Form

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

► Go to www.irs.gov/Form990 for instructions and the latest information.

2020 Open to Public Inspection

OMB No. 1545-0047

A For the 2020 calendar year, or tax year beginning

Do not enter social security numbers on this form as it may be made public.

and ending

В	Check if applicable:	C Name of organization UNITED METHODIST RENEWAL SERVICES		D Employer	identification number										
	Address change	FELLOWSHIP, INC.													
	Name change	Doing business as ALDERSGATE RENEWAL MINISTRIES, INC.	Para trade vita	* * _ *	**2015										
\equiv	Initial return	Number and street (or P.O. box if mail is not delivered to street address) 121 EAST AVENUE	Room/suite		851-9192										
	Final return/	City or town, state or province, country, and ZIP or foreign postal code		010	001 011										
Щ	terminated	GOODLETTSVILLE TN 37072		G Gross rece	eipts\$ 457,952										
	Amended return	F Name and address of principal officer:		O Groot Tour											
	Application pending	MARK BARROW	H(a) Is this a gro	oup return for st	ubordinates? Yes X No										
		121 EAST AVE	H(b) Are all sub	ordinates inclu	uded? Yes No										
		GOODLETTSVILLE TN 37072	If "No,	' attach a list.	See instructions										
_	Tax-exempt status:	X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527													
4		WW.ALDERSGATERENEWAL.ORG	H(c) Group exe	motion numbe	r >										
	Form of organization		ear of formation: 1		M State of legal domicile: TN										
*****		ummary													
	7		24.170.7017.7010.11	SHOUND POWER WAS											
40	I	escribe the organization's mission or most significant activities: CQUIP THE LOCAL CHURCH TO MINISTER TO THE WORLD IN '	THE POWER	OF THE	E HOLY										
ũ	SPIE	SPIRIT.													
Ľ	100/00/00														
Governance	2 Check th	2 Check this box ▶ if the organization discontinued its operations or disposed of more than 25% of its net assets.													
Ö	3 Number	of voting members of the governing body (Part VI, line 1a)		1 920	25										
Activities &		of independent voting members of the governing body (Part VI, line 1b)			24										
ij		mber of individuals employed in calendar year 2020 (Part V, line 2a)			4										
휹	1				0										
Ă	1	(A) All and (A) Research and (A) A contract and (A)		7.	0										
		lated business revenue from Part VIII, column (C), line 12			0										
	D Net une	lated business (axable income from Form 950-1, Farth, line 11	Prior Ye		Current Year										
	8 Contribu	tions and grants (Part VIII, line 1h)	47	1,167	355,237										
Revenue	9 Program	service revenue (Part VIII, line 2g)	12	6,412	41,050										
Ş.		ent income (Part VIII, column (A), lines 3, 4, and 7d)		8,919	18,473										
æ	11 Other re	venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		9,788	43,192										
		renue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)		6,286	457,952										
_		nd similar amounts paid (Part IX, column (A), lines 1–3)			0										
		paid to or for members (Part IX, column (A), line 4)			0										
(A	1 4 - 0 - 1 - 1	other compensation, employee benefits (Part IX, column (A), lines 5–10)	23	9,840	234,980										
Expenses	16a Profession			7	0										
Sen	h Total fun														
Ä	17 Other ev	(Det IV selves (A) See 444 445 945	41	4,656	270,265										
		penses (Part IX, Column (A), lines 11a–11d, 111–24e) penses. Add lines 13–17 (must equal Part IX, column (A), line 25)		4,496	505,245										
		e less expenses. Subtract line 18 from line 12		1,790	-47,293										
7.8	13 Kevende	riess expenses. Subtract line to nom line 12	Beginning of Cu		End of Year										
ets	20 Total ass	sets (Part X, line 16)	1,66	2,552	1,600,231										
Ass	21 Total liab	oilities (Part X, line 26)	2	4,668	9,640										
Net Assets or	22 Net asse	ets or fund balances. Subtract line 21 from line 20		7,884	1,590,591										
		gnature Block													
-		perjury, I declare that I have examined this return, including accompanying schedules and statement	ents, and to the b	est of my kn	owledge and belief, it is										
tr	rue, correct, and c	complete. Declaration of preparer (other than officer) is based on all information of which preparer	has any knowledg	ge.											
_															
Si	an 📗 🥫	Signature of officer		Date											
He		MARK BARROW EXECU	TIVE DI	RECTOR	ξ										
-		Type or print name and title													
	Print/Typ	pe preparer's name Preparer's signature	Date	Check	X if PTIN										
Pai	id _{JW MCI}	MURRAY	04/22	/21 self-em											
Pre	eparer Firm's na	MONTEDAY TOY C ACCOCTAMES DITC		irm's EIN	**-***5435										
Us	e Only	639 E MAIN ST, SUITE 100		-											
	Firm's ac	TIENTED CONTITUE ON 2707E 2606		hone no.	615-824-2724										
Ma		ss this return with the preparer shown above? See instructions			X Yes No										
_		uction Act Notice, see the separate instructions.			Form 990 (2020)										
DAA		,			(

Form	n 990 (2020) UNITED METHODIST RENEWAL SERVICES **-***2015	Page 2
	art III Statement of Program Service Accomplishments	
2222794976	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission:	
	O ENCOURAGE INDIVIDUALS AND THEIR CHURCHES BY THE GRACE OF GOD AN	ID THE
т	LOVE OF OUR LORD JESUS CHRIST TO BE FILLED, GIFTED, EMPOWERED, AND	TED BY
		, TIPD DI
T	THE HOLY SPIRIT IN MINISTRY TO THE WORLD.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	
•		Yes X No
		103 21 110
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by	
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,	
	the total expenses, and revenue, if any, for each program service reported.	
42	(Code:) (Expenses \$ 309,697 including grants of \$) (Revenue \$	41,050)
TAI	(Code:)(Expenses \$ 309,697 including grants of \$) (Revenue \$ 4INISTRY/CHURCH LEADERSHIP TRAINING, SUPPORT, AND PLANNING FOR COM-	IFFRENCES
I.I		
D	DEVOTED TO CHRISTIAN EDUCATION.	
	$\vdots\\$	
	$\cdots \\$	

4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$	
N	N/A	
~ •	fix + + + + + + + + + + + + + + + + + + +	

	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
N	${ m V/A}$	
	TOTAL REPORT FOR THE STREET AND A PROPERTY OF THE STREET AND AND A STREET AND A STR	
	Other program services (Describe on Schedule O.)	
	Other program services (Describe on Schedule O.) (Expenses \$ 55,480 including grants of \$) (Revenue \$ Total program service expenses > 365,177)

Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A X 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to X candidates for public office? If "Yes," complete Schedule C, Part I 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) X election in effect during the tax year? If "Yes," complete Schedule C, Part II Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, 5 assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 6 "Yes," complete Schedule D, Part I Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 11 VII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," 11a Χ complete Schedule D, Part VI Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11b c Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11c d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 11d Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses 11f the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 12a Was the organization included in consolidated, independent audited financial statements for the tax year? If 12b "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or 15 Χ for any foreign organization? If "Yes," complete Schedule F, Parts II and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other 16 assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on X Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 19 If "Yes," complete Schedule G, Part III 20a 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 21 domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

P	Checklist of Required Schedules (continued)			
		f -	Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	ESSE		23
23	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	amplayage? If "Vas " complete Schedule I	23		X
24a	Station and State and Art			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	12 41164		
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			3.7
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			V
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part	**************************************		- 11
20	IV instructions, for applicable filing thresholds, conditions, and exceptions):	440		
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	021212200		
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	****		
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	-	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			v
	or IV, and Part V, line 1	34	-	X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	35b		
26	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	1000		
36		36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
<i>-</i>	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note: All Form 990 filers are required to complete Schedule O.	38	Χ	
P	art V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	**********	one constant	Ш
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c		X

Form 990 (2020) UNITED METHODIST RENEWAL SERVICES Page 5 Statements Regarding Other IRS Filings and Tax Compliance (continued) Yes No 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a X If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? Χ If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year 7e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? b 10 Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities b Section 501(c)(12) organizations. Enter: 11 Gross income from members or shareholders а Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans Enter the amount of reserves on hand 14a Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or 15 excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

If "Yes." complete Form 4720, Schedule O.

Form 990 (2020) UNITED METHODIST RENEWAL SERVICES

Part VI Governance, Management, and Disclosure For each "Vo Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No"

raitvi	Governance, management, and Disclosure For each Tes response to lines 2 through To below, and for a mo
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.
	Check if Schedule O contains a response or note to any line in this Part VI
Section A	Governing Body and Management

Sec	tion A. Governing body and management		Yes	No
10	Enter the number of voting members of the governing body at the end of the tax year 1a 25		165	NO
1a	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
L	committee, explain on Schedule O. Enter the number of voting members included on line 1a, above, who are independent 1b 24			
b	きがは、するものであります。 をはないするものできますが、いませんできますがあります。 としていまする。 としていまる。 としていまる。 としていまる。 としていまる。 としていまる。 としていまる。 としていまる。 としていまる。 としていまる。 としていまる。 としていまる。 としていまる。 としていまる。 としていまる。 としていまる。 としていまる。 としていまる。 としていなる。 としていまる。 としていまる。 としていまる。 としていまる。 としていまる。 としていまる。 としていまる。 としていまる。 としていなる。 としていなる。 としていなる。 としていなる。 としていまる。 としていまる。 としていまる。 としていまる。 としていまる。 としていなる。 としてなる。 としてなる。			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	2		Χ
	any other officer, director, trustee, or key employee?	2	_	
3	Did the organization delegate control over management duties customarily performed by or under the direct			Χ
	supervision of officers, directors, trustees, or key employees to a management company or other person?	3 4		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5 6		X
6	Did the organization have members or stockholders?	0		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			v
	one or more members of the governing body?	7a		<u>X</u>
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	-1.		v
_	stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		3.7	
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Χ	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			77
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		_X_
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Co	ae.)		la.
		10	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	l l		
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		37
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			3.7
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c		3.7
13	Did the organization have a written whistleblower policy?	13	_	_X_
14	Did the organization have a written document retention and destruction policy?	14		Χ
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			6000
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			37
	with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
-	organization's exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ TN	11.1111		
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and			
	financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records ▶			
	ARK BARROW 121 EAST AVE			
G(DODLETTSVILLE TN 37072 615	-85	1-9	192

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

|X| Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for	(de bo: off	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)		(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and			
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1039-MIGC)	(W-21033-14100)	related organizations
(1) GREIG CROWDER	0.00									
PRESIDENT	0.00	X		X				0	0	0
(2) TYLER BEST										
1ST VICE PRESIDENT	0.00	X		Х				0	0	0
(3) TONYA MARVIN	0.00	25		21		H				
BOARD MEMBER	0.00	Х						0	0	0
(4) MARTHA DAIGNEAU										
SECRETARY	0.00	Х		Х				0	0	0
(5) DOUG JONES										
TREASURER	0.00	Х		Х				0	0	0
(6) JIM BRITT	0 00									
BOARD MEMBER	0.00	Х						0	0	0
(7) BOB GILBERG	0.00									
BOARD MEMBER	0.00	X						0	0	0
(8) GARY TODD										
BOARD MEMBER	0.00	X						0	0	0
(9) TINA ROACH						П				
BOARD MEMBER	0.00	Х						0	0	0.
(10) ANN KNETTLER	0.00									
BOARD MEMBER	0.00	Х				Ц		0	0	0
(11) RANDALL DILTS	0.00									
BOARD MEMBER	0.00	Χ						0	0	O 990 (2020)

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)										
(A) Name and title	(B) Average hours per week (list any	bo	o not x, unli	Pos check ess pe nd a c	rson	s both	an ee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	hours for related organizations below dotted line)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	organization and related organizations
(12) RIC HOLLADAY BOARD MEMBER	0.00	X						0	0	0
(13) CASEY SWADLE		X						0	0	0
(14) AARON BROWN	0.00									
(15) BOBBY CHANEY	0.00	X						0	0	0
BOARD MEMBER (16) JAN JOHNSON	0.00	X						0	0	0
BOARD MEMBER (17) KAMI DYER	0.00	X						0	0	0
BOARD MEMBER (18) DYLAN WHITE	0.00	X					-	0	0	0
BOARD MEMBER (19) TED WOOD	0.00	X						0	0	0
BOARD MEMBER 1b Subtotal	0.00	X			****		•	0	0	0
c Total from continuation shed d Total (add lines 1b and 1c) Total number of individuals (in reportable compensation from	ets to Part VII, s	Sect	ion A	A	****		▶ abov	e) who received more than	\$100,000 of	Yes No
 3 Did the organization list any for employee on line 1a? If "Yes," 4 For any individual listed on line organization and related organization individual 5 Did any person listed on line 1 	<i>complete Sche</i> le 1a, is the sum nizations greater	dule of re than	J for eport n \$15	suc able 50,00	h ind com	dividu pens f "Ye	al satio	on and other compensation complete Schedule J for su	from the	3 X
5 Did any person listed on line 1 for services rendered to the or Section B. Independent Contractor	ganization? If "Y									5 X
Complete this table for your five compensation from the organical compensation from the organical compensation.	zation. Report c	ensa omp	ated ensa	inde _l ition	oenc for t	lent o	conti alend	dar year ending with or with	nin the organization's tax ye	ear.
Name and	(A) business address							Descrij	(B) otion of services	Compensation
Total number of independent or received more than \$100,000	contractors (incli	uding	g but	not e org	limit janiz	ed to	tho	se listed above) who	0	

