

FOR VOTING PURPOSE ONLY



SOUTHWEST TEXAS CONFERENCE THE UNITED METHODIST CHURCH

16400 Huebner Road
San Antonio, TX 78278
210-408-4500 or toll free 888-349-4191

2010 Church / Pastor Compensation Report

Part 1 -- General Information

Please complete a worksheet for each pastor under episcopal appointment to the church or charge. If the pastor is appointed to a charge with more than one church, then each church must complete a form, and the District Superintendent is responsible for completing a form for the charge as a whole.

Church _____

District _____

Pastor _____

Church # _____

Use annualized figures, even if report is for a partial year.

If this form is for a partial year, check here and record period for which compensation is effective.

Calendar Year _____

Part 2 -- Compensation Information

Base Compensation

1. Salary paid by church. _____

2. Utilities or other Housing Exclusion under section 107 of the IRS Code _____

3 Total Compensation - See Minimum Figures on back of form (Total of Lines 1 + 2)

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Part 3 - Benefit Information

4 Parsonage (Check here if a parsonage is provided to the pastor)

5 Housing Allowance paid to pastor instead of parsonage under section 107 of the IRS code. _____

6 Health Benefit Expense Paid Directly by the Church - Pastor's Individual Coverage _____

7 Health Benefit Expense Paid Directly by the Church - Dependent Coverage (note: this amount will be changed by the conference office to reflect changes in the health insurance premium adopted after the charge conference) _____

Part 4 -- Additional Pastoral Support

8 Accountable Reimbursement Plan ... _____

9 Other Reimbursement of Professional Expenses _____

Compensation Support being Requested from the Annual Conference or the District

10 Equitable Compensation or support being requested from either the annual conference or district. An application for funding must be submitted to the Conference Office each year. **Do not include this amount in Line 1.** _____