

Signatures

Cell Phone

Email Address

_____	Minister/Certified Educator/Candidate () _____	_____
_____	Clerk of Session () _____	_____
_____	Committee on Ministry Moderator ... () _____	_____
_____	Stated Clerk of Grace Presbytery () _____	_____

NOTES:

- All of the terms of call are listed above. All other financial agreements (loans, sabbaticals, family leave, etc.) must be attached to this form and approved by the minister, congregation and Committee on Ministry.
- Please email completed form to tammy@gracepresbytery.org, or fax to 214-637-6324, or mail to:
COM c/o Grace Presbytery 6100 Colwell Blvd. Ste. 100, Irving TX 75039.

COM Form B
**Annual Report for Installed Ministers
 (Teaching Elders) or Certified Christian
 Educators**
Terms of Call for 2019

Name: Minister/Certified Christian Educator _____

City, Name of Church _____

Check all boxes and fill in all blanks that apply:

- A. Is this a ___ Minister (Teaching Elder) ___ Certified Christian Educator (CCE)
- B. What is the person's role? ___ Pastor, ___ Co-Pastor, ___ Associate Pastor, ___ Designated Pastor, ___ Certified Christian Educator
- C. Is this ___ full-time or ___ part-time? If part time, ___ number of hours/week.
- D. The position begins _____.
- E. The following figures are ___ annual ___ monthly.
- F. The date of the congregational (or session if educator) meeting recommending this call was _____.
 The recorded vote was: ___ yes ___ no ___ abstain.
- G. The fiscal year of the church is the calendar year or from _____ to _____.
- H. Attach the current financial report (budget and balance sheet, etc.) and the minutes from the Annual Congregational Meeting (or session if educator).

Compensation:

- Line 1: \$ _____ Cash Salary (*regular payroll, salary supplements*)
- Line 2: \$ _____ Housing and Utility Allowance (*rent, utilities, mortgages, property taxes, furnishings, etc.*)
- Line 3: \$ _____ Deferred Income (*Board of Pensions 403b*) **Employer match is reported on line 13 below.**
- Line 4a: \$ _____ Other Income (*optional dental or life insurance, loans, etc.*)
 Specify what: _____
- Line 4b: \$ _____ Other Income (*Bonus, unvouchered allowances. Such as a monthly auto allowance*)
 Specify what: _____
- Line 5: \$ _____ Medical Supplement (*IRS 125 Cafeteria Plan contributions, Health Reimbursement Accounts*)
- Line 6: \$ _____ Fair Rental Value of Manse (*must be at least 30% of Lines 1-5*)
- Line 7: \$ _____ Social Security Offset (**above 7.65% of Lines 1+2+4+5+6**) **See Line 9 first.**
- Line 8: \$ _____ Total Effective Salary (*Lines 1-7*)..... 2019 Minimum for full-time pastoral positions is \$47,200

Reimbursements:

- Line 9: \$ _____ Social Security Offset (**at or below 7.65% of Lines 1+2+4+5+6**)
- Line 10: \$ _____ Business Travel/Automobile.....Auto miles vouchered at the current IRS mileage rate.
- Line 11: \$ _____ Continuing Education and Professional Expenses (*study leave expenses, books, professional journals, business meals, cell phones, etc.*)..... 2019 Minimum for full-time is \$1,000

Benefits:

- Line 12: \$ _____ Board of Pension Dues (*37% of Line 8 effective 1/1/2019*) regardless of the number of hours worked. However, if the amount on Line 8 is less than \$47,300, you need to contact the Board of Pensions or Grace Presbytery for the correct calculation.
- Line 13: \$ _____ Employer 403(b) Match—**Employee must contribute, otherwise report contributions on Line 3 above.**
- Line 14: \$ _____ Internal Revenue Code Section 105 Health Reimbursement Account Contributions
- Line 15: \$ _____ Moving Expenses Included in Taxable Income, but not subject to Board of Pensions Dues
- Line 16: Study Leave: _____ weeks per year (includes Sundays, cumulative to 3 years)...2019 Minimum is 2 weeks/year
- Line 17: Vacation Leave: _____ weeks per year (including 4 Sundays).....2019 Minimum is 4 weeks/year
- Line 18: Sabbatical Leave: _____ weeks after _____ years (as applicable)
- Line 19: \$ _____ Total Compensation Package (*Lines 8 through 15*)
- Line 20: \$ _____ Total Cost to the Church (*Line 19 minus Line 6*)
- Line 21: \$ _____ Total Compensation paid directly to the minister or educator (*Lines 1+2+4b+7+9*)

Having moderated the congregational (or) session meeting which extended this call, I certify that the call has been made in all respects according to the Form of Government and all policies of Grace Presbytery, and that the congregational representatives who signed this call were authorized to do so by vote of the congregation. Additionally, we confirm that this information has been reported to the Board of Pensions using form ENR-111 or through Benefits Connect at the Board of Pensions Website.

Signature

Cell Phone

Email Address

_____ Moderator of the Meeting () _____

Continued on the next page.