



CANADIAN FOURSQUARE CHURCH

2015 YEAR-END AUDIT CONFIRMATION FORM

A. CHURCH CONTACT INFORMATION

NAME OF CHURCH: _____ **CITY:** _____
Church Mailing Address: _____ Postal Code: _____
Church Telephone: _____ Website: _____
Administrative Accountant: _____ Accounting Email Address: _____
Council Treasurer Name: _____ Email of Treasurer: _____
Authorized CRA Contact: _____ Church Fiscal Year-End Date: _____
Registration (BN) # 10739 6905 RR Payroll # 10739 6905 RP GST # 10739 6905 RT

B. CHURCH BANKING INFORMATION

(Use additional pages for more than one account)

Name of Banking Institution? _____ Account # _____
Church Authorized Bank Contact: _____ Name on Account: _____
Signing Authorities: Title _____ Name _____
Title _____ Name _____
Title _____ Name _____
Title _____ Name _____

C. PASTOR/STAFF/EMPLOYEE INFORMATION

Does the church have paid employees?	Yes	No
Have all salaries & payroll deductions been paid? (If not, list names & amount due on separate sheet).	Yes	No
Have your paid staff/employees (who are eligible) been enrolled in the Foursquare Benefit Plan?	Yes	No
Group Insurance Plan?	Yes	No
Pension Plan?	Yes	No
Have all GIP Premiums and Pension Plan contributions been paid to National Office?	Yes	No

D. CAPITAL ASSETS & VEHICLES

(Please refer to the Administrative Manual, Tab 5, Part 6.0, Part 6.2 & Part 14.0)

Other Assets/Inventory - attach list \$ _____
Does church own a vehicle(s)? Yes No Make & model: _____
Registration # _____ License Plate#: _____
Registered Owner: _____ Insurance Company: _____
Type of Coverage: _____ Amount of Coverage: \$ _____

Use additional pages for more than one vehicle

E. INSURANCE CONFIRMATION

Name of Insurance Company or Agent: _____

Expiry Date of Policy: _____

Does your insurance policy include the Foursquare Gospel Church of Canada as a named insured? Yes No

(If no, please contact your insurance agent to make correction.)

Note: Please refer to the Administrative Manual, TAB 5, Part 6, Page 1/1, Procedure: #1 and #2 as to the requirements for reporting and who should be listed as named insured. (The insurance company will usually supply the National Office with this information if requested.)

F. CHURCH BUILDING (List additions or dispositions ONLY) "ONLY" for 01/01/15 ~ 12/31/15

Building Improvements ONLY \$ _____

G. CHURCH DEBTS (Ask Lender where necessary)

Line-Of-Credit (Other Bank) Balance Owing December 31, 2015 \$ _____

Amount owing to Other Sources December 31, 2015 \$ _____

Property Lease:

Months remaining on lease: _____ Monthly Payments: \$ _____

Equipment Lease:

Months remaining on lease: _____ Monthly Payments: \$ _____

H. OVERSEAS MISSIONS PROJECTS

Has the church sent funds out of country for overseas missions projects? Yes No

If yes, please specify names of countries: _____

How were the funds transferred (through National Office or direct)? _____

I. SIGNATURES

Signatures verify that the information on this form is correct and confirms that all documents listed on the checklist have been sent into the National Office.

Signature of Pastor

Date of Signature

Signature of Council Treasurer

Date of Signature