Part VII Section A. Officers	, Directors, Tru	stee	s, K	ey E	mpi	oyee	s, a	nd Highest Compensated	Employees (continued)	
(A) Name and title	(B) Average hours per week (list any	of	o not o x, unle ficer a	Pos check ess pe nd a d	rson i irecto	s both r/trust	an ee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and
	hours for related organizations below dotted line)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(44-2/1033-44133)	related organizations
(20) JASON DICKER										
BOARD MEMBER	0.00	X						0	0	0
(21) KERRY WILSON										
BOARD MEMBER	0.00	X						0	0	0
(22) DEBBIE LINE-	ENCER									
BOARD MEMBER	0.00	X						0	0	0
(23) HAROLD QUICK		21								_
BOARD MEMBER	0.00	X						0	0	0
(24) MARK ATTERHO										
DOADD MEMDED	0.00	X						0	0	0
BOARD MEMBER	0.00	<u> </u>				Н	H			
3 3044400000000000000000000000000000000										
(-	\vdash		Н	-	H			
3										
1b Subtotal	***************************************				L	<u> </u>				
c Total from continuation she	ets to Part VII,	Sect	ion /	A (202)		A 4 F				
d Total (add lines 1b and 1c) Total number of individuals (ir							abov	l ve) who received more than	1 \$100,000 of	
reportable compensation from			_	_			_			Yes No
3 Did the organization list any fo								ee, or highest compensate	ed	3
employee on line 1a? <i>If "Yes,</i> 4 For any individual listed on lin	e 1a, is the sum	of re	eport	able	com	npen	satio	on and other compensation	from the	
organization and related orga	nizations greate	tha	า \$15	50,00	00?	f "Ye	s," (complete Schedule J for su	ıch	4
individual 5 Did any person listed on line for services rendered to the o	1a receive or acc	crue	com	pens	atio	n fro	m ar	ny unrelated organization o	r individual	5
Section B. Independent Contractor	Additional to the second	res,	COII	ipieti	9 30	neac	iie J	Tor such person		
Complete this table for your fit compensation from the organ	ve highest comp	ensa	ated	inde	pend for t	lent	cont	ractors that received more	than \$100,000 of	ear.
	(A) d business address	omp	CHOC	ittori	101	110 0	T		(B) ption of services	(C) Compensation
3										
							H			
							L			
S I							T			
2 11 				_			-			
9										
Total number of independent received more than \$100,000	contractors (incl	udin n fro	g but	not e orc	limit	ed to	the	ese listed above) who		

Form 990 (2020) UNITED METHODIST RENEWAL SERVICES

Pa	rt V	Check if Schedule O cont	ains a response or no	te to any line in thi	s Part VIII		
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelaled business revenue	(D) Revenue excluded from tax under sections 512-514
ts	1a	Federated campaigns	1a				
oun	b	Membership dues	1b				i
Am A	С	Fundraising events	1c	- P			
lar	d	Related organizations	1d				
SE	е	Government grants (contributions)	1e				
er S		All other contributions, gifts, grants,		100			
털		and similar amounts not included above	1f 355,23	37			
Contributions, Giffs, Grants and Other Similar Amounts		Noncash contributions included in lines 1a-1f	1g \$	255 225			
<u>5</u> <u>6</u>	h	Total. Add lines 1a–1f					
	٥.		Business Co				29,300
<u>ဗ</u>	2a			29,300			10,536
Program Service Revenue	Ь			10,536			1,214
am ever	C C	CONFERENCE INCOME		1,214			1,214
6	u	* ************************	VIII CONTRACTOR - TAX ATTAC				
ž	f	All other program service revenue					
		Total. Add lines 2a–2f	CONTRACTOR OF THE PROPERTY OF	41,050			
\neg	3	Investment income (including dividend		11/000			***************************************
				18,473			18,473
	4	Income from investment of tax-exemp	t bond proceeds	•			
	5	Royalties					
		(i) Real	(ii) Personal	#			
	6a	Gross rents 6a					
	þ	Less: rental expenses 6b					
	С	Rental inc. or (loss) 6c			111 1111 1111 1111		
	d	Net rental income or (loss)	<u>)</u>	•			
	/a	Gross amount from sales of assets (i) Securities	(ii) Other		1. 777.79		
		other Ihan inventory 7a				165	
Other Revenue	b	Less: cost or other					
Ye.		basis and sales exps. 7b		_			
~		Gain or (loss) 7c					
<u>ē</u>		Net gain or (loss)	· · · · · · · · · · · · · · · · · · ·	•			
ō	вa	Gross income from fundraising events		# .	i di		
		(not including \$ of contributions reported on line 1c).					
		Coo Dort IV line 19	8a	1989		100	
	h	Less: direct expenses	8b	\dashv			
		Net income or (loss) from fundraising					
		Gross income from gaming activities.					
	vu	See Part IV, line 19	9a		900		
	b	Less: direct expenses	9b				0.00
		Net income or (loss) from gaming activ		•			
		Gross sales of inventory, less					
		returns and allowances	10a				
	b	Less: cost of goods sold	10b				
		Net income or (loss) from sales of inve	entory	•			
ဖျ			Business Co	201211200000000000000000000000000000000			
e e	11a	BUILDING RENT		43,192			43,192
scellaneous Revenue	b	**************************	***********				
Sce	С						
ž	d	All other revenue					
		Total. Add lines 11a-11d		43,192		0	100 515
	12	Total revenue. See instructions	•	457,952	0	0	102,715

Form 990 (2020) UNITED METHODIST RENEWAL SERVICES

Statement of Functional Expenses

Do n	Check if Schedule O contains a respon	ise of flote to arry line in th	io i ait ix		
וו טע		(A)	(B)	(C) T	(D)
76. 8	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations		5,50,1000	3	
-	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22			3	
3	Grants and other assistance to foreign				1.31
	organizations, foreign governments, and foreign			- W	
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	450 504	111 051	45.005	
7	Other salaries and wages	159,791	111,854	47,937	
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)	(2.1(2)	44 014	10 040	
9	Other employee benefits	63,163	44,214	18,949	
10	Payroll taxes	12,026	8,418	3,608	
11	Fees for services (nonemployees):				
a	Management				
b	Legal	7,850	5,495	2,355	
C	Accounting	7,000	3,493	2,333	
a	Lobbying Professional fundraising services. See Part IV, line 17				
f	Investment management fees		100000000000000000000000000000000000000		
	Other. (If line 11g amount exceeds 10% of line 25, column				
g	(A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion	7,593	5,315	2,278	
13	Office expenses	27,735	19,414	8,321	
14	Information technology	12,621	8,835	3,786	
15	Royalties				
16	Occupancy	46,749	36,440	10,309	
17	Travel	21,227	14,859	6,368	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	57,699	40,389	17,310	
20	Interest				
21	Payments to affiliates				-
22	Depreciation, depletion, and amortization	61,644	55,480	6,164	
23	Insurance				
24	Other expenses. Itemize expenses not covered	87	新教员		
	above (List miscellaneous expenses on line 24e. If			100	
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)	7 055		7 055	
a	EQUIPMENT LEASE	7,855	7 504	7,855	
b	CONTRACT SERVICES	7,594	7,594		
C	PURCHASES	4,447 3,790	4,447	3,790	
d	BANK CHARGES	3,790	2,423	1,038	
e 25	All other expenses Total functional expenses. Add lines 1 through 24e	505,245	365,177	140,068	0
25 26		303,243	303,111		0
20	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ if following SOP 98-2 (ASC 958-720)				

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X. (A) (B) Beginning of year End of year 132,548 105,173 Cash—non-interest-bearing 1 Savings and temporary cash investments 2 Pledges and grants receivable, net 3 Accounts receivable, net 4 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 Notes and loans receivable, net 7 Inventories for sale or use 9,161 Prepaid expenses and deferred charges 4,500 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a b Less: accumulated depreciation 10b 1,075,020 10c 1,023,535 Investments—publicly traded securities 441,323 12 Investments—other securities. See Part IV, line 11 12 13 Investments—program-related. See Part IV, line 11 13 14 Intangible assets 14 15 Other assets. See Part IV, line 11 15 1,662,552 Total assets. Add lines 1 through 15 (must equal line 33) 16 16 Accounts payable and accrued expenses 24,668 17 17 Grants payable 18 Deferred revenue 19 19 Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 Loans and other payables to any current or former officer, director, Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 668 9,640 24, Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here ▶ 🛛 Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. Net assets without donor restrictions 1,596,494 1,548,301 27 41,390 Net assets with donor restrictions Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. Capital stock or trust principal, or current funds 29 29 Paid-in or capital surplus, or land, building, or equipment fund 30 30 Retained earnings, endowment, accumulated income, or other funds 31 31 637,884 1,590,591 32 Total net assets or fund balances 32 1,600,231 Total liabilities and net assets/fund balances 662.

Form **990** (2020)

orm	1990 (2020) UNITED METHODIST RENEWAL SERVICES 2015			ra	ge Iz				
Pa	Reconciliation of Net Assets				-				
LUCTURE .	Check if Schedule O contains a response or note to any line in this Part XI			111111	_X_				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	4.	57,	952				
2	Total expenses (must equal Part IX, column (A), line 25)	2			245				
3	Revenue less expenses. Subtract line 2 from line 1	3	1,6		<u> 293</u>				
4									
5	Net unrealized gains (losses) on investments								
6	Donated services and use of facilities	6							
7	Investment expenses	7							
8	Prior period adjustments	8							
9	Other changes in net assets or fund balances (explain on Schedule O)	9							
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line								
	32, column (B))	10	1,5	90,	<u>591</u>				
Pa	nt XII Financial Statements and Reporting								
	Check if Schedule O contains a response or note to any line in this Part XII		*******	****					
				Yes	No				
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_						
	If the organization changed its method of accounting from a prior year or checked "Other," explain in								
	Schedule O.								
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X				
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or		4.494						
	reviewed on a separate basis, consolidated basis, or both:								
	Separate basis Consolidated basis Both consolidated and separate basis								
b	Were the organization's financial statements audited by an independent accountant?	construction and the second	2b	X					
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a								
	separate basis, consolidated basis, or both:								
	X Separate basis Consolidated basis Both consolidated and separate basis								
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of								
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	Χ					
	If the organization changed either its oversight process or selection process during the tax year, explain on								
	Schedule O.								
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the		100000000	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	0.000				
	Single Audit Act and OMB Circular A-133?		3a		X				
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the								
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b						

SCHEDULE A (Form 990 or 990-EZ) Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

| 202

Quen to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection

Employer identification number UNITED METHODIST RENEWAL SERVICES Name of the organization **-***2015 FELLOWSHIP, INC. Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college 9 or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross 10 receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes 12 of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) d that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (ii) EIN (iv) Is the organization (v) Amount of monetary (vi) Amount of (iii) Type of organization (i) Name of supported other support (see (described on lines 1-10 listed in your governing support (see organization above (see instructions)) document? instructions) instructions) Yes No (A) (B) (C)

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2020

(D)

(E)

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support	10.110					
_	dar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)	N 10 1 20 1					
6	Public support. Subtract line 5 from line 4						
	tion B. Total Support						
	dar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10				1	<u> </u>	
12	Gross receipts from related activities, etc.	(see instructions)	. Fightered . Tet		Sr	12	
13	First 5 years. If the Form 990 is for the or	ganization's first, s	second, third, fourtl	h, or fifth tax year	as a section 501(c)(3)	. —
	organization, check this box and stop her						
Sec	tion C. Computation of Public Su						
14	Public support percentage for 2020 (line 6	, column (f) divide	d by line 11, colum	ın (f))	x • • • 68006866666 • 6806666		%
15	Public support percentage from 2019 Sch				00000-10000-000-00		%
16a	33 1/3% support test—2020. If the organ				33 1/3% or more, of	check this	▶ □
	box and stop here. The organization qual						\$10 KKKKKKKKKKKK
þ	33 1/3% support test—2019. If the organ				15 is 33 1/3% or m	ore, check	
	this box and stop here. The organization						
17a	10%-facts-and-circumstances test—202						
	10% or more, and if the organization mee						
	Part VI how the organization meets the "fa	acts-and-circumsta	ances" test. The org	ganization qualifie	s as a publicly sup	ported	
	organization						
b	10%-facts-and-circumstances test—20						
	15 is 10% or more, and if the organization						
	in Part VI how the organization meets the	"facts-and-circum:	stances" test. The	organization qual	ifies as a publicly s	upported	. —
	organization						▶ ∐
18	Private foundation. If the organization di						
	instructions						
							000 or 000 EZ\ 2020

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support		:::	·			
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)	- A					
Sec	tion B. Total Support			1			×4
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6	(u) 2010	(5) 2011		(.,,		
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the or						> [
Sec	organization, check this box and stop her ction C. Computation of Public St	ipport Percer	ntage		*******		
15	Public support percentage for 2020 (line 8			mn (f))		15	%
16	Public support percentage from 2019 Sch						
_	ction D. Computation of Investme						
17	Investment income percentage for 2020 (I			13, column (f))		17	%
18	Investment income percentage from 2019			1,0,0,0	the residence of the re	Control of the Contro	%
19a	33 1/3% support tests—2020. If the orga	nization did not cl	neck the box on lin	ne 14, and line 15 is	s more than 33 1/	3%, and line	(gi-
	17 is not more than 33 1/3%, check this b	ox and stop here	. The organization	qualifies as a publ	icly supported org	anization	
b	33 1/3% support tests—2019. If the orga	nization did not ch	heck a box on line	14 or line 19a, and	l line 16 is more t	han 33 1/3%, and	-
	line 18 is not more than 33 1/3%, check the	is box and stop h	nere. The organiza	ition qualifies as a	publicly supported	organization	············
20	Private foundation. If the organization die	d not check a box	on line 14, 19a, o	r 19b, check this b	ox and see instruc	ctions	100000000000000000000000000000000000000

Schedule A (Form 990 or 990-EZ) 2020

Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in **Part VI**.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI.**
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
2000000000		
1		2012/10/10000
2		
2-	5,000,000,000 (ddf	b
3a		
3b		
3с		
	w	***************************************
4a		
		19. j.
		100000000000000000000000000000000000000
4.		
4c		
		40
5a		200000000000000000000000000000000000000
5b		
5c		
		15.07
6	Q1000000000000000000000000000000000000	
7		
•		
8		
9a		
9b		
30		
attelli (1		William.
9c	SERVICE COLUMN	d 1000000000000000000000000000000000000
10a	200202000000000	************
- Tua		
S	·	××
10b		

	MEA (Form 990 or 990-EZ) 2020 UNITED METHODIST RENEWAL SERVICES ZO.			Page 5
rai	t IV Supporting Organizations (continued)		V [A112
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		essentiam to onless to co
C	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI .	11c		
Secti	on B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			3
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	4		
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations			
		25	Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Socti	ion D. All Type III Supporting Organizations			
Secti	on b. All Type III Supporting Organizations		Yes	Ma
_			res	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported		18	
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have			
_	a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		**********
Sacti	ion E. Type III Functionally-Integrated Supporting Organizations			
		`		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)	/-		
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.	2000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 -		
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instru	uctions)		
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,			
~	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in	2b		
_	these activities but for the organization's involvement.	20		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI .	3a		enina.
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Schedu	lle A (Form 990 or 990-EZ) 2020 UNITED METHODIST RENEWAL SE	ERVIC	ES **-**2	015 Page
Par	Type III Non-Functionally Integrated 509(a)(3) Supporting Org			
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on No			
	instructions. All other Type III non-functionally integrated supporting organizations mu	st compl	ete Sections A through E.	
Sect	ion A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of			
	gross income or for management, conservation, or maintenance of property			
	held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			7
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8	- N. 17. 17. 17. 17. 17. 17. 17. 17. 17. 17	
Sect	ion C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	No. 22 Company	
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	2000	
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to		188	
•	emergency temporary reduction (see instructions).	6	in Some Business	
7	Check here if the current year is the organization's first as a non-functionally integrated		supporting organization	
-	(see instructions).			
	(see instructions).			

