

**Church Charge Conference Compensation Report**  
**2011 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. 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 \_\_\_\_\_

