

2017 PRESBYTERY INFORMATION

CHURCH: _____ **Church ID {Minutes of Synod} #** _____

PRESBYTERY: _____

FILL IN ONLY THE CATEGORY BELOW THAT APPLIES:

A. PASTORS, MISSION DEVELOPERS, BI-VOCATIONAL

List the changes in the Minister's Call [FOG 9.54, N]

1. Name of Minister _____
 Pastor Mission Developer Bi-Vocational
2. Was there an annual review of the call? Yes No [FOG 9.54, H (4)]
3. Does call include provisions for death and disability? Yes No
4. Do you provide a manse? Yes No
5. Is the pastor enrolled in Synod's retirement program? Yes No
6. Is the pastor or mission developer enrolled in Synod's Life & LTD Insurance Program? Yes No
 (Note: Enrollment is mandatory for all employees working 30 or more hours per week.)
7. Is the pastor or developer enrolled in Synod's Medical/Dental Insurance Program? Yes No
8. If pastor or mission developer has waived Synod's Medical/Dental Insurance is a signed waiver filed at the ARP Center in Greenville? Yes No
9. As required by the Affordable Care Act, if this person is a full-time employee (defined as paid for working 30 or more hours per week) have they been furnished with a 1095-C form for the previous year by the annual deadline of January 31st? Yes No Under 30 hours per week

Year	Base Salary	Housing Allow.	Auto Allow.	Utilities with Manse	Cont. Ed.	Other Allowances Not Insurance or Retirement
2016	\$	\$	\$	\$	\$	\$
2017	\$	\$	\$	\$	\$	

B. ASSOCIATE [S]:

1. **NAME** _____

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C. **STATED SUPPLY:** Yes No

NAME OF PRESBYTERY APPROVED STATED SUPPLY: _____

NOTE: IF THE STATED SUPPLY WORKS 30 HOURS A WEEK OR MORE, HE MUST BE OFFERED SYNOD'S MEDICAL/DENTAL INSURANCE PROGRAM.

1. Is the Stated Supply enrolled in Synod's Medical/Dental Insurance Program? Yes No
2. If pastor or mission developer has waived Synod's Medical/Dental Insurance is a signed waiver filed at the ARP Center in Greenville? Yes No
3. Is the pastor or mission developer enrolled in Synod's Life & LTD Insurance Program? Yes No
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D. **PULPIT VACANT, SESSION SECURES SUPPLIES:** Yes No

Honoraria paid per week \$_____ Mileage Paid Yes No

LOCAL CONGREGATIONS

E. SESSION (Missions should answer only parts that are applicable.)

- 1. Do you follow a rotary system? [FOG 8.5] Yes No Provisional Session
- 2. Was your session represented by a **Ruling Elder** at: [FOG 10.6]
 - A. General Synod Yes No N/A
 - B. Spring Stated Presbytery Meeting Yes No N/A
 - C. Summer Stated Presbytery Meeting Yes No N/A
 - D. Fall Stated Presbytery Meeting Yes No N/A
 - E. Winter Presbytery Meeting Yes No N/A
- 3. As required by the *Form of Government*, does your session or mission have an accurate record of the following rolls: [FOG 6.9, B]
 - A. Communicant and non-communicant members? Yes No
 - B. Names of persons receiving Baptism? Yes No
 - C. Death of members? Yes No
 - D. Marriage of members? Yes No
- 4. Were your Sessional or Provisional Sessional records inspected and reviewed by Presbytery? [FOG 6.9.A] Yes No
- 5. Has there been an outside review of the Treasurer's books in the past 3 years? [FOG 5.11] Yes No
Date of last review? mm/day/year _____
- 6. Number of elders currently serving on session _____
- 7. Names of Ruling Elders newly elected to the Session to serve in the new year or elected during the current year for an unexpired term [FOG 8.25]

Name of Elder	A. Ordained & Installed	B. Reinstalled	C. Received from:	D. To Serve a Provisional Session for Missions	E. Elected Emeritus	Date
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		