Part	Y Type III Non-Functionally Integrated 509(a)(3) S	upporting Organiza	tions (continued)	
Secti	Current Year			
1	Amounts paid to supported organizations to accomplish exempt purpos	es		
2	Amounts paid to perform activity that directly furthers exempt purposes			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purposes of support	orted organizations	У.	
4	Amounts paid to acquire exempt-use assets	31.00		
5	Qualified set-aside amounts (prior IRS approval required—provide deta	nils in Part VI)		
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the organiza	tion is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2020 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	on E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2020 (reasonable cause required–explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2020	2250		
	From 2015			
	From 2016			
	From 2017		1100 11100 86	
	From 2018			
	From 2019			
	Total of lines 3a through 3e			
	Applied to underdistributions of prior years	10000 10000 10000 10000 10000 10000		
	Applied to 2020 distributable amount	100 (100 (100 (100 (100 (100 (100 (100		
	Carryover from 2015 not applied (see instructions)			
-1	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2020 from			
-	Section D, line 7: \$			
а	Applied to underdistributions of prior years			All sections and the section of the
	Applied to 2020 distributable amount			
	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2020, if	H. Comment		
	any. Subtract lines 3g and 4a from line 2. For result	i i i		
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2020 Subtract lines 3h	###		
	and 4b from line 1. For result greater than zero, explain in	1.0		
	Part VI. See instructions.	1.00		
7	Excess distributions carryover to 2021. Add lines 3j			# #
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2016			
b	Excess from 2017			
С	Excess from 2018			
d	Excess from 2019			
е	Excess from 2020			

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
T EFFERENCESISTEN	
e Baarenamana	
2. +3000000000000000000000000000000000000	
4 122122222222	
4 8844644444444	
12 - 4 30 4 30 4 30 5 4 5 5 5 5 6 5 6 5	
E amananarawa	
* **********	
* 121647000000000000000000000000000000000000	
// ***************	
*	
-5-16-6-16-6-16-6-16-6-16-6-16-6-16-6-1	
9 20022100100	
* * * * * * * * * * * * * * *	

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service **Schedule of Contributors**

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

Name of the organization

UNITED METHODIST RENEWAL SERVICES FELLOWSHIP, INC.

Employer identification number

-*2015

Organization type (check one): Section: Filers of: X 501(c)(Form 990 or 990-EZ 3) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule |X| For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 331/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

totaling \$5,000 or more during the year

\$

Name of organization
UNITED METHODIST RENEWAL SERVICES

Employer identification number **-**2015

Part I	Contributors (see instructions). Use duplicate copies of Pa	art I if additional space is nee	eded.		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
. 1		\$ 5,000	Person X Payroli Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
. 2		\$ 5,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a)	(b)	(c)	(d)		
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution		
. 3		\$ 35,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
4	Name, audiess, and zir + 4	\$ 30,120	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
5		\$ 15,043	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
6		\$ 35,400	Person Payroll Noncash (Complete Part II for noncash contributions.)		

Name of organization

UNITED METHODIST RENEWAL SERVICES

Employer identification number **-***2015

Part I	Contributors (see instructions). Use duplicate copies of Pa	art I if additional space is nee	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
.7		\$ 5,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	traine, address, and 2 in 1 4	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
i tereno		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d) Type of contribution
No.	Name, address, and ZIP + 4	\$	Person Payroll Noncash (Complete Part II for
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	noncash contributions.) (d) Type of contribution
5 193.634	**************************************	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
# \$159W1		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

➤ Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information. OMB No. 1545-0047

Employer identification number

Open to Public Inspection

Name of the organization UNITED METHODIST RENEWAL SERVICES **-***2015 FELLOWSHIP, INC. Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 2 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Part II Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of a historically important land area Preservation of land for public use (for example, recreation or education) Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation Held at the End of the Tax Year easement on the last day of the tax year. 2a Total number of conservation easements 2b Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X

(investment)

Total, Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

(other)

279.

718

depreciation

Schedule D (Form 990) 2020

279.

279.

1a Land **b** Buildings c Leasehold improvements d Equipment

5.7	~		122.0	4
- 11	Pa	q	е	4

	(a) Description of security or category	(b) Book value	(c) Method of valuation:
	(including name of security)	(a) book take	Cost or end-of-year market value
I) Financial de	erivatives		
	d equity interests		
	00		
		CONTROL CONTRO	
		VALUE	
(1.1)			
	(b) must equal Form 990, Part X, col. (B) line 12.)		(194)
Part VIII	Investments – Program Related.		
	Complete if the organization answered "Ye	es" on Form 990, Part IV, lin	e 11c. See Form 990, Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation:
			Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)	1)		
(5)			
(6)			
(7)			
(8)			
(9)			
	(b) must equal Form 990, Part X, col. (B) line 13.)	>	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Part IX	Other Assets. Complete if the organization answered "Yes	es" on Form 990, Part IV, lin	e 11d. See Form 990, Part X, line 15.
Part IX			e 11d. See Form 990, Part X, line 15.
	Complete if the organization answered "Ye		
(1)	Complete if the organization answered "Ye		
(1)	Complete if the organization answered "Ye		
(1) (2) (3)	Complete if the organization answered "Ye		
(1) (2) (3) (4)	Complete if the organization answered "Ye		
(1) (2) (3) (4) (5)	Complete if the organization answered "Ye		
(1) (2) (3) (4) (5) (6)	Complete if the organization answered "Ye		
(1) (2) (3) (4) (5) (6) (7)	Complete if the organization answered "Ye		
(1) (2) (3) (4) (5) (6) (7) (8)	Complete if the organization answered "Ye		
(1) (2) (3) (4) (5) (6) (7) (8) (9)	Complete if the organization answered "Ye (a) Description (a) Description (b) Description (c)		
(1) (2) (3) (4) (5) (6) (7) (8) (9)	Complete if the organization answered "Ye (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities.	ption	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column	Complete if the organization answered "Ye (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities.	ption	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9)	Complete if the organization answered "Ye (a) Description (b) must equal Form 990, Part X, col. (B) line 15.)	ption	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9)	Complete if the organization answered "Ye (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Ye	ption	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column Part X	Complete if the organization answered "Ye (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Ye line 25. (a) Description of liability	ption	ne 11e or 11f. See Form 990, Part X,
(1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column Part X	Complete if the organization answered "Ye (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Ye line 25.	ption	ne 11e or 11f. See Form 990, Part X,
(1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column Part X	Complete if the organization answered "Ye (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Ye line 25. (a) Description of liability	ption	ne 11e or 11f. See Form 990, Part X,
(1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column Part X	Complete if the organization answered "Ye (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Ye line 25. (a) Description of liability	ption	ne 11e or 11f. See Form 990, Part X,
(1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column Part X	Complete if the organization answered "Ye (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Ye line 25. (a) Description of liability	ption	ne 11e or 11f. See Form 990, Part X,
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X (1) Federal i (2) (3) (4) (5)	Complete if the organization answered "Ye (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Ye line 25. (a) Description of liability	ption	ne 11e or 11f. See Form 990, Part X,
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X 1. (1) Federal i (2) (3) (4) (5) (6)	Complete if the organization answered "Ye (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Ye line 25. (a) Description of liability	ption	(b) Book value the 11e or 11f. See Form 990, Part X,
(1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column Part X 1. (1) Federal i (2) (3) (4) (5) (6) (7)	Complete if the organization answered "Ye (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Ye line 25. (a) Description of liability	ption	ne 11e or 11f. See Form 990, Part X,
(1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column Part X (1) Federal i (2) (3) (4) (5) (6) (7) (8)	Complete if the organization answered "Ye (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Ye line 25. (a) Description of liability	ption	ne 11e or 11f. See Form 990, Part X,
(1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column Part X (1) Federal i (2) (3) (4) (5) (6) (7) (8) (9)	Complete if the organization answered "Ye (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Ye line 25. (a) Description of liability ncome taxes	ption	ne 11e or 11f. See Form 990, Part X,
(1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column Part X (1) Federal i (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column	Complete if the organization answered "Ye (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Ye line 25. (a) Description of liability	es" on Form 990, Part IV, lir	(b) Book value The or 11f. See Form 990, Part X, (b) Book value

che	dule D (Form 990) 2020 UNITED METHODIST RENEWAL SEF	RVICES	**-***201	5	Page 4
2000000	rt XI Reconciliation of Revenue per Audited Financial Staten	nents With	Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990,				
1	Total revenue, gains, and other support per audited financial statements			1	457,952
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	74 W			
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
C	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
	Add lines 2a through 2d		********	2e	4.5.7.0.5.0
	Subtract line 2e from line 1	anganagere		3	457,952
	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
	Investment expenses not included on Form 990, Part VIII, line 7b				
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	457 050
0000000	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		******	5	457,952
Pa	rt XII Reconciliation of Expenses per Audited Financial State			Return.	
	Complete if the organization answered "Yes" on Form 990,				FOE OAF
1	Total expenses and losses per audited financial statements			1	505,245
	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1			
	Donated services and use of facilities				
b	Prior year adjustments	2b			
C	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
	Add lines 2a through 2d		*******	2e	
	Subtract line 2e from line 1			3	505,245
4	Amounts included on Form 990, Part IX, line 25, but not on line 1;				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
	Other (Describe in Part XIII.)				
	- 111			4c	
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	505,245
Pa	rt XIII Supplemental Information.				
rovi	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part	IV, lines 1b a	nd 2b; Part V, line 4; F	art X, line	
; Pa	rt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provid	le any additior	al information.		
		1			
5555					

11211					
3,555.5					

• • • •					***********

***		•••••••			

				000000000000000000000000000000000000000	
31353					

Schedule D (Form 990) 2020	UNITED	METHODIST	RENEWAL	SERVICES	**-***2015	Page 5
Part XIII	Suppleme	ntal Informa	tion (continued))			
	***********	*************				***************************************	
* *****			***********		****************		

04 - 600 000 000 000 000 000 000 000 000 0			**************				*************
3 (2000)	******************			***********		KANSANSANSANSANSANSANSANSANSANSANSANSANSA	.,,,,
0 1000000000000000							
* ***********						. 17. 2 - 1 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -	
× **********	******		*************				
	N. N. S.						
	*************	titorio.titorio.tito					

3 23 23 23 23 23 23							
1 (1011)					4.4.0.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4	· OF CARPERS AND INCOMES AND INCOMES AND	(Kabadanta a telepite telepi
							S 6 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8
04 - 8740-69740004006474999				A			
	**********		*******	*************		waxaan ee aa aan aan baad daad boolea	
-				***********	*************		
of contractions						//////////////////////////////////////	*************
	*********	*************			444544444444		***************************************
W WINDSHIP	*******						

to extense to the second				***************************************		ANN SECTION OF THE PROPERTY OF	
* *******		******		*************			
4 2100500000000				************		***************************************	
ä							
re 11071107575757575757							

SCHEDULE O (Form 990 or 990-EZ) Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

2020

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

UNITED METHODIST RENEWAL SERVICES

Open to Public Inspection

Employer identification number

-*2015 FELLOWSHIP, INC FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 MANAGEMENT REVIEWS BEFORE ISSUANCE FORM 990, PART VI, LINE 15A FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION AVAILABLE UPON REQUEST FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS EXPLANATION DIFFERENCE IN DEPRECIATION BOOK/TAX DEPRECIATION DIFFERENCE

Depreciation and Amortization

(Including Information on Listed Property)

► Attach to your tax return.

▶ Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No. 1545-0172

Department of the Treasury Internal Revenue Service Name(s) shown on return

UNITED METHODIST RENEWAL SERVICES FELLOWSHIP, INC.

Identifying number **-***2015

Busir	ness or activity to which this form rela	ites						
	NDIRECT DEPRECIA							
		ense Certain Prop	erty Under Se	ction 179				
		any listed property			omplete Part	a		
1	Maximum amount (see instruct						1	1,040,000
2	Total cost of section 179 prope	rty placed in service (se	e instructions)				2	
3	Threshold cost of section 179 p						3	2,590,000
4	Reduction in limitation. Subtract						4	
5	Dollar limitation for tax year. Subtract	t line 4 from line 1. If zero o	riose enter - 0 - If ma	arried filing senarately	ee instructions		5	
6		otion of property	riess, enter or ir me	(b) Cost (business use		Elected cost	_	TO ALL
0	(4) 500011	otion of proporty		(5) 5551 (55511555 555	(2)			
_	1 - t - d				7			
7	Listed property. Enter the amou		7 - 1 - 1 - 7 - 7 - 7 - 1 - 1 - 1 - 1 -	ren mistarrenser			8	
8	Total elected cost of section 17						9	
9	Tentative deduction. Enter the					******	10	
10	Carryover of disallowed deduct							
11	Business income limitation. En					ns http://tel	11	
12	Section 179 expense deduction				The state of the s		12	
13	Carryover of disallowed deduct				13			
******	: Don't use Part II or Part III belo					Mercal and California	- 0	
Pa		ation Allowance a				property	y. Se	e instructions.)
14	Special depreciation allowance		ther than listed pro	operty) placed in ser	vice			
	during the tax year. See instruc		**********	************			14	
15	Property subject to section 168	(f)(1) election	************	H241 H558 F06 K6350 F06 F06	50 · · · (*)500 (500 (500 (500 (500 (500 (500 (500		15	16 610
16	Other depreciation (including A					Halamaka.	16	46,640
Pa	art III MACRS Deprec	iation (Don't includ	e listed proper	ty. See instruction	ns.)			
			Secti	on A				
17	MACRS deductions for assets	placed in service in tax y	ears beginning be	efore 2020		إ بسر	17	13,119
18	If you are electing to group any assets pla	aced in service during the tax ye	ar into one or more gen	eral asset accounts, check	here	ightharpoonup		2000000
	Section B-	-Assets Placed in Ser	vice During 2020	Tax Year Using the	e General Depre	eciation Sy	stem	
	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depre- (business/investme only-see instructi	nt use	(e) Convention	(f) Metho	od	(g) Depreciation deduction
19a	3-year property							
b	5-year property							
С	7-year property							
d	10-year property							
е	15-year property							
f	20-year property							
g	25-year property			25 yrs.		S/L		
h	Residential rental			27.5 yrs.	MM	S/L		
	property			27.5 yrs.	MM	S/L		
i	Nonresidential real			39 yrs.	MM	S/L		
•	property				MM	S/L		
	Section C—	Assets Placed in Servi	ce During 2020 1	ax Year Using the	Alternative Dep	reciation S	Syster	m
20a	Class life					S/L		
	12-year			12 yrs.		S/L		
_	30-year			30 yrs.	ММ	S/L		=======================================
	40-year			40 yrs.	MM	S/L		
	art IV Summary (See i	netructions)		10 313	1			<u> </u>
	Listed property. Enter amount f						21	
21 22	Total. Add amounts from line 1		ines 19 and 20 in	column (a) and line	21 Enter		اع	
	here and on the appropriate line						22	59,759
23	For assets shown above and pl							,
-	portion of the basis attributable	_			23			

