

## 2016 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 31<sup>st</sup>?     Yes     No     Under 30 hours per week

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

**B. ASSOCIATE [S]:**

1. **NAME** \_\_\_\_\_

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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.)
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2. **NAME** \_\_\_\_\_

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2017	\$	\$	\$	\$	\$	

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  
(Note: Enrollment is mandatory for all employees working 30 or more hours per week.)
4. 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 31<sup>st</sup>?  Yes  No  Under 30 hours per week

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D. **PULPIT VACANT, SESSION SECURES SUPPLIES:**  Yes  No

Honoraria paid per week \$\_\_\_\_\_ Mileage Paid  Yes  No



# **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 2016 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)

\_\_\_\_\_  
Clerk of Session (PRINT NAME)

\_\_\_\_\_  
Clerk of Session Phone Number

\_\_\_\_\_  
Pastor (SIGNATURE)

\_\_\_\_\_  
Clerk of Session (SIGNATURE)

\_\_\_\_\_  
Clerk of Session Email

Date approved by Session: \_\_\_\_\_

**Distribution Of The Report No Later Than February 1, 2017:**

- 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](mailto:bjmckay@rogers.com)

**Catawba:** Guy H. Smith, 3055 Baird Rd, Clover, SC 29710-9595. 803-631-5899,  
[guysmith@comporium.net](mailto:guysmith@comporium.net)

**First:** Ken McMullen, 5716 Stone Mill Rd, Waxhaw, NC 28173. 704-243-0191  
[kmcmullen@rts.edu](mailto:kmcmullen@rts.edu)

**Florida:** Ray Cameron, Jr., P.O. Box 2486, Lake Placid, FL 33862. 863-465-1483,  
[rcameron@fpclp.com](mailto:rcameron@fpclp.com)

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

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

**Second:** Eric Skaar, 216 Pea Ridge Rd, Central, SC 29630. 864-868-0228  
[ecskaar@earthlink.net](mailto:ecskaar@earthlink.net)

**Tenn-Alabama:** Greg Duke, 317 Abingdon St, Prattville, AL 36066. 334-491-2345  
[tapclerk@gmail.com](mailto:tapclerk@gmail.com)

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

***Thank you for returning this form by February 1, 2017***