

**OREGON-IDAHO CONFERENCE  
THE UNITED METHODIST CHURCH  
2010 CLERGY COMPENSATION & EXPENSE WORKSHEET**

CHURCH: \_\_\_\_\_ PASTOR: \_\_\_\_\_

Full time     ¼ time     Elder in Full Connection    PASTOR'S YEARS OF SERVICE: \_\_\_\_\_  
 ½ time     ¼ time     Probationary Member  
 Other \_\_\_\_\_     Local Pastor    EFFECTIVE DATE: \_\_\_\_\_

**2009** **2010**

\$ \_\_\_\_\_ **I. CASH SALARY (Total of A - D)** \$ \_\_\_\_\_

_____	A. Taxable Salary	_____
_____	B. Salary Reduction Agreement for Pension (UMPIP)**	_____
_____	C. Flexible Spending Account (MRA/DCA)**	_____
_____	D. Utility & Furnishings Allowance*	_____

\*Amount from Certification of Housing and Housing Related Allowance form, line #7  
 \*\*Expended amounts are **excludable** from federal income taxes (Section 107 - Internal Revenue Code)  
 \*\*(note: must be elected directly with GBOPHB)

\$ \_\_\_\_\_ **II. HOUSING ALLOWANCE (in lieu of parsonage)** \$ \_\_\_\_\_  
 Amount from Certification of Housing and Housing Related Allowance form, line #1 or #2

\$ \_\_\_\_\_ **GRAND TOTAL COMPENSATION** \$ \_\_\_\_\_

Local Congregation Support \$ \_\_\_\_\_

Subsidy Requested by Annual Conference \$ \_\_\_\_\_

**PENSION & HEALTH BENEFITS**

*The following items need to be included in the church budget but are not considered part of Pastoral Compensation*  
**Pension Contribution**

1. The amount for 2010 Cash Salary from line I above \$ \_\_\_\_\_
2. One of the following amounts: \$ \_\_\_\_\_
  - Housing Allowance – The amount from line II above
  - Parsonage – 25% of line I above.
  - No Housing - \$0.00
3. Total of items 1 – 2 \$ \_\_\_\_\_
4. Multiply total on line "3" above by 13% (.13) \$ \_\_\_\_\_

For State reporting purposes, indicate the Fair Rental Value of Parsonage: \$ \_\_\_\_\_ per month

The amount on line "4" above is your church's contribution to the pension fund for your pastor and must be included in your church budget

**Health Insurance Contribution**

The monthly-billed premium for 2010 is: **\$ 1,200.00**

If part of a multi-point charge, please enter the portion of the premium for which your church is responsible. \$ \_\_\_\_\_

The monthly billed premium must be included in your church budget