201010 UNITED METHODIST RENEWAL SERVICES **-***2015 Federal Asset Report FYE: 12/31/2020 Form 990, Page 1

10	Date Bus Sec Basis In Service Cost % 179Bonus for Depr PerConv Meth Prior Current										
BOOKCASES	Duton MACDS:										
104 121 EQUIPMENT	107793 370										

201010 UNITED METHODIST RENEWAL SERVICES **-***2015 Federal Asset Report

FYE: 12/31/2020

Form 990, Page 1

Asset Description	Date In Service	Cost	Bus Sec % 179Bonus	Basis for Depr	PerConv Meth	Prior	Current
138 PRINTERS & COMPUTER EQUIP 141 TELEPHONE SYSTEM 142 HVAC - 120 EAST 143 121 EAST ROOF 144 122 EAST ROOF 145 121 EAST SOUND SYSTEM 146 LAPTOP 147 COMPUTERS	7/07/07 2/13/08 4/21/09 12/31/10 12/31/10 2/15/11 1/13/11 7/21/11 12/07/11 5/15/12 9/06/12 5/01/13 5/29/13 8/26/13 5/28/14	677 600 11,450 15,600 3,120 2,445 3,921 8,076 2,754 1,376 1,805 9,551 ,1,333 2,650 10,428 756,378	X X X X X X X X X X X	3,120 0 0 0 0 688 902	39 MM S/L 39 MM S/L 5 HY 200DB 5 HY 200DB 5 HY 200DB 10 HY 200DB 10 HY 200DB 15 HY S/L 10 HY 200DB 15 HY S/L	677 600 9,929 3,617 723 2,445 3,921 8,076 2,754 1,263 1,657 6,845 1,180 1,985 8,890 536,047	0 0 338 400 80 0 0 0 45 59 318 44 78 342
76 115 EAST AVE - HOUSE 77 LAND - 115 EAST AVE HOUSE 80 120 EAST IMPROVEMENTS 81 121 EAST AVE IMPROVEMENTS 91 121 IMPROVEMENTS 95 120 EAST AVE IMPROVEMENTS 97 122 EAST AVE HOUSE 99 122 EAST AVE - LAND 106 120 EAST IMPROVEMENTS 107 121 EAST IMPROVEMENTS 108 122 EAST IMPROVEMENTS 108 122 EAST IMPROVEMENTS 120 SOFTWARE - 121 EAST 122 115 EAST - GUTTERGUARDS 130 120 EAST IMPROVEMENTS 131 120 EAST ADD WALL 139 115 EAST ROOF 140 115 EAST - WINDOWS 155 GAS - 120 EAST 156 WATER HEATER	2/27/18 6/28/18	239,718 85,141 20,000 3,156 491,968 2,831 25,699 85,097 20,000 106,266 8,369 6,976 4,623 2,500 11,062 2,613 4,226 4,200 4,428 1,235 3,970 2,719 5,340 15,846 1,208 1,689 650 1,147 4,595 5,385 8,950 749 1,752 1,218 1,695 4,975 2,319 5,215 4,995 887 1,175 1,054 1,999 2,110 6,5590 868 725 3,698 3,500 3,500		491,968	0 Land 39 MO S/L 27 MO S/L 27 MO S/L 39 MO S/L 27 MO S/L 39 MO S/L 27 MO S/L 10 MO S/L 10 MO S/L 10 MO S/L 7 MO S/L 10 MO S/L	0 61,018 0 1,581 246,510 1,358 11,230 37,730 0 45,072 3,550 4,196 4,623 1,299 3,841 863 1,927 1,699 2,435 679 1,985 2,538 3,369 7,923 604 824 364 746 1,072 1,257 1,865 4,99 730 508 484 499 118 215 276 1,222 452 1,222 452 1,222 452 1,222 1,406 130 96 130 91 528 233 233 233	0 3,096 0 81 12,614 73 659 2,182 0 2,725 214 254 66 154 153 443 124 397 181 763 2,264 173 242 93 229 460 538 895 250 250 174 243 497 232 552 500 89 118 151 666 6302 937 500 87 72 52 52 500 87 72 500 87 72 500 87 72 500 87 72 500 87 72 500 87 72 500 87 72 500 87 87 87 87 87 87 87 87 87 87 87 87 87

201010 UNITED METHODIST RENEWAL SERVICES

-*2015

Federal Asset Report

FYE: 12/31/2020

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179Bonus	Basis for Depr_	<u>Per</u>	Conv Meth	Prior	Current
188	120 East parking lot sealing	5/22/19	5,000			5,000	10	MO S/L	292	500
189	Paving 121 East Parking	5/22/19	63,900			63,900	10	MO S/L	3,728	6,390
190	MAC Computer - Donna	4/20/19	2,023			2,023	3	MO S/L	450	674
191	MAC - Mark	4/28/19	1,670			1,670	3	MO S/L	371	557
192	AED Plus	5/29/19	1,544			1,544	5	MO S/L	180	309
193	Sound Equipment	8/26/19	4,706			4,706	7	MO S/L	224	672
194	MAC - ARM presenter laptop	7/06/19	1,860			1,860	3	MO S/L	310	620
195	32 Ch. 8-Bus Rackmountable Digital Mixer		1,964			1,964	7	MO S/L	0	281
196	Apple iMac (1)	6/26/20	1,499			1,499		MO S/L	0	150
197	Apple iMac (2)	6/26/20	1,499			1,499	_	MO S/L	0	150
198	Apple MacBook Pro 512GB	6/26/20	2,399			2,399	_	MO S/L	0	240
199	Apple MacBook Pro 1TB	6/26/20	2,799			2,799	5	MO S/L		280
	Total Other Depreciation		1,321,963			1,321,963			467,581	46,640
	Total ACRS and Other Depreciation		1,321,963			1,321,963			467,581	46,640
Grand Totals Less: Dispositions and Transfers Less: Start-up/Org Expense			2,078,341 0 0 2,078,341			2,019,214 0 0 2,019,214			1,003,628 0 0 1,003,628	59,759 0 0 59,759
Net Grand Totals			2,070,341			2,017,217			1,000,020	27,107

