

2010 Statement of Pastor's Compensation Package

[This statement reflects the actual costs to the local church for pastoral services, not the actual amount paid to the pastor].

Pastor: _____ Church _____

Clergy Classification: _____
(See the Ministerial Classification pages in Section 1 of the National Conference Journal)

(Circle One) Full-time or Part-time [If part-time, enter the number of hours employed per week : _____]

- | | |
|--|--------------|
| A. Cash Salary (see Compensation Worksheet Section I.a., I.b, I.c. or I.d for Calculation)
(Refer to 2008 Compensation Report for Minimum Salaries) | \$ _____ |
| B. Housing Allowance (See Compensation Worksheet for calculation) | \$ _____ |
| C. One-half Social Security(See Compensation Worksheet Section III for Calculation) | \$ _____ |
| D. Paid to the Benefits Corporation by the Church | |
| 1. Health Insurance Premium | \$ _____ |
| 2. Disability Insurance (due Jan. 15) | \$ 100.00 |
| 3. Benefits Service Fee (due Apr. 15) | \$ 100.00 |
| 4. Contribution to the 403b retirement plan
(Full-time \$1800/yr; part-time \$900/yr) | \$ _____ |
| E. Health Care Flexible Spending Account (FSA)-(church contribution only)
(See NC Rule 1002.7 \$500.00 – for AETNA plan participants only) | \$ _____ |
| F. Continuing Education Assistance Reimbursement (Minimum \$750) | \$ _____ |
| G. Accountable Reimbursements | |
| 1) Travel (at IRS established rate) | \$ _____ |
| 2) Professional Expenses | \$ _____ |
| H. Housing Equity Account Contribution (optional) | \$ _____ |
| I. Other Fringe Benefits: (Specify purpose and amount) | |
| _____ | \$ _____ |
| _____ | \$ _____ |
|
TOTAL COMPENSATION PACKAGE |
\$ _____ |

**Attach the Statement of Pastors Compensation Package to Compensation Worksheet pages.
The signatures below represent approval of this 2010 salary package by the Local Conference.**

Pastor: _____ Date _____

Name and Position/Title: _____ Revised Aug., 2009