## MSC 2025 Annual Clergy Compensation - No Parsonage Provided-1/4 time

Pastor's Name: Stacy Collins			Effective	Effective Date: 01/01/2025			
Church:	Grace United Methodist Church		City:				
District: Easteri	n Southcentral/CO 📝 CO Front Ran	ge UT/Wo	co 🗌 wy	MT-East	MT-West		
This appointment i			OS/MDiv in proc	ess			
(-bb)	Minimum Required Cash *		quired Cash **				
<u>(check one)</u> Full Time	Salary - Line A.1		ry - Line A.1				
3/4 Time	\$43,964.00 \$32,973.00		,964.00				
1/2 Time			,973.00 ,982.00				
1/2 Time	\$21,982.00 <b>\$10,991.00</b>		991.00				
√ 1/4 Time	\$10,991.00	1/ 29	991.00				
A. Salary		E.	Net Comp	ensation Calculation	on ***(For Internal	Church Use Only)***	
A.1. Cash Salary Provi	ided	5,000.00 E	.1. Total Cas	h (A.4.)		\$11,000.00	
		66,000.00 E	.2. UMPIP / 4	403(b) Salary Reduct	tion		
*	in Lieu of Health Insurance						
A.4. Total Base Cash Salary \$11,000		1,000.00					
In			E.3. Subtract E.2. from E.1. to get net income \$11,00  Deductions are not subject to Charge Conference approval.				
B. Housing	a naraanaga	NO	Deduction	is are not subject to	Charge Conference	ce approvai.	
Does the pastor live in	a parsonage?	NO					
		-					
B.2. Designated Cash Based Housing Allowance		F.	Clergy Re	etirement Security I	Program (CRSP)		
	5	6,000.00 F	.1. Total Cas	h (A.4.)		XXXXXXXX	
		F	.2. Add parso	onage value		No Parsonage	
This must be substantiated by a signed resolution.			F.3. Add F.1. and F.2. to determine			10000000	
C. Housing Expenses	s Paid Directly by Church		CRSP Col	mpensation		XXXXXXXX	
C.1. Parsonage Improv		arsonage G.	Compreh	ensive Protection P	lan (CPP)		
C.2. Parsonage Utilities	= =		.1. Total Cas		1011 (011)	XXXXXXXX	
C.3. Parsonage Furnish				onage value		No Parsonage	
C.4. Parsonage Mainte		arsonage			<u> </u>		
C.5. Parsonage Other		-	.3. Add G.1.	and G.2. to determine	ne		
C.6. Total (C.1. thru c.	5.) No P	arsonage	CPP Com	pensation		XXXXXXXX	
•							
	nbursement Accounts						
D.1. Includes the follow	<u> </u>	\$500.00 <b>H.</b>		enefits Calculation S	-		
Continuing Educat				ntributions paid direc	otly	VVVVVVV	
Books, Periodicals, Publications, Professional Associations,				to the Conference Office CPP Contributions paid directly		XXXXXXXX	
Annual Conference	•			nference Office	'y	XXXXXXXX	
Mileage/Travel, Ot	,		.3. HealthFle			XXXXXXXX	
D.2. Total				cal Church Benefits		70000000	
D.Z. Total				. thru H.4.)			
		<u> </u>	.o. Total (T. 1				
Pastor's Signature and D	Date	SP	RC Chair or Treas	urer Signature			
1 dotor o Orginature and E	Saic	Oi.	no onali or meas	arci Oignature			
	Summary of Costs to Church	Dia	triat Suparintanda	ent (or prociding olds	or) Signature		
	Summary of Costs to Church:  Total Base Cash Salary (A.4.) \$	1,000.00	mor Superintende	ent (or presiding elde	i j Signature		
		arsonage	9	Summary of Clergy (	Compensation:		
Reimbursable Items (D.2.) \$500			•		sh Salary (A.4.)	\$11,000.00	
Clergy Benefits (H.5.)				Less: Payroll De		<b>4,000.00</b>	
		1,500.00		Total Net Compensa		\$11,000.00	
	<u> </u>			•		•	

Complete and mail or e-mail to: Your Local District Office and your District Superintendent

<sup>\*</sup> Elders, Deacons, Associate Members and LLP who have completed course of study.

<sup>\*\*</sup> LLP who have completed licensing school.