201010 UNITED METHODIST RENEWAL SERVICES

-*2015

TN Asset Report

Form 990, Page 1

FYE: 12/31/2020

Prior MACRS 3 BOCKECTORS 16974 336 336 336 0 0 0 0 0 0 0 0 0	Asset Description	Date In Service	Cost	Basis for Depr	TN Prior	TN Current	Federal Current	Difference Fed - TN
BOOKCASES 21694 336 336 336 359 0 0 0 0 0 0 0 0 0	=0.10 SALESSEE							
PROJECTORS	Prior MACRS: 3 ROOK CASES	2/16/94	336	336	336	0	0	0
27 PRAYER ROOM TABLE	9 PROJECTORS	1/07/93	370	370	370	0		0
## PAGING SYSTEM								0
FAX								0
47 COMPUTER S 600697 2,480 2,480 2,480 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	44 FAX	6/06/96	520	520	520			0
48 CÓMPUTER TOSH 60 COMPUTER CATEWAY 10/23997 280 280 280 280 0 0 0 0 0 0 10 PRINTER 80/2997 280 280 280 280 0 0 0 0 0 0 10 PRINTER 640/397 280 280 280 280 0 0 0 0 0 0 0 10 PRINTER 640/397 280 280 280 0 0 0 0 0 0 0 0 0 10 PRINTER 640/397 280 280 280 0 0 0 0 0 0 0 0 0 0 0 0 0 0								0
COMPUTER CATEWAY					2,211			0
PRINTER	49 COMPUTER GATEWAY		2,017	2,017	2,017		-	0
Second Color							-	0
DESK				300	300	0	0	0
SS CHAIR							-	0
STORAGE RACK 1/22/97 177 177 177 10 0 0 0 0 0 0 0 0							_	
SP COMPUTER 10/23/98 3,499 3,499 0 0 0 0 0 0 0 0 0			177	177	177	0	0	0
60 MÜSIC EQUIPMENT 12/22/99 1.064 1.064 1.064 0 0 0 0 0 0 0 1 COMPUTER 8/03/99 1.190 1.190 1.190 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0								
61 COMPUTER 12/22/99 2,519 2,519 2,519 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0							-	ŏ
67 PIANO 11/01/99		12/22/99	2,519	2,519	2,519		-	0
68 FÜRNITURE 11/10/99 1303 1,303 1,303 0 0 0 0 0 6 6 LAPTOP COMPUTERS 11/19/99 7,154 7,154 7,154 0 0 0 0 7 PRINTER 12/01/99 200 200 200 0 0 0 0 0 0 0 0 7 1 BREWER 10/21/99 190 190 190 0 0 0 0 0 0 0 0 0 0 0 0 0						-	_	0
60 LAPTOP COMPUTERS 11/19/99 7,154 7,154 7,154 0 0 0 0 0 0 0 0 0							_	0
1 BREWER 10/21/99 190 190 190 0 0 0 0 0 0 0 0 0	69 LAPTOP COMPUTERS	11/19/99	7,154	7,154				0
172 IMPROVEMENTS								0
73 SMOKE DETECTORS 12/22/99 245 245 245 0 0 0 0 78 115 EAST - PAVING 7/12/00 2.200 2.200 2.200 0 0 0 0 0 0 0 0 0 0								0
79 115 EAST HOUSE - PAINT & FLOOR 5/10/00 5/456 5/456 5/456 0 0 0 0 0 0 0 0 0 115 EAST FURNISHINGS 6/01/00 21,946 21,946 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	73 SMOKE DETECTORS	12/22/99	245	245	245	0		0
SECTION SECT								0
83 FURNISHINGS (601/00 38,660 38,660 0 0 0 0 0 84 COMPUTERS & NETWORK (601/00 17,719 17,719 0 0 0 0 0 0 85 VIDEO EQUIPMENT (601/00 14,070 14,070 14,070 0 0 0 0 0 0 85 VIDEO EQUIPMENT (601/00 14,070 14,070 14,070 0 0 0 0 0 0 87 120 PAVING 4/20/01 2,500 2,500 2,500 0 0 0 0 88 120 FURNISHINGS 4/20/01 2,500 2,500 2,500 0 0 0 0 88 120 FURNISHINGS 4/20/01 4,097 4,097 0 0 0 0 89 121 TABLES, ETC 5/16/01 846 846 846 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	82 115 EAST FURNISHINGS		21,946				-	0
\$5 \ \text{VIDEO EQUIPMENT} 6/01/00 14,070 14,070 0 0 0 0 0 0 0 0 86 121 PAVING 4/20/01 5,003 5,003 5,003 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	83 FURNISHINGS	6/01/00	38,660	38,660	38,660		-	0
120 PAVING					17,719	-	-	0
SO 121 TABLES, ETC					5,003	0	0	0
SO 121 TABLES, ETC								0
93 122 EAST AVE FURNISHINGS 11/15/02 1,393 1,393 0 0 0 0 0 0 0 0 0 0 0 120 EAST HVAC 12/19/02 3,701 3,701 3,701 0 0 0 0 0 0 0 0 1 0 0 0 0 0 0 0 0 0								0
96 120 EAST HVAC 12/19/02 3,701 3,701 3,701 0 0 0 0 101 WATER HEATER - 120 EAST 6/30/02 4,986 4,986 4,986 0 0 0 0 104 121 EQUIPMENT 6/30/03 5,828 5,828 5,828 0 0 0 0 0 105 122 EAST - FURNISHINGS & APPLIANC 6/30/03 7,577 7,577 7,577 7,577 0 0 0 0 109 COMPUTER EQUIPMENT 9/22/03 7,471 7,471 7,471 0 0 0 0 110 RECORDING EQUIPMENT 3/01/04 4,780 4,780 4,780 0 0 0 0 111 LAPTOPS 1/30/04 2,083 2,083 2,083 0 0 0 0 111 VOICE MAIL 4/05/04 4/00 4/00 4/00 0 0 0 0 0 0 0 0 0 0 0			3,311	3,311	3,311	0		
101 WATER HEATER - 120 EAST								0
104 121 EQUIPMENT					4,986			
109 COMPUTER EQUIPMENT 9/22/03 7,471 7,471 7,471 0 0 0 0 0 0 0 1 10 RECORDING EQUIPMENT 3/01/04 4,780 4,780 4,780 0 0 0 0 0 0 111 LAPTOPS 1/30/04 2,083 2,083 2,083 0 0 0 0 0 112 VOICE MAIL 4/05/04 400 400 400 400 0 0 0	104 121 EOUIPMENT	6/30/03	5,828	5,828	5,828			
110 RECORDING EQUIPMENT 3/01/04 4,780 4,780 4,780 0 0 0 0 0 0 1 1 LAPTOPS 1/30/04 2,083 2,083 2,083 0 0 0 0 0 1 1 LAPTOPS 1/30/04 4,780 4,780 4,780 0 0 0 0 0 1 1 1 1		(6/30/03		7,577				
111 LAPTOPS								0
114 121 EAST LANDSCAPING 8/17/04 9,363 9,363 9,363 0 0 0 115 DVD & CD RECORDERS 8/31/04 920 920 920 0 0 0 116 REFRIGERATOR 2/23/05 652 652 652 0 0 0 117 COMPUTER EQUIPMENT - 121 EAST 6/18/05 6,485 6,485 0 0 0 118 PAGERS - 121 EAST 5/31/05 2,895 2,895 2,895 0 0 0 119 EQUIP & FURN - 121 EAST 7/25/05 784 784 784 0 0 0 119 EQUIP & FURN - 121 EAST 7/25/05 784 784 784 0 0 0 121 115 EAST - HVAC 1/26/05 3,833 3,833 3,720 113 113 13 0 124 122 EAST - HVAC 6/23/05 2,078 2,078 2,017 61 61 0 126 COMPUTER & MUSIC EQUIPMENT 7/31/06 2,187 2,187 2,187 <t< td=""><td>111 LAPTOPS</td><td>1/30/04</td><td>2,083</td><td>2,083</td><td>2,083</td><td>0</td><td></td><td>0</td></t<>	111 LAPTOPS	1/30/04	2,083	2,083	2,083	0		0
114 121 EAST LANDSCAPING 8/17/04 9,363 9,363 9,363 0 0 0 115 DVD & CD RECORDERS 8/31/04 920 920 920 0 0 0 116 REFRIGERATOR 2/23/05 652 652 652 0 0 0 117 COMPUTER EQUIPMENT - 121 EAST 6/18/05 6,485 6,485 0 0 0 118 PAGERS - 121 EAST 5/31/05 2,895 2,895 2,895 0 0 0 119 EQUIP & FURN - 121 EAST 7/25/05 784 784 784 0 0 0 119 EQUIP & FURN - 121 EAST 7/25/05 784 784 784 0 0 0 121 115 EAST - HVAC 1/26/05 3,833 3,833 3,720 113 113 13 0 124 122 EAST - HVAC 6/23/05 2,078 2,078 2,017 61 61 0 126 COMPUTER & MUSIC EQUIPMENT 7/31/06 2,187 2,187 2,187 <t< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>0</td></t<>								0
116 REFRIGERATOR 2/23/05 652 652 652 0 0 0 117 COMPUTER EQUIPMENT - 121 EAST 6/18/05 6,485 6,485 6,485 0 0 0 118 PAGERS - 121 EAST 5/31/05 2,895 2,895 2,895 0 0 0 119 EQUIP & FURN - 121 EAST 7/25/05 784 784 784 0 0 0 121 115 EAST - HVAC 1/26/05 3,833 3,833 3,720 113 113 0 123 121 EAST - HVAC 12/14/05 4,438 4,438 4,307 131 131 0 124 122 EAST - HVAC 6/23/05 2,078 2,078 2,017 61 61 0 126 COMPUTER & MUSIC EQUIPMENT 7/31/06 2,187 2,187 2,187 0 0 0 127 COPIER & COMPUTERS 9/18/06 4,690 4,690 4,690 0 0 0 129 PODIUM 6/01/06 1,360 1,360 1,360								ŏ
117 COMPUTER EQUIPMENT - 121 EAST 6/18/05 6,485 6,485 6,485 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	115 DVD & CD RECORDERS	8/31/04	920	920	920			0
118 PAGERS - 121 EAST 5/31/05 2,895 2,895 2,895 0 0 0 119 EQUIP & FURN - 121 EAST 7/25/05 784 784 784 0 0 0 121 115 EAST - HVAC 1/26/05 3,833 3,833 3,720 113 113 0 123 121 EAST - HVAC 12/14/05 4,438 4,438 4,307 131 131 0 124 122 EAST - HVAC 6/23/05 2,078 2,078 2,017 61 61 0 126 COMPUTER & MUSIC EQUIPMENT 7/31/06 2,187 2,187 2,187 0 0 0 127 COPIER & COMPUTERS 9/18/06 4,690 4,690 4,690 0 0 0 128 E TAPESTRY 8/15/06 8,501 8,501 8,501 0 0 0 129 PODIUM 6/01/06 1,360 1,360 1,360 0 0 0 131 121 EAST - HVAC ZONE SYSTEM 6/08/06 3,150 2,871 186 186 0 134 COMPUTER 4/07/07 1,634 1,634 1,								0
119 EQUIP & FURN - 121 EAST 7/25/05 784 784 784 0 0 0 121 115 EAST - HVAC 1/26/05 3,833 3,833 3,720 113 113 0 123 121 EAST - HVAC 12/14/05 4,438 4,438 4,307 131 131 0 124 122 EAST - HVAC 6/23/05 2,078 2,078 2,017 61 61 0 126 COMPUTER & MUSIC EQUIPMENT 7/31/06 2,187 2,187 2,187 0 0 0 127 COPIER & COMPUTERS 9/18/06 4,690 4,690 4,690 0 0 0 128 E TAPESTRY 8/15/06 8,501 8,501 8,501 0 0 0 129 PODIUM 6/01/06 1,360 1,360 1,360 0 0 0 131 121 EAST -HVAC ZONE SYSTEM 6/08/06 3,150 3,150 2,871 186 186 0 134 COMPUTER 4/07/07 1,634 1,634 1,634 0 <td></td> <td></td> <td></td> <td></td> <td>2,895</td> <td></td> <td>0</td> <td>0</td>					2,895		0	0
* 123 121 EAST - HVAC 12/14/05 4,438 4,438 4,307 131 131 0 124 122 EAST - HVAC 6/23/05 2,078 2,078 2,017 61 61 0 0 126 COMPUTER & MUSIC EQUIPMENT 7/31/06 2,187 2,187 2,187 0 0 0 0 0 127 COPIER & COMPUTERS 9/18/06 4,690 4,690 4,690 0 0 0 0 0 128 E TAPESTRY 8/15/06 8,501 8,501 8,501 0 0 0 0 129 PODIUM 6/01/06 1,360 1,360 1,360 0 0 0 0 0 0 131 121 EAST - HVAC ZONE SYSTEM 6/08/06 3,150 3,150 2,871 186 186 0 134 COMPUTER 4/07/07 1,634 1,634 1,634 0 0 0 0 135 LAPTOPS 6/23/07 1,319 1,319 1,319 0 0 0 0 136 CAMERA & ACCESSORIES 11/28/07 1,178 1,178 1,178 0 0 0 0	119 EQUIP & FURN - 121 EAST	7/25/05	784	784	784	_		0
124 122 EAST - HVAC 6/23/05 2,078 2,078 2,017 61 61 0 126 COMPUTER & MUSIC EQUIPMENT 7/31/06 2,187 2,187 2,187 0 0 0 0 127 COPIER & COMPUTERS 9/18/06 4,690 4,690 4,690 0 0 0 0 128 E TAPESTRY 8/15/06 8,501 8,501 8,501 0 0 0 0 129 PODIUM 6/01/06 1,360 1,360 1,360 0 0 0 0 131 121 EAST - HVAC ZONE SYSTEM 6/08/06 3,150 3,150 2,871 186 186 0 134 COMPUTER 4/07/07 1,634 1,634 1,634 0 0 0 0 135 LAPTOPS 6/23/07 1,319 1,319 1,319 0 0 0 0 136 CAMERA & ACCESSORIES 11/28/07 1,178 1,178 1,178 0 0 0					3,720 4 307			
126 COMPUTER & MUSIC EQUIPMENT 7/31/06 2,187 2,187 2,187 0 0 127 COPIER & COMPUTERS 9/18/06 4,690 4,690 4,690 0 0 128 E TAPESTRY 8/15/06 8,501 8,501 8,501 0 0 129 PODIUM 6/01/06 1,360 1,360 1,360 0 0 131 121 EAST -HVAC ZONE SYSTEM 6/08/06 3,150 3,150 2,871 186 186 0 134 COMPUTER 4/07/07 1,634 1,634 1,634 0 0 0 135 LAPTOPS 6/23/07 1,319 1,319 1,319 0 0 0 136 CAMERA & ACCESSORIES 11/28/07 1,178 1,178 1,178 0 0 0	124 122 EAST - HVAC		2,078	2,078	2,017	61	61	0
128 E TAPESTRY 8/15/06 8,501 8,501 8,501 0 0 0 129 PODIUM 6/01/06 1,360 1,360 1,360 0 0 0 131 121 EAST -HVAC ZONE SYSTEM 6/08/06 3,150 3,150 2,871 186 186 0 134 COMPUTER 4/07/07 1,634 1,634 1,634 0 0 0 135 LAPTOPS 6/23/07 1,319 1,319 1,319 0 0 0 136 CAMERA & ACCESSORIES 11/28/07 1,178 1,178 1,178 0 0 0	126 COMPUTER & MUSIC EQUIPMENT	7/31/06	2,187	2,187		_		
129 PODIUM 6/01/06 1,360 1,360 0 0 0 0 131 121 EAST -HVAC ZONE SYSTEM 6/08/06 3,150 3,150 2,871 186 186 0 134 COMPUTER 4/07/07 1,634 1,634 1,634 0 0 0 0 135 LAPTOPS 6/23/07 1,319 1,319 1,319 0 0 0 0 136 CAMERA & ACCESSORIES 11/28/07 1,178 1,178 1,178 0 0 0								
134 COMPUTER 4/07/07 1,634 1,634 1,634 0 0 0 135 LAPTOPS 6/23/07 1,319 1,319 1,319 0 0 0 136 CAMERA & ACCESSORIES 11/28/07 1,178 1,178 1,178 0 0 0	129 PODIUM	6/01/06	1,360	1,360	1,360	0		
135 LAPTOPS 6/23/07 1,319 1,319 0 0 0 0 136 CAMERA & ACCESSORIES 11/28/07 1,178 1,178 1,178 0 0 0					2,871			
136 CAMERA & ACCESSORIES 11/28/07 1,178 1,178 1,178 0 0 0								0
N 137 LAWN MOWER 11/28/07 1.014 1.014 1.014 0 0 0	136 CAMERA & ACCESSORIES	11/28/07	1,178	1,178	1,178			
10. 21.11.11.11.01.21.	137 LAWN MOWER	11/28/07	1,014	1,014	1,014	0	C	0

201010 UNITED METHODIST RENEWAL SERVICES

-*2015

TN Asset Report

FYE: 12/31/2020

Form 990, Page 1

Asset	Description	Date In Service	Cost	Basis for Depr	TN Prior	TN Current	Federal Current	Difference Fed - TN
141 Ti 142 H 143 12 144 12 145 12 146 L	RINTERS & COMPUTER EQUIP ELEPHONE SYSTEM IVAC - 120 EAST 21 EAST ROOF 22 EAST ROOF 21 EAST SOUND SYSTEM APTOP COMPUTERS	7/07/07 2/13/08 4/21/09 12/31/10 12/31/10 2/15/11 1/13/11 7/21/11	677 600 11,450 15,600 3,120 2,445 3,921 8,076	677 600 11,450 15,600 3,120 2,445 3,921 8,076	677 600 8,015 3,617 723 2,445 3,921 8,076	0 763 400 80 0 0	0 0 338 400 80 0 0	0 0 -425 0 0 0 0
148 L. 149 W 150 ph 151 R 152 W 153 E	APTOP /ater Heater hone system OOF - 120 EAST WOLC /ATER HEATER LECTRICAL PANEL - 122 EAST IAS - 121 EAST	12/07/11 5/15/12 9/06/12 5/01/13 5/29/13 8/26/13 5/28/14	2,754 1,376 1,805 9,551 1,333 2,650 10,428	2,754 1,376 1,805 9,551 1,333 2,650 10,428	2,754 1,151 1,509 1,622 1,027 1,320 7,353	0 90 119 245 88 156 683	0 45 59 318 44 78 342	0 -45 -60 73 -44 -78 -341
		=	756,378	756,378	526,295	14,039	13,119	<u>-920</u>
57 L. 76 11 77 L. 80 12 81 12 91 12 97 12 99 12 106 12 120 Se 122 11 130 12 133 12 139 11 140 11 155 G 156 W 157 H 158 la 159 H 160 3 161 H 162 H 163 C 164 Fi 165 12 166 12 170 W 171 C 172 N 173 H 174 N 175 N 177 E 178 V 179 M 180 D 181 Se 182 N 183 12 184 2 185 Se 186 P 186 P	epreciation: AND 15 EAST AVE - HOUSE AND - 115 EAST AVE HOUSE 20 EAST IMPROVEMENTS 21 EAST AVE IMPROVEMENTS 22 IMPROVEMENTS 22 EAST AVE IMPROVEMENTS 22 EAST AVE HOUSE 22 EAST AVE - LAND 20 EAST IMPROVEMENTS 21 EAST IMPROVEMENTS 22 EAST IMPROVEMENTS 23 EAST IMPROVEMENTS 24 EAST IMPROVEMENTS 25 EAST IMPROVEMENTS 26 EAST IMPROVEMENTS 27 EAST - GUTTERGUARDS 28 EAST - ADD WALL 29 EAST WINDOWS 20 EAST - WINDOWS 20 EAST - WINDOWS 21 EAST - WINDOWS 22 EAST WINDOWS 23 EAST - WINDOWS 24 EAST - WINDOWS 25 EAST - WINDOWS 26 EAST - WINDOWS 26 EAST - WINDOWS 27 EAST 28 EAST 29 EAST 20 EAST 20 EAST 21 EAST 21 EAST 22 EAST 23 EAST 24 EAST 25 EAST 26 EAST 27 EAST 28 EAST 29 EAST 29 EAST 20 EAST 20 EAST 21 EAST 21 EAST 22 EAST 23 EAST 24 EAST 25 EAST 26 EAST 27 EAST 28 EAST 29 EAST 29 EAST 20 EAST 20 EAST 21 EAST 21 EAST 22 EAST 23 EAST 24 EAST 25 EAST 26 EAST 27 EAST 27 EAST 28 EAST	2/27/18 6/28/18	239,718 85,141 20,000 3,156 491,968 2,831 25,699 85,097 20,000 106,266 8,369 6,976 4,623 2,500 11,062 2,613 4,226 4,200 4,428 1,235 3,970 2,719 5,340 15,846 1,208 1,689 650 1,147 4,595 5,385 8,950 749 1,752 1,218 1,695 4,975 2,319 5,215 4,995 887 1,175 1,054 1,999 2,110 6,559 500 868 725 3,698 3,500 3,500	239,718 85,141 20,000 3,156 491,968 2,831 25,699 85,097 20,000 106,266 8,369 6,976 4,623 2,500 11,062 2,613 4,226 4,200 4,428 1,235 3,970 2,719 5,340 15,846 1,208 1,689 650 1,147 4,595 5,385 8,950 749 1,752 1,218 1,695 4,975 2,319 5,215 4,995 887 1,175 1,054 1,999 2,110 6,559 500 868 725 3,698 3,500 3,500	0 61,018 0 1,581 246,510 1,358 11,230 37,730 0 45,072 3,550 4,196 4,623 1,299 3,841 863 1,927 1,699 2,435 679 1,985 2,538 3,369 7,923 604 824 364 746 1,072 1,257 1,865 4,99 730 508 484 498 444 956 749 118 215 276 21,406 96 130 91 528 233 233	0 3,096 0 81 12,614 73 659 2,182 0 2,725 214 254 66 154 153 443 124 397 181 763 2,264 173 242 93 229 460 538 895 250 250 174 243 497 232 550 174 243 259 259 259 250 250 250 250 250 250 250 250 250 250	0 3,096 0 81 12,614 73 659 2,182 0 2,725 214 254 66 154 153 443 124 397 181 763 2,264 173 242 93 229 460 538 895 250 250 174 243 497 232 500 89 118 151 666 630 89 118 151 666 667 67 67 67 67 67 67 67 67 67 67 6	

