

PASTOR: R. Julian Irvine
 ADDRESS: 504 West Chapel Hill Street
 CHARGE: Duke Memorial United Methodist Church

For Conference Use Only:
 Conference #
 Pension #
 Charge #

All information requested is based on the Church Pastor Compensation Report (CPCR) or the Contributions Agreement to the PIP. Line numbers are referenced in the calculation below for your use. Either enter the information from the CPCR or the total annual salary on Line 1 below.

PASTOR'S CASH INCOME

Compensation paid by local church (Line 1 on CPCR)	\$39,700.16
Before-tax Contributions to PIP (Line 2 on CPCR)	\$ 1,227.84
Cafeteria Plan Contributions (Line 3 on CPCR)	\$ 0.00
Equitable Compensation or Other (Line 4 on CPCR)	\$ 0.00
ANNUAL SALARY (enter total or sum lines 1 through 4 from the CPCR)	\$ 40,928.00 (1)
Cash Allowances (Line 5 on CPCR or non-vouchered allowances such as travel)	\$ 0.00 (2)
TOTAL BASE COMPENSATION (add lines 1 and 2)	\$ 0.00 (3)
Cash Housing Allowance or Exclusion paid to pastor (Line 7 on CPCR)	\$ 0.00 (4)
Subtotal (add lines 3 and 4)	\$ 0.00 (5)
If a parsonage is provided, add 25% of the subtotal on Line 5 above	\$ 0.00 (6)
PLAN COMPENSATION (Add Lines 5 and 6)	\$ 40,928.00 (7)

CHARGE PORTION:

ALL PASTORS: MINISTERIAL PENSION PLAN (12% of Plan Compensation, Line 7) (Send 1/12 per month \$409.28 to General Board of Pension & Health Benefits.)	\$ 4,911.36 (8)
ALL FULL- TIME PASTORS: COMPREHENSIVE PROTECTION PLAN :	\$ 1,391.55 (9)
1. 3.4 % of 200% of the Denominational Average Compensation (3.4% X 200% X \$42,930 = \$2,919.24 per year or \$243.27 per month.)	
2. 3.4% of <u>your</u> Plan Compensation (see Line 7) is equal to \$1,391.55 per year or \$115.96 per month.	
3. Enter on Line 9 the lesser of the annual amount on Line 2 or \$2,919.24.	
4. Send 1/12 of the amount on Line 9 to the General Board of Pension & Health Benefits each month.	

NOTE: Your bill from Evanston will show 4.4% for CPP. They combine the charge's 3.4% with the pastor's 1% (lines 9 and 10).

PASTOR'S PORTION:

ALL FULL- TIME PASTORS: COMPREHENSIVE PROTECTION	\$ 409.28 (10)
1. 1% of 200% of the Denominational Average Compensation (1% X 200% X \$42,930 = \$858.60 per year or \$71.55 per month.)	
2. 1% of <u>your</u> Plan Compensation (see Line 7) equals \$409.28 per year or \$34.10 per month.	
3. Enter on Line 10 the lesser of the annual amount on Line 2 or \$858.60.	
4. Send 1/12 of the amount on Line 10 to the General Board of Pension & Health Benefits each month.	

PERSONAL INVESTMENT PLAN

\$ 1,227.84 (11)

(Although the Conference Board of Pensions recommends a minimum contribution of 3% of Plan Compensation, an individual may choose another percentage or dollar amount. There are maximum limits. For help in calculating those limits, contact the General Board of Pension and Health Benefits at 1-800-851-2201.) Enter the same percentages or dollar amounts as on the Contributions Agreement to the PIP Part 1 (for pre-tax contributions) and Part 2 (for after tax contributions).

Pre-tax Contribution: 3% of Plan Compensation (line 7) = \$ or \$1,227.84 dollar amount
 After tax contribution: % of Plan Compensation (line 7) = \$ or \$ dollar amount

Applies to pastors/deacons under appointment and building pension credit. Add the pre-tax contribution and the after tax contribution and enter the total on line 11. Send 1/12 of the amount on line 11 , \$102.32_ to General Board of Pension and Health Benefits each month.

(If participant wants to enroll in one or both parts of the Personal Investment Plan (pre-tax and/or after tax), he or she needs to have an agreement form with the church and send a billing agreement form to the General Board of Pension and Health Benefits, 1201 Davis Street, Evanston, Illinois 60201.)

SEND ALL PAYMENTS IN ONE CHECK FROM THE CHARGE TO THE GENERAL BOARD OF PENSION AND HEALTH BENEFITS. DO NOT SEND ANY MONEY UNTIL YOU HAVE RECEIVED A BILL FROM THE GENERAL BOARD. GIVE TWO COPIES OF THIS WORKSHEET TO YOUR D.S. A T CHARGE CONFERENCE.

SIGNATURE: _____ DATE: _____

Please furnish this information for Conference use only. This does not enter into the Pension Computation.

UTILITIES ALLOWANCE	\$ 0.00
VOUCHERED TRAVEL OR VOUCHER PLAN LIMITS (Accountable Reimbursement Plan Travel Only)	\$ 0.00