

Church Charge Conference Compensation Report
2010 FORM B

GENERAL INFORMATION. Please complete compensation report for each pastor under Episcopal appointment or district superintendent assignment to the church.

Church _____ Dist Name _____

Pastor _____

COMPENSATION INFORMATION

1. Salary approved at Charge Conference

1a. Amount paid by congregation \$ _____

1b. Amount paid by Equitable Compensation \$ _____

1c. Amount paid by District or Mission Society \$ _____

Total Salary – Approved at Charge Conference \$ _____
(Amount = 1a + 1b + 1c)

2. Housing arrangements for this pastor:

2a. Does this pastor live in a parsonage provided by this church? _____ Yes _____ No

2b. If no, does the church provide a housing allowance instead of a parsonage? _____ Yes _____ No \$ _____
(Amount)

ADDITIONAL PASTORAL SUPPORT

1. Is the pastor enrolled in the Conference Health Care Plan? _____ Yes _____ No

2. Please indicate type of plan: _____ Single _____ Family of Two _____ Family of Three or More

3. If no, is the pastor covered by another plan of equal value? _____ Yes _____ No

4. Does the church have a Section 105 plan? _____ Yes _____ No

Does the church have a Section 125 plan for more than the Health insurance premium only? _____ Yes _____ No

5. Housing Exclusion Resolution Amount \$ _____
(The Charge Conference must adopt this amount)

6. Accountable Reimbursement \$ _____

7. Cash Allowances Paid to the Pastor (Non-accountable) \$ _____

SIGNATURES (All signatures must be included)

Pastor _____ Date _____

PPRC/SPRC Chair _____ Date _____

Church Treasurer _____ Date _____

District Superintendent _____ Date _____