

2009 Clergy Compensation Report

Pastor's Name _____

Effective Date _____ 1/1/2009 _____

Church _____

District _____

This appointment is: _____ Full time _____ 3/4 time _____ 1/2 time _____ 1/4 time

Please read the two-page instructions that will help to clarify these items

A. Salary	
A.1. Cash Salary	_____
A.2. Cash Housing Allowance	_____
A.3. Total Base Cash Salary	_____

Note: This *INCLUDES* UMPIP and housing funds

B. Housing	
Does the pastor live in a parsonage ?	
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
B.1. If "No," this box should be \$0 _____ <i>If "Yes," B.1. is 25% of A.3. and A.2. (above) should be \$0</i>	
B.2. Enter the amount designated as the IRS housing exclusion _____	

C. Housing Expenses Paid Directly by Church	
C.1. Parsonage Improvements	_____
C.2. Utilities	_____
C.3. Furnishings	_____
C.4. Maintenance	_____
C.5. Other	_____
C.6. Total (C.1. thru C.5.)	_____

D. Accountable Reimbursement Accounts	
D.1. Continuing Education	_____
D.2. Books, Periodicals, Publications	_____
D.3. Professional Associations	_____
D.4. Annual Conference costs	_____
D.5. Mileage/Travel	_____
D.6. Other	_____
D.7. Total (D.1. thru D. 6.)	_____

E. Taxable Compensation Calculation	
E.1. Total Cash (A.3.)	_____
E.2. UMPIP / 403(b) Salary reduction	_____
E.3. Sec. 125 Salary reduction	_____
E.4. IRS housing exclusion (B.2.)	_____
E.5. Subtract E.2., E.3. and E.4. from E.1. to get "Income Taxable" Cash Salary	_____

F. CRSP Clergy Retirement Plan (Pension)	
F.1. Total Cash (A.3.)	_____
F.2. Add parsonage value B.1. if parsonage is provided	_____
F.3. Add F.1. and F.2. to determine CRSP Plan Compensation	_____

G. CPP (Death/Disability) Plan Compensation	
G.1. Total Cash (A.3.)	_____
G.2. Add parsonage value B.1. if Parsonage is provided	_____
G.3. Add G.1. and G.2. to determine CPP Plan Compensation	_____

Note: G.3. maximum in 2009 is \$116,452

H. Clergy Benefits	
H.1. CRSP Contributions paid directly to the Conference office	_____
H.2. CPP Contributions paid directly to the Conference office	_____
H.3. HealthFlex Premium paid	_____
H.4. Other Benefits	_____
H.5. Total (H.1. thru H.4.)	_____

Pastor's Signature and date

District Superintendent (or presiding elder) Signature

SPPR Chairperson signature and date

Summary of Costs:

Salary & Housing (A.3.) _____
 Housing Expenses (C.6.) _____
 Reimbursable Items (D.7.) _____
 Clergy Benefits (H.5.) _____
Total church budget impact _____

Summary of Clergy Compensation:

Salary & Housing (A.3.) _____
 Less: payroll deductions (E.2. and E.3.) _____
Total annual paycheck to clergy _____

Complete and mail to:

**RM Conference Pension/Benefit Office, 6110 Greenwood Plaza Blvd.
Greenwood Village, CO 80111**

or e-mail to: donna@rmcumc.com