201010 UNITED METHODIST RENEWAL SERVICES

-*2015

TN Asset Report

FYE: 12/31/2020

Form 990, Page 1

Asset	Description	Date In Service	Cost	Basis for Depr	TN Prior	TN Current	Federal Current	Difference Fed - TN
188	120 East parking lot sealing	5/22/19	5,000	5,000	292	500	500	0
189	Paving 121 East Parking	5/22/19	63,900	63,900	3,728	6,390	6,390	0
190	MAC Computer - Donna	4/20/19	2,023	2,023	450	674	674	0
191	MAC - Mark	4/28/19	1,670	1,670	371	557	557	0
192	AED Plus	5/29/19	1,544	1,544	180	309	309	0
193	Sound Equipment	8/26/19	4,706	4,706	224	672	672	0
194	MAC - ARM presenter laptop	7/06/19	1,860	1,860	310	620	620	0
195	32 Ch. 8-Bus Rackmountable Digital Mixer	1/01/20	1,964	1,964	0	281	281	0
196	Apple iMac (1)	6/26/20	1,499	1,499	0	150	150	0
197	Apple iMac (2)	6/26/20	1,499	1,499	0	150	150	0
198	Apple MacBook Pro 512GB	6/26/20	2,399	2,399	0	240	240	0
199	Apple MacBook Pro 1TB	6/26/20	2,799	2,799	0	280	280	0
	Total Other Depreciation	-	1,321,963	1,321,963	467,581	46,640	46,640	0
	Total ACRS and Other Deprec	ciation ₌	1,321,963	1,321,963	467,581	46,640	46,640	0
	Grand Totals Less: Dispositions Less: Start-up/Org Expense	<u> </u>	2,078,341	2,078,341	993,876	60,679	59,759 0 0	-920 0 0
	Net Grand Totals	=	2,078,341	2,078,341	993,876	60,679	59,759	-920

201010 UNITED METHODIST RENEWAL SERVICES

-*2015

AMT Asset Report

Form 990, Page 1 FYE: 12/31/2020

Asset	Description	Date In Service	Cost	Bus Sec <u>%</u> 179Bonus	Basis for Depr	PerConv Meth	Prior	Current
4190 DO 4	Description MACRS: BOOKCASES PROJECTORS OTHER FULLY DEPR PRAYER ROOM TABLE PAGING SYSTEM FAX DESKJET PRINTER COMPUTER COMPUTER COMPUTER TOSH COMPUTER GATEWAY BACKUP PRINTER PRINTER HUTCH	2/16/94 1/07/93 2/19/93 12/31/94 7/23/96 6/06/96 8/31/96 6/06/97 8/01/97 10/23/97 10/29/97 8/29/97 6/30/97 6/30/97	336 370 7,032 311 2,270 520 456 2,480 2,211 2,017 280 280 300 70	<u> </u>	336 370 7,032 311 2,270 520 456 2,480 2,211 2,017 280 280 300 70	5 HY 150DB 5 HY 150DB 7 HY 150DB 5 HY 150DB 5 HY 150DB 3 HY 150DB 5 HY 150DB	336 370 7,032 311 2,270 520 456 2,480 2,211 2,017 280 280 300 70	0 0 0 0 0 0 0 0 0 0 0
54 55 56 58 59 60 61 62 67 68 69 70 71 72 73 78 79 82	DESK CHAIR STORAGE RACK BUILDING COMPUTER MUSIC EQUIPMENT COMPUTER PIANO FURNITURE LAPTOP COMPUTERS PRINTER BREWER IMPROVEMENTS SMOKE DETECTORS 115 EAST - PAVING 115 EAST FURNISHINGS FURNISHINGS	4/30/97 4/30/97 1/22/97 11/23/98 10/23/98 12/22/99 12/22/99 11/01/99 11/10/99 11/19/99 11/22/99 11/22/99 7/12/00 5/10/00 6/01/00	620 419 177 422,810 3,499 1,064 2,519 1,190 6,400 1,303 7,154 200 190 3,163 245 2,200 5,456 21,946 38,660		620 419 177 422,810 3,499 1,064 2,519 1,190 6,400 1,303 7,154 200 190 3,163 245 2,200 5,456 21,946 38,660	5 HY 150DB 5 HY 150DB 5 HY 150DB 6 HY 150DB 5 HY 150DB 6 HY 150DB 7 HY 150DB 7 HY 150DB 7 HY 150DB 8 HY 150DB 9 MM S/L 15 HY 150DB	620 419 177 223,297 3,499 1,064 2,519 1,190 6,400 1,303 7,154 200 190 1,632 245 2,200 5,456 21,946 38,660	0 0 0 10,570 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
84 85 86 87 88 89 90 93 96 101 104 105 109 110 111 111 112	COMPUTERS & NETWORK VIDEO EQUIPMENT 121 PAVING 120 PAVING 120 FURNISHINGS 121 TABLES, ETC 121 OFFICE EQUIPMENT 122 EAST AVE FURNISHINGS 120 EAST HVAC WATER HEATER - 120 EAST 121 EQUIPMENT 122 EAST - FURNISHINGS & APPLIANC COMPUTER EQUIPMENT RECORDING EQUIPMENT LAPTOPS VOICE MAIL RECLINER 121 EAST LANDSCAPING DVD & CD RECORDERS	6/01/00 6/01/00 4/20/01 4/20/01 4/20/01 5/16/01 8/23/01 11/15/02 12/19/02 6/30/03	17,719 14,070 5,003 2,500 4,097 846 3,311 1,393 3,701 4,986 5,828 7,577 7,471 4,780 2,083 400 198 9,363 920	X X X X X X X X X X	17,719 14,070 5,003 2,500 4,097 846 3,311 975 2,591 3,490 2,914 3,789 3,736 2,390 1,041 200 99 4,682 460	5 HY 150DB 5 HY 150DB 15 HY 150DB 15 HY 150DB 7 HY 150DB 5 HY 150DB 6 HY 150DB 7 HY 200DB 5 HY 200DB 7 HY 200DB 15 HY 200DB 17 HY 200DB 17 HY 200DB 18 HY 200DB 19 HY 200DB 19 HY 200DB 10 HY 200DB 11 HY 200DB 12 HY 200DB 15 HY 200DB	17,719 14,070 5,003 2,500 4,097 846 3,311 1,393 3,701 4,986 5,828 7,577 6,971 4,780 2,083 400 198 9,363 920	0 0 0 0 0 0 0 0 0 0 0 0
116 117 118 119 121 123 124 126 127 129 131 134 135 135 136	REFRIGERATOR COMPUTER EQUIPMENT - 121 EAST PAGERS - 121 EAST EQUIP & FURN - 121 EAST 115 EAST - HVAC 121 EAST - HVAC 122 EAST - HVAC COMPUTER & MUSIC EQUIPMENT COPIER & COMPUTERS PODIUM 121 EAST -HVAC ZONE SYSTEM COMPUTER LAPTOPS CAMERA & ACCESSORIES LAWN MOWER PRINTERS & COMPUTER EQUIP	6/31/04 2/23/05 6/18/05 5/31/05 7/25/05 1/26/05 12/14/05 6/23/05 7/31/06 9/18/06 6/01/06 6/08/06 4/07/07 6/23/07 11/28/07 7/07/07	3,833 4,438 2,078 2,187 4,690 1,360 3,150 1,634 1,319 1,178 1,014 677	A	652 6,485 2,895 784 3,833 4,438 2,078 2,187 4,690 1,360	5 HY 150DB 5 5 HY 150DB 6 5 HY 150DB 7 HY 150DB 8 15 HY 150DB 8 15 HY 150DB 9 5 HY 150DB 0 7 HY 150DB 0 7 HY 150DB 15 HY 150DB 15 HY 150DB 15 HY 150DB 15 HY 150DB 15 HY 150DB 15 HY 150DB 17 HY 150DB 18 5 HY 150DB 18 7 HY 150DB 18 7 HY 150DB	652 6,485 2,895 784 3,720 4,307 2,017 2,187 4,690 1,360 2,871 1,634 1,319 1,178 1,014 677	0 0 0 0 113 131 61 0 0 0 186 0 0

-*2015

FYE: 12/31/2020

AMT Asset Report

Form 990, Page 1

Bus Sec Basis Date Prior Current % 179Bonus for Depr PerConv Meth Description In Service Cost Asset X X 300 5 HY 200DB 600 0 141 TELEPHONE SYSTEM 2/13/08 600 11,450 5,725 15 HY S/L 9,733 381 4/21/09 142 HVAC - 120 EAST 39 15,600 MM S/L 3,617 400 121 EAST ROOF 12/31/10 15,600 143 3,120 39 MM S/L 723 80 122 EAST ROOF 12/31/10 144 3,120 5 HY 200DB 2,445 0 0 121 EAST SOUND SYSTEM 2/15/11 2,445 XXXXXXXXXX 145 3.921 3,921 0 **HY 200DB** 0 LAPTOP 1/13/11 146 5 HY 200DB 8,076 0 0 **COMPUTERS** 7/21/11 8,076 147 HY 200DB 0 2,754 12/07/11 2,754 0 148 LAPTOP 1,376 10 HY 200DB 1,263 45 5/15/12 688 149 Water Heater 10 HY 200DB 59 phone system ROOF - 120 EAST WOLC 902 1,657 9/06/12 1,805 150 318 4,775 15 HY S/L 6,845 5/01/13 9,551 151 44 10 HY 200DB 1.180 WATER HEATER 5/29/13 1,333 666 152 HY 150DB 1,985 78 15 **ELECTRICAL PANEL - 122 EAST** 2,650 1,325 8/26/13 153 5,214 10 HY 200DB 8,890 342 154 GAS - 121 EAST 5/28/14 10,428 12,889 747,877 688,750 524,329 Other Depreciation: 0 0 0 0 HY11/23/98 LAND 0 0 0 0 HY 4/05/00 115 EAST AVE - HOUSE 0 0 HY 0 0 LAND - 115 EAST AVE HOUSE 4/05/00 0 0 6/01/00 HY 120 EAST IMPROVEMENTS 80 0 Λ 0 HY 0 6/01/00 81 121 EAST AVE IMPROVEMENTS 0 0 0 HY 121 IMPROVEMENTS 4/09/01 91 0 0 HY 12/18/02 95 120 EAST AVE IMPROVEMENTS 0 0 0 HY 97 122 EAST AVE HOUSE 9/26/02 0 0 9/26/02 HY 99 122 EAST AVE - LAND 0 0 0 HY 120 EAST IMPROVEMENTS 6/30/03 106 0 0 0 HY 6/30/03 107 121 EAST IMPROVEMENTS 0 0 0 0 HY 122 EAST IMPROVEMENTS 6/30/03 108 0 0SOFTWARE - 121 EAST 115 EAST - GUTTERGUARDS 0 HY 12/31/05 0 120 0 HY 9/26/05 0 122 0 0 0 HYE TAPESTRY 8/15/06 128 0 0 6/06/06 0 HY 130 120 EAST IMPROVEMENTS 0 0 2/17/07 0 HY 120 EAST - ADD WALL 133 0 0 0 6/27/07 HY 115 EAST ROOF 139 0 0 0 O HY 115 EAST - WINDOWS 11/04/08 0 0 GAS - 120 EAST 0 HY 6/17/14 155 0 HY 0 WATER HEATER 6/17/14 156 0 0 12/17/14 0 0 HY157 HVAC - 120 EAST 0 0 0 HY 0 158 laptop 5/08/15 HVAC - 121 East 3 HVAC - 120 East Ave 0 0 8/06/15 0 0 HY 159 0 7/09/16 0 0 HY 160 0 0 0 0 HY 161 **HVAC** Repair 6/22/16 0 0 0 0 HY 0 8/14/16 0 **HVAC** Repair 162 0 0 0 HY 2/10/16 0 163 Camera 0 n 10/14/16 0 HY 164 Fire Alarm System 4,595 MO S/L 1,072 460 10 4,595 9/08/17 165 120 East Improvements 0 0 0 121 East HVAC 9/14/17 0 HY 166 0 0 0 121 East HVAC 11/17/17 HY 0 167 0 0 0 HY 168 HP Laptop - Darlene 12/30/17 0 0 HY 0 121 East Équipment Upgrade 2/02/17 169 0 0 HY 2/04/17 170 Worship Center Equip Upgrade 0 0 0 0 12/17/17 HY 171 Camcorder 0 0 HY New Carrier 2.5 Ton AC Unit 0 172 12/16/18 0 0 HY 173 HVAC Repairs - 8 Zone System Replaceme 1/30/18 0 New Ruud 4 Ton 14 Seer Condenser 2/27/18 HY 0 0 174 0 0 0 0 HY 175 New 2-ton split gas system 6/28/18 0 0 Supply Line Damper Motor - Conference ro 8/24/18 HY 176 0 0 HY 3/15/18 **Emergency Exit Fixtures** 0 0 0 Video Switcher 2/16/18 0 HY 178 0 HY 0 0 3/09/18 179 MacBook Pro - Jen 0 0 0 Digital Mixing Console 32 Ch. 7/06/18 0 HY 180 0 0 Sound Equipment - P16 7/15/18 HY 181 0 0 0 HY New backflow 2/09/18 182 0 0 12" Digital Static bypass damper 6/21/18 0 0 HY 183 0 0 HY 0 9/19/18 184 2 New toilets - Ladies room 0 0 0 0 12/31/18 HY 185 Stage Piano Painting - 115 East Ave 4/18/19 HY 0 0 0 0 0 Painting - 121 East Ave HY 4/24/19 187

