

Indiana Conference North District
African Methodist Episcopal Church
P. O. Box 40453 . Indianapolis, IN 46240
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Reverend Lenore G. Williams, Presiding Elder

Trustee Quarterly Conference Report Blank

Name of Church _____ Date of Quarterly Conference _____

Beginning the 1st of _____, ending the _____ day of _____ 20 _____

Insurance Coverage with Fourth Episcopal District Insurance Company? Yes _____ No _____
If No, with whom? _____

Amount of Insurance Coverage:

1) Church: \$ _____ 2) Church Contents: \$ _____

2a) Are payments current? _____ Please provide a copy of cancelled checks.

3) List all other Church Properties with index numbers and location. Indicate amount of Insurance on each parcel: _____

4) Vehicles Owned By Church (Specify): _____ \$ _____

5) Other (Specify): _____

6) Pastor's Belongings: \$ _____ 7) Liability: \$ _____

8) Other (Attach List): _____

9) Is there a Mortgage or Loan Outstanding? If Yes, with whom? _____
If No, go to #11.

10) Are payments current? _____ If not, indicate # of past due payment/amount due: _____

10a) Mortgage Balance: \$ _____ # of Late Payments: _____

11) Does Your Pastor/Church have a membership with the Perpetuating Fund? _____

11a) Is there a loan with the Perpetuating Fund? _____ Are payments current? _____ If not, how much is past due? \$ _____ Plans to make current? _____

12) Are all Church properties Tax-Exempt? _____ If not, list properties by address and index number those not exempt. _____

13) Please provide a copy of all Deeds & Titles of all properties at the 1st Quarterly Conference.

14) Are the Property Taxes paid in full to date? _____ Please provide proof.

15) Please describe the state and condition of all Church property and any proposed ideas to refurbish or repair.

16) Are all Withholding Taxes being withheld and deposited properly and timely? _____
In which Bank is your account? _____

Note: Please follow directions as per current AMEC Book of Discipline and Doctrine.

Secretary/Vice Chairperson: _____

Pastor or Designee: _____