

## Financial Supports and Challenges for Pastors

This survey is conducted by a Research and Planning Team of the Southwestern Minnesota Synod in conjunction with the Lilly Endowment Foundation, the New Jersey Synod, and the Evangelical Lutheran Church in America.

<b>SECTION 1: MINISTRY ENABLERS AND BARRIERS</b>
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1. How strongly do you agree or disagree with the following statements? Please circle one number for each item below on a scale of 1 to 5, where “1” means “strongly disagree” and “5” means “strongly agree.”

	STRONGLY DISAGREE			STRONGLY AGREE	
a. I am grateful for my congregation’s financial compensation . . . . .	1	2	3	4	5
b. Most of my congregation feels grateful toward me . . . . .	1	2	3	4	5
c. My compensation meets my financial needs . . . . .	1	2	3	4	5
d. I resent my congregation’s lack of financial support . . . . .	1	2	3	4	5
e. Most of my congregation resents how much I am paid . . . . .	1	2	3	4	5
f. My financial situation enables me to give generously . . . . .	1	2	3	4	5
g. Most of my congregation gives generously . . . . .	1	2	3	4	5
h. Financial considerations <i>increase</i> my interest in a new call . . . . .	1	2	3	4	5
i. Financial considerations <i>decrease</i> my interest in a new call . . . . .	1	2	3	4	5

2. How well do you feel you are equipped for the following tasks? For each item, please circle one number on a scale from 1 to 5 where “1” means “little or no capability” and “5” means “very well equipped.”

	LITTLE OR NO CAPABILITY			VERY WELL EQUIPPED	
a. Leading preparation of congregational budget . . . . .	1	2	3	4	5
b. Managing congregation finances . . . . .	1	2	3	4	5
c. Providing general Stewardship leadership . . . . .	1	2	3	4	5
d. Speaking with members about financial stewardship . . . . .	1	2	3	4	5
e. Preparing my personal household budget . . . . .	1	2	3	4	5
f. Managing my personal household finances . . . . .	1	2	3	4	5

3. In your opinion, how much influence (either positive or negative) does each of the following work/professional factors have on your being able to perform your responsibilities to the best of your ability?

	VERY LITTLE INFLUENCE		A GREAT DEAL OF INFLUENCE		
a. Work relationships . . . . .	1	2	3	4	5
b. Congregation’s financial health . . . . .	1	2	3	4	5
c. Mission clarity . . . . .	1	2	3	4	5
d. Communication Issues . . . . .	1	2	3	4	5
e. Clear responsibilities and priorities . . . . .	1	2	3	4	5
f. Other work factors (SPECIFY): _____ . . . . .	1	2	3	4	5

4. In your opinion, how much influence (either positive or negative) does each of the following personal factors have on your being able to perform your responsibilities to the best of your ability?

	VERY LITTLE INFLUENCE				A GREAT DEAL OF INFLUENCE
a. Marriage/family relationships . . . . .	1	2	3	4	5
b. Physical and Emotional well-being . . . . .	1	2	3	4	5
c. Intellectual well-being . . . . .	1	2	3	4	5
d. Spiritual centeredness . . . . .	1	2	3	4	5
e. Vocational Clarity . . . . .	1	2	3	4	5
f. Personal financial health . . . . .	1	2	3	4	5
g. Other personal factors (SPECIFY): _____ . . . . .	1	2	3	4	5

5. In your own words, what factor – either professional or personal, *helps* most in your effectiveness in ministry?

6. In your own words, what factor – either professional or personal, *hurts* most in your effectiveness in ministry?

7. Personal milestones often generate financial concerns. For each item below, please check the box that best describes your financial situation regarding that milestone/issue.

	CURRENT CONCERN	GROWING CONCERN	NOT A CONCERN	DOES NOT APPLY
a. Purchase or Rental of Housing . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Marriage . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Children/Family . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Day Care . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Child’s Education . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Care of Aging Parents/Family . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Professional Mobility . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Retirement . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Long Term Care . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Medical Costs . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. I would make the following generalization about myself and my parish setting (choose one):

- a. \_\_\_ Congregation members mostly have a stronger household economy than mine.
- b. \_\_\_ Congregation members mostly have a weaker household economy than mine.
- c. \_\_\_ Congregation members have a mixed household economy and mine is in the midst of theirs.

9. How does your parish / congregation financial position impact (positively or negatively) your ability to claim excellence in ministry?

10. How does your household financial position impact (positively or negatively) your ability to claim excellence in ministry?

## SECTION 2: CURRENT PARISH / CONGREGATION PROFILE

11. The type of congregation or parish you are currently serving is best described as:

- a. \_\_\_ Solo in town
- b. \_\_\_ Solo rural
- c. \_\_\_ 2-point Parish
- d. \_\_\_ 3-point Parish
- e. \_\_\_ Multiple-point Area Parish

12. APPROXIMATE TOTAL AVERAGE WEEKLY WORSHIP ATTENDANCE FOR ALL SERVICES: \_\_\_\_\_

13. How would you characterize the change in your parish/congregation average weekly worship attendance compared to three years ago? Please check the category below which describes the situation, to the best of your knowledge.

- a. \_\_\_ DECLINING (> 5% decrease in attendance from 3 years ago)
- b. \_\_\_ STABLE (attendance is within +/- 5% compared with 3 years ago)
- c. \_\_\_ GROWING (> 5% increase in attendance from 3 years ago)

14. The average age of the people who regularly gather for weekly worship is:

- a. \_\_\_ Increasing
- b. \_\_\_ Decreasing

15. TOTAL ANNUAL OPERATING INCOME OF PARISH/CONGREGATION: \$ \_\_\_\_\_

16. Approximately what percent of your operating income is from offering income versus other income? (Should add to 100%.)

