

GENERAL BOARD OF PENSION
AND HEALTH BENEFITS OF
THE UNITED METHODIST CHURCH



1201 Davis Street
Evanston, Illinois 60201
847.869.4550

Church Pastor Compensation Report

Part 1 – General Information. Please complete a worksheet for each pastor under episcopal appointment to the church or charge.

Charge DUKE MEMORIAL Conference NORTH CAROLINA

Pastor LISA BROWN COLE Conference # _____

Check here if less than 12 months and enter period report covers: Social Security # _____

Calendar year _____

Part 2 – Compensation Information

Base Compensation

	<u>Form W-2 Reference*</u>
1. Compensation paid by local church (see Worksheet 1 for assistance). Do not include items reported on lines 2–7	\$ <u>34,225.36</u> Box 1
2. Before-tax contributions made to the Personal Investment Plan or other 403(b) plan [pursuant to section 403(b) of the Internal Revenue Code]	\$ <u>1,562.64</u> Box 13 – Code E
3. Salary-reduction contributions to a cafeteria plan (pursuant to section 125 of the Internal Revenue Code)	\$ _____ Box 10
4. Equitable compensation or other annual conference funds	\$ _____ Box 1
5. Cash allowances (see Worksheet 2 for assistance)	\$ _____ Box 1

Housing

6. Parsonage: Check here if a parsonage is provided to the pastor Box 14 (optional)
7. Allowance or exclusion paid to pastor (see Worksheet 3 for assistance) \$ 16,300.00 Box 14 (optional)

Part 3 – Additional Pastoral Support

- A. *Accountable Reimbursement Plans* (see Worksheet A for assistance) \$ 3,581.00 (none)
- B. *Other* (see Worksheet B for assistance) \$ _____ (none)

Part 4 – Signatures

Signature of pastor _____ Date _____

Signature of staff/pastor-parish relation committee chairperson _____ Date _____

Signature of church treasurer _____ Date _____

Signature of district superintendent _____ Date _____

* See instructions for further information concerning the Form W-2 references.

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