

**COMPENSATION PACKAGE FOR HOUSING COMPUTATION ONLY
ROUND ALL COMPUTATIONS TO THE NEAREST DOLLAR**

PASTOR
DISTRICT _____ CRSTN
CHURCH NAME _____
RELATIONSHIP _____

SOC SECURITY # _____
PARTICIPANT # _____
GCFA # _____ **Conf #** _____
YRS OF SERVICE: 1/1/10 _____

Total Compensation should comply with the minimum guidelines determined at the 2009 Annual Conference

	Minimum Compensation	Years of Service Increments	
FULL MEMBER (ELDER OR DEACON)	\$52,903	0-4 YEARS	Minimum Comp
ASSOCIATE MEMBER	\$48,433	5 YEARS	Minimum Comp Plus \$1,000
PROBATIONARY (ELDER OR DEACON CANDIDATE)	\$48,433	Add \$200 for Each Subsequent Year to 25 years	
FULL TIME LOCAL PASTOR	\$46,020	Maximum Increment is \$5,000	

**TOTAL COMPENSATION
FOR 2010 (Should equal line 12)**

CRSP Defined Benefit	
Full Time	\$6,900
3/4 Time	\$5,175
1/2 Time	\$3,950
1/4 Time	\$1,725

DELINEATED AS FOLLOWS:

		COLUMN A 2009 CURRENT	COLUMN B 2010 PROPOSED	
1 Cash Salary Paid to Pastor	1	_____	_____	
2 Social Security Allowance: OPTIONAL	2	_____	_____	
3 Cafeteria Plan: OPTIONAL	3	_____	_____	
4 Tax Deferred Annuity (UMPIP): OPTIONAL	4	_____	_____	
5 Total Salary Base for Pension, CPP	5	-	-	Add Lines 1,2,3 & 4
6 Housing Allowance	6	_____	_____	Paid to pastor for housing
7 Total Plan Compensation for Calculating Pension, CPP	7	-	-	Add Lines 5 & 6
8A CRSP: Defined Benefit	8A	_____	_____	See Chart Above
8B CRSP: Defined Contribution	8B	-	-	Multiply Line 7 by 3% (.03)
9 CPP - Comprehensive Protection Plan	9	-	-	Multiply Line 7 by 3% (.03)
10 Health Insurance	10	_____	_____	New rate for "2010"
11 TOTAL COMPENSATION	11	-	-	Add Lines 5, 8, 9 & 10
Should equal Total Compensation above				
Minimum Compensation for your Pastor				Listed for all appointments but
(Line 11 should be greater than or equal to this number).				Supply Pastors and Retired Appt
12 Difference between Compensation	12	_____	_____	- Subtract 11A from 11B
13 Percentage Increase 2010 vs 2009	13	_____	_____	#DIV/0! Divide Line 12 by Line 11A

Amount of Supplemental Compensation (i.e. Equitable Compensation, National Division Support), included in Total Compensation above.

SOURCE: _____ \$ _____ SOURCE: _____ \$ _____

NOTE: TRAVEL, CONTINUING EDUCATION, & PROFESSIONAL EXPENSE REIMBURSEMENTS ARE NOT INCLUDED IN TOTAL COMPENSATION.
MEMO: Continuing Education (A minimum of \$750 is required for Full Time Appointments) _____
MEMO: Travel: unless otherwise indicated, paid at IRS standard mileage rate _____
MEMO: Professional expense reimbursement _____

PASTOR'S SIGNATURE _____ Date _____
PPR CHAIRPERSON'S SIGNATURE _____ Date _____
CHARGE CONFERENCE DATE _____

UPON COMPLETION, PLEASE SEND TO: DISTRICT SUPERINTENDENT

DISTRICT SUPERINTENDENT'S SIGNATURE _____ Date _____
Date Submitted to Conference Office _____ **Revision of Prior Submission** _____