Lender*	Loan Number*

Total value of property deeded to the local church? \$ \_\_\_\_\_

Total value of property deeded to the denomination? \$ \_\_\_\_\_

Indebtedness of the Church? \$ \_\_\_\_\_

(Provide only the total indebtedness in which the Denomination has signed for/guaranteed)

Total all other indebtedness? \$ \_\_\_\_\_

(Provide a total for all other indebtedness of the Church less those with Denominational signature/guarantee)

♦ **Please make sure that if property is deeded to the Denomination that the Denomination is also listed as an Additional Interested Party on your Property Insurance.**

**(orig 3.23.10)**