

MINISTER'S ANNUAL REPORT TO PRESBYTERY

(All Ministers installed, not installed, Retired, CLP's, Stated Supplies, Interims, Pulpit Supply, Parish Associate, - serving as pastor or associate pastor)

Name: _____

Address: _____

City, State, Zip _____

Date: _____ Telephone: _____

The *Book of Order* (G-11.0406-11.0411) sets forth the different categories of presbytery membership and validated ministry. You may find it helpful to refer to these sections as you respond to the following: If you are a retired minister please answer only the questions that apply.

I. **Current membership status:** (Check any that applicable)

I am serving in a full-time position validated by presbytery in a congregation of the Presbyterian Church (USA) – e.g. Stated Supply, Temporary Supply, Interim Pastor, Parish Associate. (See G-11.0409)

I am serving in a part-time position validated by presbytery in a congregation of the Presbyterian Church (USA) – e.g. Stated Supply, Temporary Supply, Interim Pastor, Parish Associate. (See G-11.0409)

I am serving in a full-time position validated by presbytery in a congregation of the Presbyterian Church (USA) as a CLP (See G- 14.0801)

I am serving in a part-time position validated by presbytery in a congregation of the Presbyterian Church (USA) as a CLP (See G14.801)

I am serving in a full-time validated position as a staff member in a presbytery, synod, or General Assembly council or agency of the Presbyterian Church (USA), or in an agency related to a governing body of the Presbyterian Church (USA). (See G-11.0410)

I am serving in a part-time validated position as a staff member in a presbytery, synod, or General Assembly council or agency of the Presbyterian Church (USA), or in an agency related to a governing body of the Presbyterian Church (USA). (See G-11.0410)

I am serving in a full-time position validated by presbytery in an agency beyond the jurisdiction of the Presbyterian Church (USA) – e.g. hospital chaplain, military chaplain. (See G-11.0411)

I am serving in a part-time position validated by presbytery in an agency beyond the jurisdiction of the Presbyterian Church (USA) – e.g. hospital chaplain, military chaplain. (See G-11.0411)

I am currently a member-at-large of presbytery. (G-11.0406b)

I am currently an inactive member of presbytery. (G-11.0406c)

I am Honorably Retired/Pastor Emeritus. (G-14.0605)

II. Your employment during the past year:

(List all full or part-time, secular or religious positions, or any self-employment, for which you earned income. Describe positions and give name and address of employer.)

III. Your religious or ecclesiastical activities:

A. How are you involved in the life and work of the presbytery? (List specific responsibilities and how you have fulfilled them.)

B. How are you involved in the life and work of a particular congregation:
(List activities and name the congregation)

C. Have you been involved in any other religious or ecclesiastical activities this year?

IV. What presbytery membership category do you seek for next year:

Active Member-at-large Inactive Retired

V. Renewal of validation, if applicable:

If you are serving in a non-parish ministry validated by this presbytery, do you wish to renew that validation for another year? Yes No

If yes, please state which sacraments you have administered and how often.

If you are seeking renewal of a validated non-parish ministry for next year, do you also want approval of this presbytery to administer the sacraments within that ministry?

Yes No

Please state any changes in circumstances that may affect this request.

VI. MRV Compensation Report

Name of Church	
Position	
Cash Salary	
Housing Allowance	
Deferred Compensation	
Unvouchered Professional Allowance	
Other Allowance (Utilities/Medical Deductible /SECA over 7.65%)	
Manse Value (must be 30% of above amounts)	
Effective Salary	
Board of Pension (31.5%)	
Board of Pension/Other	
Professional Reimbursements	
Travel Expenses at IRS rate -Voucher	
Continuing Education	
Other Allowances (Books, Dues, Other)	
Compensation given for SECA up to 7.65%	
Annual Performance Review	<input type="checkbox"/> Yes <input type="checkbox"/> No

VI. Is there anything else the Committee on Ministry or Your Presbytery should know about you at this time?

VII. Is there anything else the Committee on Ministry could do to be helpful to you?

Date: _____ Signature: _____

Return your completed form by **December 15, 2009** to:

**The Committee on Ministry
Presbytery of Missouri River Valley
302 S. 74th Street
Omaha NE 68114-4617**

If you have difficulty with this form please contact the Presbyterian Center and ask for assistance. Someone will be contacted to assist you with the form. THANK YOU

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