201010 UNITED METHODIST RENEWAL SERVICES

-*2015

AMT Asset Report

FYE: 12/31/2020

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179Bonus	Basis for Depr	PerConv Meth	Prior	Current
188	120 East parking lot sealing	5/22/19	0			0	0 HY	0	0
189	Paving 121 East Parking	5/22/19	Ö			0	0 HY	0	0
190	MAC Computer - Donna	4/20/19	Ö			0	0 HY	0	0
191	MAC - Mark	4/28/19	Ö			0	0 HY	0	0
192	AED Plus	5/29/19	0			0	0 HY	0	0
193	Sound Equipment	8/26/19	0			0	0 HY	0	0
194	MAC - ARM presenter laptop	7/06/19	0			0	0 HY	0	0
195	32 Ch. 8-Bus Rackmountable Digital Mixer		0			0	0 HY	0	0
196	Apple iMac (1)	6/26/20	0			0	0 HY	0	0
197	Apple iMac (2)	6/26/20	0			0	0 HY	0	0
198	Apple MacBook Pro 512GB	6/26/20	0			0	0 HY	0	0
199	Apple MacBook Pro 1TB	6/26/20	0		100	0	0 HY	0	0
	Total Other Depreciation	_	4,595			4,595		1,072	460
	Total ACRS and Other Deprec	iation =	4,595		:	4,595		1,072	460
	Grand Totals Less: Dispositions and Transfe	rs _	752,472 0			693,345		525,401	13,349
	Net Grand Totals	_	752,472		:	693,345		525,401	13,349

201010 UNITED METHODIST RENEWAL SERVICES **-***2015 Bonus Depreciation Report FYE: 12/31/2020 Form 990, Page 1

		Date In	Tax	Bus	Tax Sec	Current	Prior Bonus	Tax - Basis for Depr
Asset	Property Description	Service	Cost	Pct	179 Exp	Bonus		
93	122 EAST AVE FURNISHINGS	11/15/02	1,393		0	0	418	975
96	120 EAST HVAC	12/19/02	3,701		0	0	1,110	2,591
101	WATER HEATER - 120 EAST	6/30/02	4,986		0	0	1,496	3,490
104	121 EQUIPMENT	6/30/03	5,828		0	0	2,914	2,914
105	122 EAST - FURNISHINGS & APPLIANCE	6/30/03	7,577		0	0	3,788	3,789
109	COMPUTER EQUIPMENT	9/22/03	7,471		0	0	3,735	3,736
110	RECORDING EQUIPMENT	3/01/04	4,780		0	0	2,390	2,390
111	LAPTOPS	1/30/04	2,083		0	0	1,042	1,041
112	VOICE MAIL	4/05/04	400		0	0	200	200
113	RECLINER	4/05/04	198		0	0	99	99
114	121 EAST LANDSCAPING	8/17/04	9,363		0	0	4,681	4,682
115	DVD & CD RECORDERS	8/31/04	920		0	0	460	460
141	TELEPHONE SYSTEM	2/13/08	600		0	0	300	300
142	HVAC - 120 EAST	4/21/09	11,450		0	0	5,725	5,725
145	121 EAST SOUND SYSTEM	2/15/11	2,445		0	0	2,445	0
146	LAPTOP	1/13/11	3,921		0	0	3,921	0
147	COMPUTERS	7/21/11	8,076		0	0	8,076	0
148	LAPTOP	12/07/11	2,754		0	0	2,754	0
149	Water Heater	5/15/12	1,376		0	0	688	688
150	phone system	9/06/12	1,805		0	0	903	902
151	ROOF - 120 EAST WOLC	5/01/13	9,551		0	0	4,776	4,775
152	WATER HEATER	5/29/13	1,333		0	0	667	666
153	ELECTRICAL PANEL - 122 EAST	8/26/13	2,650		0	0	1,325	1,325
154	GAS - 121 EAST	5/28/14	10,428		0	0	5,214	5,214
165	120 East Improvements	9/08/17	4,595		0	0	0	4,595
	Gr	and Total	109,684		0	0	59,127	50,557
								1.12

72

Page 1

Page 1

Page 1

Page 1

Page 1

Page 1

Page I

Page 1

Page 1

Page 1

Page

Page 1

Page 1

Page 1

Page 1

Page

Page 1

Page 1

Page 1

Page 1

Page 1

Page 1

Page

Page 1

Page

Page 1

Page 1

Page I

Page 1

Page

Page 1

Page |

Page I

Page 1

Page |

Page |

Page |

Page 1

Page |

Page 1

Page 1

Page

Page

Page |

Page 1

Page 1

Page 1

Page 1

Page 1

BUILDING

COMPUTER

COMPUTER

COMPUTER

FURNITURE

PRINTER

BREWER

PIANO

MUSIC EQUIPMENT

LAPTOP COMPUTERS

IMPROVEMENTS

FURNISHINGS

121 PAVING

120 PAVING

SMOKE DETECTORS

115 EAST FURNISHINGS

COMPUTERS & NETWORK

121 OFFICE EQUIPMENT

COMPUTER EQUIPMENT

RECORDING EQUIPMENT

121 EAST LANDSCAPING

EQUIP & FURN - 121 EAST

COPIER & COMPUTERS

CAMERA & ACCESSORIES

DVD & CD RECORDERS

122 EAST AVE FURNISHINGS

WATER HEATER - 120 EAST

122 EAST - FURNISHINGS & APPLIANCES

COMPUTER EQUIPMENT - 121 EAST

COMPUTER & MUSIC EQUIPMENT

121 EAST -HVAC ZONE SYSTEM

115 EAST HOUSE - PAINT & FLOOR

115 EAST - PAVING

VIDEO EQUIPMENT

120 FURNISHINGS

121 TABLES, ETC

120 EAST HVAC

121 EQUIPMENT

LAPTOPS

RECLINER

VOICE MAIL

REFRIGERATOR

PAGERS - 121 ÈAST

115 EAST - HVAC

121 EAST - HVAC

122 EAST - HVAC

PODIUM

LAPTOPS

COMPUTER

	**201 E: 12/	5 31/2020	Depreciation Ac All Busine	djustment Re	eport	 V
<u>Form</u>		Asset	Description	Tax	AMT	AMT Adjustments/ Preferences
MACE	RS Adj	ustments:				
Page 1	1	3	BOOKCASES	0	0	0
Page 1	î	9	PROJECTORS	0	0	0
Page 1	1	11	OTHER FULLY DEPR	0	0	0
Page 1	1	27	PRAYER ROOM TABLE	0	0	0
Page 1	1	43	PAGING SYSTEM	0	0	0
Page 1	1	44	FAX	0	0	0
Page 1	1	45	DESKJET PRINTER	0	0	0
Page 1	1	47	COMPUTER	0	0	0
Page 1	1	48	COMPUTER TOSH	0	0	0
Page 1	1	49	COMPUTER GATEWAY	Ō	0	0
Page 1	1	50	BACKUP	0	0	0
Page 1	1	51	PRINTER	0	0	0
Page 1	1	52	PRINTER	0	0	0
Page 1	1	53	HUTCH	0	0	0
Page 1	1	54	DESK	0	0	0
Page 1	1	55	CHAIR	0	0	0
Page 1	1	56	STORAGE RACK	10.842	10.570	272
D 1	T T	E 0	DUIT DING	in x47	10.570	1.17.

10,570

10,842

201010 UNITED METHODIST RENEWAL SERVICES **-***2015 Depreciation Adjustment Report FYE: 12/31/2020 All Business Activities

1						AMT
l						Adjustments/
<u>Form</u>	<u>Unit</u>	Asset	Description	Tax	AMT	Preferences
Page 1	1	137	LAWN MOWER	0	0	0
Page 1	1	138	PRINTERS & COMPUTER EQUIP	0	0	0
Page 1	1	141	TELEPHONE SYSTEM	0	0	0
Page I	î	142	HVAC - 120 EAST	338	381	-43
Page 1	1	143	121 EAST ROOF	400	400	0
Page 1	ĩ	144	122 EAST ROOF	80	80	0
Page I	í	145	121 EAST SOUND SYSTEM	0	0	0
Page I	Ĩ	146	LAPTOP	0	0	0
Page I	1	147	COMPUTERS	0	0	0
Page I	î	148	LAPTOP	0	0	0
Page I	ĺ	149	Water Heater	45	45	0
Page I	1	150	phone system	59	59	0
Page 1	1	151	ROOF - 120 EAST WOLC	318	318	0
Page 1	î	152	WATER HEATER	44	44	0
Page I	ì	153	ELECTRICAL PANEL - 122 EAST	78	78	0
Page I	î	154	GAS - 121 EAST	342	342	0
				13,119	12,889	230

-*2015

FYE: 12/31/2020

Future Depreciation Report

Form 990, Page 1

FYE: 12/31/21

Date In AMT Description Service Cost Tax Asset **Prior MACRS:** 2/16/94 **BOOKCASES** 370 0 0 1/07/93 **PROJECTORS** 2/19/93 7,032 0 0 11 OTHER FULLY DEPR 12/31/94 0 311 27 PRAYER ROOM TABLE 43 7/23/96 2,270 **PAGING SYSTEM** 6/06/96 520 0 44 **FAX** 0 8/31/96 456 0 45 **DESKJET PRINTER** 6/06/97 2,480 47 **COMPUTER** 0 0 **COMPUTER TOSH** 8/01/97 2,211 Ŏ 2,017 10/23/97 49 **COMPUTER GATEWAY** 10/29/97 280 0 0 50 **BACKUP** 0 51 **PRINTER** 8/29/97 280 PRINTER 0 0 6/30/97 300 52 0 0 70 53 **HUTCH** 6/30/97 4/30/97 620 54 DESK 419 0 0 4/30/97 **CHAIR** STORAGE RACK 1/22/97 177 0 56 11/23/98 422,810 10,841 10,570 58 BUILDING 0 **COMPUTER** 10/23/98 3,499 59 12/22/99 MUSIC EQUIPMENT 0 60 1,064 0 0 0 12/22/99 2,519 **COMPUTER** 61 8/03/99 1,190 0 **COMPUTER** 62 6,400 11/01/99 0 67 **PIANO** 11/10/99 0 1,303 **FURNITURE** 68 0 LAPTOP COMPUTERS 11/19/99 7,154 0 **PRINTER** 12/01/99 200 190 0 10/21/99 **BREWER** 71 11/22/99 3,163 81 81 **IMPROVEMENTS** 73 12/22/99 245 0 **SMOKE DETECTORS** 0 2,200 7/12/00 115 EAST - PAVING 0 115 EAST HOUSE - PAINT & FLOOR 5/10/00 5,456 6/01/00 21,946 82 115 EAST FURNISHINGS 0 38,660 **FURNISHINGS** 6/01/00 83 COMPUTERS & NETWORK 6/01/00 17,719 0 84 6/01/00 14,070 85 VIDEO EQUIPMENT 5,003 121 PAVING 4/20/01 86 2,500 0 120 PAVING 4/20/01 0 0 4/20/01 4,097 88 120 FURNISHINGS 5/16/01 846 89 121 TABLES, ETC 0 0 121 OFFICE EQUIPMENT 8/23/01 3,311 122 EAST AVE FURNISHINGS 0 93 11/15/02 1,393 3,701 0 96 120 EAST HVAC 12/19/02 6/30/02 4,986 101 WATER HEATER - 120 EAST 0 6/30/03 5,828 104 121 EQUIPMENT 122 EAST - FURNISHINGS & APPLIANCES 6/30/03 7,577 0 0 105 7,471 9/22/03 COMPUTER EQUIPMENT 109 0 0 RECORDING EQUIPMENT 3/01/04 4,780 110 1/30/04 2,083 **LAPTOPS** 111 0 VOICE MAIL 4/05/04 400 112 RECLINER 4/05/04 198 113 9,363 8/17/04 0 121 EAST LANDSCAPING 114 **DVD & CD RECORDERS** 8/31/04 920 0 115 2/23/05 652 REFRIGERATOR 116 0 117 **COMPUTER EQUIPMENT - 121 EAST** 6/18/05 6,485 0 2,895 PAGERS - 121 EAST 5/31/05 118 0 784 119 EQUIP & FURN - 121 EAST 7/25/05 115 EAST - HVAC 1/26/05 3,833 121 4,438 0 12/14/05 123 121 EAST - HVAC 0 122 EAST - HVAC 6/23/05 2,078 124 COMPUTER & MUSIC EQUIPMENT 7/31/06 2,187 126 0 0 9/18/06 4,690 127 **COPIER & COMPUTERS** 8/15/06 8,501 0 **E TAPESTRY** 128 0 0 6/01/06 1,360 129 **PODIUM** 93 131 121 EAST -HVAC ZONE SYSTEM 6/08/06 3,150 93 1,634 0 0 4/07/07 134 **COMPUTER** 0 1,319 0 135 **LAPTOPS** 6/23/07 11/28/07 1,178 **CAMERA & ACCESSORIES** 136

