

ANNUAL REPORT OF ELDERS

REPORTING TO THE PRESBYTERY OF SHENANGO DECEMBER, 2016

DECEMBER, 2016

Church Name:	
Church Address:	
Web Site Address:	E-Mail Address:
Church Phone:	Church Fax:
Church Office Hours:	Service Times:

Please List Ruling Elders by Classes (Please * any newly elected Elders) E-mail addresses are needed for Presbytery meeting notification.

[illegible]

(OVER)

Please Complete All That Apply To Your Church

(If Contact Information is listed for a particular individual on the front, you do not need to re-list it.)

Position	Name	Address	City	State	Zip Code	Phone	E-Mail
Clerk of Session							
Church Treasurer							
Church Secretary							
Director of Christian Education							
Chair of Deacons							
Chair of Christian Education							
Superintendent of Church School							
Superintendent of Church School							
Chair of Worship							
Chair of Evangelism							
Chair of Mission							
Chair of Stewardship							
Chair of Personnel							
Chair of Nominations							
Youth Advisor							
Youth Advisor							

Is the salary of your pastor(s) paid in full to December 31, 2016? ☐ Yes ☐ No

Is the Pension of your pastor(s) paid in full to December 31, 2016? ☐ Yes ☐ No

What curriculum are you using for your church school? _____

What materials are you using for youth ministry? _____

Name of Person reporting: _____ Date: _____

Thank you for completing this form. Please make sure that it is returned by January 31, 2017 to:
The Presbytery of Shenango, 4197 New Castle Road, Pulaski, PA 16143-9513

Revised 12/2016

NECROLOGY REPORT

REPORTING TO THE PRESBYTERY OF SHENANGO DECEMBER, 2016

DECEMBER, 2016

Notice: To Pastors and Clerks of Session

Please report to the Stated Clerk of Shenango Presbytery by January 31, 2016 the death of any elder in your church since January 1, 2015. This information is needed for the Service of Commemoration that is held at the February meeting of Presbytery each year. Elder, not in active service at the time of death should also be included. No report is necessary if there have been no elder deaths.

Please type or print information to avoid error.

[illegible]

Name of Person Reporting: _____ Church Name: _____

Note: Item of Special Interest would include Clerk of Session, other office in the church, elder in more than one church, etc.

Revised 12/2016

INSURANCE SURVEY

REQUESTED BY THE TRUSTEES OF SHENANGO PRESBYTERY

DECEMBER, 2016

The Trustees feel the responsibility of being sure that all churches in our Presbytery are properly insured.

Please answer the following:

	YES	NO
a. Do you carry public liability insurance?	<input type="checkbox"/>	<input type="checkbox"/>
b. Is your church, manse or other property covered for its replacement value?	<input type="checkbox"/>	<input type="checkbox"/>
c. Have you had your buildings professionally appraised within the last 3 years?	<input type="checkbox"/>	<input type="checkbox"/>
d. Are all employees covered by Workmen's Compensation?	<input type="checkbox"/>	<input type="checkbox"/>

If your answer is NO to any of the above, please explain on the reverse side of this form.

e. Name of your Insurance Company, Agent and Policy #.

Please return this form to the Presbytery Office with your Annual Reports.

Name of Person Reporting: _____

Church Name: _____

Revised 12/2016

MISSION / WORK TRIP REPORT

REPORTING TO THE MISSION, COMMUNICATION, AND STEWARDSHIP COMMITTEE

DECEMBER, 2016

Please answer the following:

1. Did your congregation sponsor or participate in any work/mission trips in the last calendar year? YES NO
☐ ☐

2. If so, where did your group go?

3. What was the sponsoring organization? (Presbytery, GA, REACH, Constructores Para Cristo, World Vision, etc.)

4. How many people went on the trip? ADULTS YOUTH
☐ ☐

5. You may not have planned or sponsored a trip as a congregation, but individuals may have gone with other groups. How many went with other groups/congregations? ☐

6. If your church did not plan the trip, what group did?

7. What kind of support did your congregation give to those who went on such trips?

- ☐ full financial support from church funds
- ☐ partial financial support from church funds
- ☐ allowed them to ask individual members for support
- ☐ held fund raisers to help cover the cost
- ☐ encouraged them to seek Presbytery and Synod funds
- ☐ no financial support whatsoever

8. Would you be willing to serve as a resource for others thinking about such trips? YES NO
☐ ☐

Please return this form to the Presbytery Office with your Annual Reports.

Name of Person Reporting: _____

Church Name: _____

CORPORATE AND LEGAL ISSUES

REPORTING TO THE PRESBYTERY OF SHENANGO

DECEMBER, 2016

Name of Church: _____

Name of Person Reporting: _____

Telephone Number: _____

Please list the Federal Employer Number (EIN) for the church: ____ - ____ - ____

Is the Church Incorporated?

YES

NO

☐☐

Name on Incorporation Papers _____

Date of Incorporation _____

Corporate papers are filed _____

Please include a copy of your papers or articles of incorporation.

Check here if these papers are already on file at the Presbytery Office.

☐

Please include a copy of your bylaws.

Check here if these papers are already on file at the Presbytery Office.

☐

Does the Church have a cemetery?

(If you answer NO, please skip the next question.)

YES

NO

☐☐

Is the cemetery a separate corporate entity with its own charter and papers of incorporation?

☐☐

How do you report pastoral services income to your pastor(s) for tax purposes?

☐ Form 1099

☐ Form W2

☐ Other Please specify: _____

Has your treasurer listed every gift by donors of \$250 or more?

YES

NO

☐☐

Does your member's annual or quarterly or monthly financial statements include the IRS requirement that the "only benefit derived from the church for their contributions is intangible religious benefits"?

YES

NO

☐☐

Please include a copy of your financial report form.

Has the Session read and does the Session understand the Presbytery's Sexual Misconduct Policy?

YES

NO

☐☐

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Revised 12/2016