

# COMPONENTS OF A MINISTER'S COMPENSATION PLAN

## PROPOSED 20\_\_\_\_\_ GENERAL OPERATING BUDGET WORKSHEET

Name/Position \_\_\_\_\_

Date \_\_\_\_\_

| Budget/Expense Category                                    | Prior Year Expenses | Proposed 20_____ Budget | % Budget Change |
|--|---------------------|-------------------------|-----------------|
| <b>Ministry Related Expense</b>                            |                     |                         |                 |
| <b>Reimbursements (See NOTE Below) :</b>                   |                     |                         |                 |
| Automobile (mileage at \$._____ per mile)                  | \$                  | \$                      | %               |
| Denomination convention                                    |                     |                         |                 |
| Books, tapes, and reference materials                      |                     |                         |                 |
| Continuing education                                       |                     |                         |                 |
| Professional dues and licenses                             |                     |                         |                 |
| Ministry contacts (entertainment and hospitality)          |                     |                         |                 |
| Other _____  |                     |                         |                 |
| _____  |                     |                         |                 |
| <b>Total Ministry Related Expense Reimbursements</b>       | \$                  | \$                      | %               |
| <b>Protection Coverages (See NOTE Below) :</b>             |                     |                         |                 |
| Insurance (health, disability, dental/vision and G/T life) | \$                  | \$                      | %               |
| Retirement (assumes _____% of personal income)             |                     |                         |                 |
| Medical Exp. Reimb./Educ. Assistance/Etc.                  |                     |                         |                 |
| Other _____  |                     |                         |                 |
| <b>Total Protection Coverages</b>                          | \$                  | \$                      | %               |
| <b>Personal (Take-Home) Compensation :</b>                 |                     |                         |                 |
| Base salary  | \$                  | \$                      | %               |
| Housing allowance  |                     |                         |                 |
| Self-Employment Tax Off-Set Payments                       |                     |                         |                 |
| Bonus/Apprec. Gift/Retire. Gift/Children Tuition Red./Etc. |                     |                         |                 |
| Other _____  |                     |                         |                 |
| <b>Total Personal (Take-Home) Compensation</b>             | \$                  | \$                      | %               |

NOTE: These ministry related expense reimbursements and protection coverages are in no way being considered as employee salary reductions or salary restructuring. They have been placed on this worksheet for the convenience of assisting church leadership in adequately budgeting church funds for the upcoming year. These funds are budgeted to cover projected ministry related expense reimbursements and protection coverages for this minister under the church's accountable expense reimbursement policy and employee fringe benefits program. Under no circumstances will this minister be entitled to receive these church funds as additional personal compensation.