8. Names of Ruling Elders in your congregation lost by death: [FOG 6.9, B (3)]

Name of Elder	Ordination Date	Date of Death

9. Names of Ruling Elders in your congregation who resigned, demitted or were removed for cause.

Name of Elder	Date of Action	Resigned	Demitted	Removed
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

F. DEACONS (Missions omit this section)

- 1. Do you follow the rotary system for deacons? Yes No N/A
- 2. Names of deacons lost by death: [FOG 6.9, B (3)]

Name of Deacon	Date of Death

3. Number of persons serving on diaconate _____

YOUR PRESBYTERY AND GENERAL SYNOD

G. PRESBYTERY

1. Have you paid in full your Presbytery assessment/commitment? Yes No

2. Does your session have a memorial or resolution to submit to the Presbytery?
[FOG 6.8, R] Yes No
If yes, please attach a copy.

H. SYNOD

CHECK ONLY 1 BLANK IN EITHER 1 OR 2

1. Are you meeting the goals of the Denominational Ministry Program of the General Synod?
GOALS:
 - A. Pledge of more than 20% of the General Fund?
 - B. Pledge of 20% of the General Fund?
 - C. Increase of 1 percentage point over last year's commitment to the General Synod?

2. If you are not meeting one of the denominational ministry goals of the General Synod, is your church or mission: [**CHECK ONE** of the following]
 - A. Increasing percentage level over previous year?
 - B. Maintaining same percentage level as previous year?
 - C. Increasing dollar level over previous year?
 - D. Maintaining same dollar amount as previous year?
 - E. Decreasing percentage level over previous year?
 - F. Decreasing dollar amount over previous year?
 - G. Making no commitment?

3. Have you met and paid in full your 2017 Denominational Ministry Pledge? Yes No

NOTE: This report is:

1. To be adopted by the session before it is submitted
2. To be signed by the Pastor or Clerk of Session.

Name of Person Completing this Form (Print Name)

Pastor (PRINT NAME)

Pastor (SIGNATURE)

Clerk of Session (PRINT NAME)

Clerk of Session (SIGNATURE)

Clerk of Session Phone Number

Clerk of Session Email

Date approved by Session: _____

Distribution Of The Report No Later Than February 1, 2018:

- 1. Send one copy to the Stated Clerk of Presbytery**
- 2. Keep One Copy with the Session Records**
- 3. DO NOT send this report to the ARP Center.**

CLERKS OF PRESBYTERY

Canadian: Bill McKay, 1124 Tupper Gardens, Woodstock, ON, N4S 8K2 CANADA
519-539-7325, bjmckay@rogers.com

Catawba: Guy H. Smith, 3055 Baird Rd, Clover, SC 29710-9595. 803-631-5899,
guysmith@comporium.net

First: Ken McMullen, 5716 Stone Mill Rd, Waxhaw, NC 28173. 704-243-0191
kmcmullen@rts.edu

Florida: Ray Cameron, Jr., P.O. Box 2486, Lake Placid, FL 33862. 863-465-1483,
rcameron@fpclp.com

Mississippi Valley: Tim Phillips, 4106 Roxbury Rd., Louisville, KY 40218, 678-451-9701 (H), 502-491-
0209 (O), tjparp@gmail.com

Northeast: Jonathan Kuciemba, 525 Craig St., Grove City, PA 16127. 724-372-4204 (C)
j.k.kuciemba@gmail.com

Second: Eric Skaar, 216 Pea Ridge Rd, Central, SC 29630. 864-868-0228
ecskaar@earthlink.net

Tenn-Alabama: Greg Duke, 317 Abingdon St, Prattville, AL 36066. 334-491-2345
tapclerk@gmail.com

Virginia: William M. Harris, Jr., 1641 Old Providence Rd, Raphine, VA 24472-3401. 540-377-
5897 (H), billharris1959@gmail.com

Thank you for returning this form by February 1, 2018