- a. \_\_\_% OFFERING INCOME
- b. \_\_\_% OTHER INCOME

17. TOTAL PARISH ANNUAL OPERATING EXPENSES (including mission support): \$ \_\_\_\_\_

18. TOTAL PARISH ANNUAL MISSION SUPPORT: \$ \_\_\_\_\_

## SECTION 3: PASTORAL COMPENSATION

19. Which of the following best describe your current call status? Please check all that apply.

- a. \_\_\_ Term Call or \_\_\_ Regular Call
- b. \_\_\_ Full Time or \_\_\_ Part Time

20. What is your total defined pastoral salary (salary, social security allowance, housing allowance) \$ \_\_\_\_\_

21. What part of the above salary is declared as housing allowance \$ \_\_\_\_\_

OR

\_\_\_\_\_ Parsonage and utilities provided by the congregation

22. Did you receive any salary increases in the last two years, and if so, about how much?

- a. 2015: \_\_\_ NO or \_\_\_ YES, approximately \_\_\_%
- b. 2014: \_\_\_ NO or \_\_\_ YES, approximately \_\_\_%

23. To the best of your knowledge, how does your current compensation compare to synod minimum recommended guidelines? Please circle one number for each item below on a scale from 1 to 5, where “1” means that element of your compensation is “much lower” than synod recommended minimum guidelines and “5” means it is “much higher” than synod recommendations. Or check not applicable for any item that you do not receive at all.

	MUCH LOWER				MUCH HIGHER	NONE/NOT APPLICABLE
a. Total Salary and Benefits . . . . .	1	2	3	4	5	___
b. Cash Compensation . . . . .	1	2	3	4	5	___
c. Housing Allowance or Parsonage & Utilities . . . . .	1	2	3	4	5	___
d. Retirement Contribution . . . . .	1	2	3	4	5	___
e. Medical Insurance . . . . .	1	2	3	4	5	___
f. Auto Reimbursement . . . . .	1	2	3	4	5	___
g. Continuing Education . . . . .	1	2	3	4	5	___
h. Vacation . . . . .	1	2	3	4	5	___
i. Family Leave Policy . . . . .	1	2	3	4	5	___
j. Other (SPECIFY): _____	1	2	3	4	5	___

24. Please provide any comments you wish for items in the question above where your compensation is below synod guidelines.

25. Please provide any comments you wish for items in the question above where your compensation is above synod guidelines.

**SECTION 4: PERSONAL PROFILE**

26. AGE: \_\_\_ years

27. YEAR OF ORDINATION: \_\_\_\_

28. YEARS OF SERVICE IN CURRENT CALL: \_\_\_ years

29. GENDER: \_\_\_ Female \_\_\_ Male

30. MARITAL STATUS: \_\_\_ Married \_\_\_ Single \_\_\_ Widowed \_\_\_ Divorced

31. TOTAL NUMBER OF DEPENDENTS: \_\_\_\_

32. If you have any dependents, please indicate the number of dependents in each of the following categories:
- |                   |                      |                                |
|-------------------|----------------------|--------------------------------|
| a. ___ Infant     | d. ___ Middle School | f. ___ College Age/Young Adult |
| b. ___ Preschool  | e. ___ High School   | g. ___ Elderly                 |
| c. ___ Elementary |                      |                                |
33. TOTAL HOUSEHOLD INCOME: Please check the category below that best describes your total household income from all sources.
- |                            |                              |
|----------------------------|------------------------------|
| a. ___ Less than \$40,000  | d. ___ \$80,000 - \$100,000  |
| b. ___ \$40,000 - \$60,000 | e. ___ \$100,000 - \$150,000 |
| c. ___ \$60,000 - \$80,000 | f. ___ Over \$150,000        |
34. SAVINGS: Please check the category below that best describes your household's current level of savings.
- \_\_\_ Equal to less than one month's household income
  - \_\_\_ Equal to more than one but less than three month's household income
  - \_\_\_ Equal to three to six month's household income
  - \_\_\_ Equal to more than six month's household income
35. RETIREMENT INVESTMENTS: Please check the category below that best describes your household's current amount of retirement investments.
- \_\_\_ Equal to less than one year's household income
  - \_\_\_ Equal to one to two year's household income
  - \_\_\_ Equal to two to five year's household income
  - \_\_\_ Equal to more than five year's household income
36. OTHER INVESTMENTS: Please check the category below that best describes your household's level of investments not included in the previous questions.
- \_\_\_ None
  - \_\_\_ Less than \$10,000
  - \_\_\_ \$10,000 - \$25,000
  - \_\_\_ \$25,000 - \$50,000
  - \_\_\_ Over \$50,000
37. HOUSEHOLD DEBT: Please indicate the approximate amount of your household's debt in each of the following categories.
- AUTO LOANS: \$ \_\_\_\_\_
  - CREDIT CARDS: \$ \_\_\_\_\_
  - EDUCATION DEBT: \$ \_\_\_\_\_
  - MORTGAGE: \$ \_\_\_\_\_
  - OTHER DEBT: \$ \_\_\_\_\_
38. GIVING TO YOUR PARISH / CONGREGATION: \$ \_\_\_\_\_ per week
39. NAME (OPTIONAL) \_\_\_\_\_

**THANK YOU FOR TAKING THE TIME TO COMPLETE THIS SURVEY!**

**PLEASE RETURN THE COMPLETED SURVEY IN THE ENCLOSED ENVELOPE**