

## Clergy Compensation Report

Pastor's Name:

Charge:

Status:

Time:

Totals	Church 1	Church 2	Church 3	Church 4
Name:				
GCFA:				
DCNo:				

**1. Total Amount Compensation**

**2. Employee Benefit Plan and Salary Reduction Agreements less:**

a. Salary Reduction for PIP Pension (IRC 403b)					
b. Spouse/Family Health Benefits (IRC 125)					
c. Medical Reimbursement Election (IRC 125)					
d. Clergy Life Insurance (IRC 125)					
e. Dependent Care (IRC 125)					
g. Household Expense Allowance (IRC 107)					
<b>3. Net Compensation</b> <i>(line 1 minus lines a-g)</i>					

**4. Non-Salary Items**

a. Travel					
b. Continuing Education					
c. Annual Conference Expenses					
d. Housing in lieu of parsonage					

**5. Pension Questions:**

a. Does the Pastor live in parsonage

b. Cash Plan Compensation:

DC:

DB:

CPP:

TPPC:

Total Pension Plan Cost					
-------------------------	--	--	--	--	--

**6. Health Benefit Questions:**

a. Is pastor eligible Yes

Health Benefits Clergy Contribution					
Health Benefits Church/Charge Cost					
Total Health Benefits Cost					

**7. Equitable Compensation Grant applied for?**

Amount