FYE: 12/31/2020

201010 UNITED METHODIST RENEWAL SERVICES

-*2015 Future Depreciation Report FYE: 12/31/21

Form 990, Page 1

A 4	Description	Date In Service	Cost	Tax	AMT
Asset	Description		1,014	0	0
137 138	LAWN MOWER PRINTERS & COMPUTER EQUIP	11/28/07 7/07/07	677	0	0
141	TELEPHONE SYSTEM	2/13/08	600	0	0
142	HVAC - 120 EAST	4/21/09	11,450	338	382
143	121 EAST ROOF 122 EAST ROOF	12/31/10 12/31/10	15,600 3,120	400 80	400 80
144 145	121 EAST SOUND SYSTEM	2/15/11	2,445	0	0
146	LAPTOP	1/13/11	3,921	0	0
147	COMPUTERS	7/21/11	8,076 2,754	0	0
148 149	LAPTOP Water Heater	12/07/11 5/15/12	1,376	45	45
150	phone system	9/06/12	1,805	59	59
151	ROOF - 120 EAST WOLC	5/01/13	9,551	319	319
152 153	WATER HEATER ELECTRICAL PANEL - 122 EAST	5/29/13 8/26/13	1,333 2,650	43 78	43 78
154	GAS - 121 EAST	5/28/14	10,428	342	342
			756,378	12,719	12,492
Other I	Depreciation:				
57	LAND	11/23/98	239,718	0	0
76	115 EAST AVE - HOUSE	4/05/00	85,141	3,096	0
77 80	LAND - 115 EAST AVE HOUSE 120 EAST IMPROVEMENTS	4/05/00 6/01/00	20,000 3,156	0 81	0
81	121 EAST AVE IMPROVEMENTS	6/01/00	491,968	12,615	0
91	121 IMPROVEMENTS	4/09/01	2,831	72	0
95	120 EAST AVE HOUSE	12/18/02 9/26/02	25,699 85,097	659 2,182	0
97 99	122 EAST AVE HOUSE 122 EAST AVE - LAND	9/26/02	20,000	2,182	0
106	120 EAST IMPROVEMENTS	6/30/03	106,266	2,725	0
107	121 EAST IMPROVEMENTS	6/30/03	8,369	215 254	0
108 120	122 EAST IMPROVEMENTS SOFTWARE - 121 EAST	6/30/03 12/31/05	6,976 4,623	0	0
122	115 EAST - GUTTERGUARDS	9/26/05	2,500	91	0
130	120 EAST IMPROVEMENTS	6/06/06	11,062	283	0
133 139	120 EAST - ADD WALL 115 EAST ROOF	2/17/07 6/27/07	2,613 4,226	67 154	0
140	115 EAST - WINDOWS	11/04/08	4,200	153	0
155	GAS - 120 EAST	6/17/14	4,428	443	0
156	WATER HEATER	6/17/14	1,235 3,970	123 397	0
157 158	HVAC - 120 EAST laptop	12/17/14 5/08/15	2,719	0	0
159	HVAC - 121 East	8/06/15	5,340	763	0
160	3 HVAC - 120 East Ave	7/09/16	15,846	2,263	0
161 162	HVAC Repair HVAC Repair	6/22/16 8/14/16	1,208 1,689	172 241	0
163	Camera	2/10/16	650	92	ő
164	Fire Alarm System	10/14/16	1,147	172	0
165	120 East Improvements	9/08/17 9/14/17	4,595 5,385	459 539	459 0
166 167	121 East HVAC 121 East HVAC	11/17/17	8,950	895	ő
168	HP Laptop - Darlene	12/30/17	749	0	0
169	121 East Equipment Upgrade	2/02/17	1,752	251	0
170 171	Worship Center Equip Upgrade Camcorder	2/04/17 12/17/17	1,218 1,695	174 242	0
- 171 172	New Carrier 2.5 Ton AC Unit	12/16/18	4,975	498	0
173	HVAC Repairs - 8 Zone System Replacement	1/30/18	2,319	232	0
174	New Ruud 4 Ton 14 Seer Condenser	2/27/18 6/28/18	5,215 4,995	521 499	0
= 175 176	New 2-ton split gas system Supply Line Damper Motor - Conference room	8/24/18	887	89	0
177	Emergency Exit Fixtures	3/15/18	1,175	117	0
178	Video Switcher	2/16/18	1,054	150	0
179 180	MacBook Pro - Jen Digital Mixing Console 32 Ch.	3/09/18 7/06/18	1,999 2,110	111 301	0
181	Sound Equipment - P16	7/15/18	6,559	937	0
182	New backflow	2/09/18	500	50	0
183	12" Digital Static bypass damper	6/21/18 9/19/18	868 725	87 73	0
184 185	2 New toilets - Ladies room Stage Piano	12/31/18	3,698	528	0
1	J		,		

-*2015

FYE: 12/31/2020

Future Depreciation Report

Form 990, Page 1

FYE: 12/31/21

Date In **AMT** Tax Description Service Cost Asset 0 186 Painting - 115 East Ave 4/18/19 3,500 350 3,500 350 0 4/24/19 Painting - 121 East Ave 187 0 120 East parking lot sealing Paving 121 East Parking 5,000 500 5/22/19 188 63,900 6,390 5/22/19 189 0 MAC Computer - Donna MAC - Mark AED Plus 674 4/20/19 2,023 190 1,670 1,544 4/28/19 556 191 0 309 5/29/19 192 4,706 193 Sound Equipment 8/26/19 673 0 7/06/19 1,860 620 194 MAC - ARM presenter laptop 0 32 Ch. 8-Bus Rackmountable Digital Mixer Apple iMac (1) 280 195 1/01/20 1,964 6/26/20 1,499 300 196 0 197 Apple iMac (2) 6/26/20 1,499 300 ŏ Apple MacBook Pro 512GB 2,399 480 6/26/20 198 0 2,799 560 199 Apple MacBook Pro 1TB 6/26/20 1,321,963 46,408 459 **Total Other Depreciation** 46,408 459 **Total ACRS and Other Depreciation** 1,321,963 **Grand Totals** 2,078,341 59,127 12,951

201010 UNITED METHODIST RENEWAL SERVICES

-*2015 TN Future Depreciation Report

FYE: 12/31/2020 Form 990, Page 1

Asset	Description	Date In Service	Cost	TN
Prior M	ACRS:			
Prior M 3 9 11 27 43 44 45 47 48 49 50 51 52 53 54 55 56 58 59 60 61 62 67 68 69 70 71 72 73 78 79 82 83 84 85 86 87 88 89 90 93 96 101 104 105 109 110 111 112 113 114 115 116	BOOKCASES PROJECTORS OTHER FULLY DEPR PRAYER ROOM TABLE PAGING SYSTEM FAX DESKJET PRINTER COMPUTER COMPUTER COMPUTER TOSH COMPUTER GATEWAY BACKUP PRINTER PRINTER HUTCH DESK CHAIR STORAGE RACK BUILDING COMPUTER MUSIC EQUIPMENT COMPUTER MUSIC EQUIPMENT COMPUTER PIANO FURNITURE LAPTOP COMPUTERS PRINTER BREWER IMPROVEMENTS SMOKE DETECTORS 115 EAST - PAVING 115 EAST FURNISHINGS FURNISHINGS COMPUTER & NETWORK VIDEO EQUIPMENT 121 PAVING 120 PAVING 120 FURNISHINGS 121 TABLES, ETC 121 OFFICE EQUIPMENT 122 EAST AVE FURNISHINGS 120 EAST HVAC WATER HEATER - 120 EAST 121 EQUIPMENT 122 EAST - FURNISHINGS & APPLIANCES COMPUTER EQUIPMENT 122 EAST - FURNISHINGS 120 EAST HVAC WATER HEATER - 120 EAST 121 EQUIPMENT 122 EAST - FURNISHINGS & APPLIANCES COMPUTER EQUIPMENT 122 EAST - FURNISHINGS & APPLIANCES COMPUTER EQUIPMENT 122 EAST LANDSCAPING DVD & CD RECORDERS REFRIGERATOR		336 370 7,032 311 2,270 520 456 2,480 2,211 2,017 280 280 300 70 620 419 177 422,810 3,499 1,064 2,519 1,190 6,400 1,303 7,154 200 190 3,163 245 2,200 5,456 21,946 38,660 17,719 14,070 5,003 2,500 4,097 846 3,311 1,393 3,701 4,986 5,828 7,577 7,471 4,780 2,083 400 198 9,363 920 652 6,485	TN
117 118 119 121 123 124 126 127 128 129 131 134	COMPUTER EQUIPMENT - 121 EAST PAGERS - 121 EAST EQUIP & FURN - 121 EAST 115 EAST - HVAC 121 EAST - HVAC 122 EAST - HVAC COMPUTER & MUSIC EQUIPMENT COPIER & COMPUTERS E TAPESTRY PODIUM 121 EAST - HVAC ZONE SYSTEM COMPUTER	6/18/05 5/31/05 7/25/05 1/26/05 12/14/05 6/23/05 7/31/06 9/18/06 8/15/06 6/01/06 6/08/06 4/07/07	6,485 2,895 784 3,833 4,438 2,078 2,187 4,690 8,501 1,360 3,150 1,634	0 0 0 0 0 0 0 0 0 0 0
134 135 136	LAPTOPS CAMERA & ACCESSORIES	6/23/07 11/28/07	1,319 1,178	0

201010 UNITED METHODIST RENEWAL SERVICES

-*2015 TN Future Depreciation Report

FYE: 12/31/2020 Form 990, Page 1

A = = = 4	Description	Date In Service	Cost	TN
<u>Asset</u> 137	LAWN MOWER	11/28/07	1,014	0
138 141	PRINTERS & COMPUTER EQUIP TELEPHONE SYSTEM	7/07/07 2/13/08	677 600	0
141	HVAC - 120 EAST	4/21/09	11,450	764
143	121 EAST ROOF	12/31/10	15,600	400 80
144 145	122 EAST ROOF 121 EAST SOUND SYSTEM	12/31/10 2/15/11	3,120 2,445	0
146	LAPTOP	1/13/11	3,921	0
147 148	COMPUTERS LAPTOP	7/21/11 12/07/11	8,076 2,754	0
149	Water Heater	5/15/12	1,376	90
150 151	phone system ROOF - 120 EAST WOLC	9/06/12 5/01/13	1,805 9,551	118 245
152	WATER HEATER	5/29/13	1,333	87
153	ELECTRICAL PANEL - 122 EAST GAS - 121 EAST	8/26/13 5/28/14	2,650 10,428	157 683
154	GAS - 121 EAS1	3/20/14	756,378	13,639
			130,376	13,037
Other I	Depreciation:			
57	LAND	11/23/98	239,718	3 006
76 77	115 EAST AVE - HOUSE LAND - 115 EAST AVE HOUSE	4/05/00 4/05/00	85,141 20,000	3,096 0
80	120 EAST IMPROVEMENTS	6/01/00	3,156	81
81 91	121 EAST AVE IMPROVEMENTS 121 IMPROVEMENTS	6/01/00 4/09/01	491,968 2,831	12,615 72
95	120 EAST AVE IMPROVEMENTS	12/18/02	25,699	659
97 99	122 EAST AVE HOUSE 122 EAST AVE - LAND	9/26/02 9/26/02	85,097 20,000	2,182 0
106	120 EAST IMPROVEMENTS	6/30/03	106,266	2,725
107	121 EAST IMPROVEMENTS	6/30/03	8,369	215 254
108 120	122 EAST IMPROVEMENTS SOFTWARE - 121 EAST	6/30/03 12/31/05	6,976 4,623	0
122	115 EAST - GUTTERGUARDS	9/26/05	2,500	91 283
130 133	120 EAST IMPROVEMENTS 120 EAST - ADD WALL	6/06/06 2/17/07	11,062 2,613	263 67
139	115 EAST ROOF	6/27/07	4,226	154
140 155	115 EAST - WINDOWS GAS - 120 EAST	11/04/08 6/17/14	4,200 4,428	153 443
156	WATER HEATER	6/17/14	1,235	123
157 158	HVAC - 120 EAST laptop	12/17/14 5/08/15	3,970 2,719	397 0
159	HVAC - 121 East	8/06/15	5,340	763
160	3 HVAC - 120 East Ave	7/09/16 6/22/16	15,846 1,208	2,263 172
161 162	HVAC Repair HVAC Repair	8/14/16	1,689	241
163	Camera	2/10/16	650	92 172
164 165	Fire Alarm System 120 East Improvements	10/14/16 9/08/17	1,147 4,595	459
166	121 East HVAC	9/14/17	5,385	539
167 168	121 East HVAC HP Laptop - Darlene	11/17/17 12/30/17	8,950 749	895 0
169	121 East Equipment Upgrade	2/02/17	1,752	251
170 171	Worship Center Equip Upgrade Camcorder	2/04/17 12/17/17	1,218 1,695	174 242
^ 172	New Carrier 2.5 Ton AC Unit	12/16/18	4,975	498
173	HVAC Repairs - 8 Zone System Replacement	1/30/18	2,319	232 521
174 175	New Ruud 4 Ton 14 Seer Condenser New 2-ton split gas system	2/27/18 6/28/18	5,215 4,995	499
176	Supply Line Damper Motor - Conference room	8/24/18	887	89
177 178	Emergency Exit Fixtures Video Switcher	3/15/18 2/16/18	1,175 1,054	117 150
179	MacBook Pro - Jen	3/09/18	1,999	111
180 181	Digital Mixing Console 32 Ch. Sound Equipment - P16	7/06/18 7/15/18	2,110 6,559	301 937
182	New backflow	2/09/18	500	50
183	12" Digital Static bypass damper 2 New toilets - Ladies room	6/21/18 9/19/18	868 725	87 73
184 185	Stage Piano	12/31/18	3,698	528
	-			

201010 UNITED METHODIST RENEWAL SERVICES

-*2015

TN Future Depreciation Report

FYE: 12/31/2020

Form 990, Page 1

FYE: 12/31/21

	Description	Date In	Cont	TN
Asset	Description	Service	Cost	1111
186	Painting - 115 East Ave	4/18/19	3,500	350
187	Painting - 121 East Ave	4/24/19	3,500	350
188	120 East parking lot sealing	5/22/19	5,000	500
189	Paving 121 East Parking	5/22/19	63,900	6,390
190	MAC Computer - Donna	4/20/19	2,023	674
191	MAC - Mark	4/28/19	1,670	556
192	AED Plus	5/29/19	1,544	309
193	Sound Equipment	8/26/19	4,706	673
194	MAC - ARM presenter laptop	7/06/19	1,860	620
195	32 Ch. 8-Bus Rackmountable Digital Mixer	1/01/20	1,964	280
196	Apple iMac (1)	6/26/20	1,499	300
197	Apple iMac (2)	6/26/20	1,499	300
198	Apple MacBook Pro 512GB	6/26/20	2,399	480
199	Apple MacBook Pro 1TB	6/26/20	2,799	560
	Total Other Depreciation		1,321,963	46,408
	Total ACRS and Other Depreciation		1,321,963	46,408
	Grand Totals		2,078,341	60,047

Form **990**

Two Year Comparison Report

, ending

2019 & 2020

Name
UNITED METHODIST RENEWAL SERVICES

For calendar year 2020, or tax year beginning

nding

Taxpayer Identification Number

	FELLOWSHIP, INC.			**_**	2015
_			2019	2020	Differences
	Contributions, gifts, grants	1.	471,167	355,237	-115,930
	Membership dues and assessments				
	3. Government contributions and grants	3.			
n e	4. Program service revenue	4.	126,412	41,050	-85,362
1	5. Investment income	5.	68,919	18,473	-50,446
>	6. Proceeds from tax exempt bonds	6.			
8	7. Net gain or (loss) from sale of assets other than inventory	7.			
_	8. Net income or (loss) from fundraising events				
	9. Net income or (loss) from gaming				
	10. Net gain or (loss) on sales of inventory				
	11. Other revenue	11.	49,788	43,192	-6,596
	12. Total revenue. Add lines 1 through 11	12.	716,286	457,952	-258,334
	13. Grants and similar amounts paid	13.			
	14. Benefits paid to or for members	14.			
S		15.			
S	16. Salaries, other compensation, and employee benefits	16.	239,840	234,980	-4,860
eП	D foodball foodball foodball	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -			
٩			7,605	7,850	245
ũ	19. Occupancy, rent, utilities, and maintenance	19.	47,211	46,749	-462
	20. Depreciation and Depletion	20.	55,097	61,644	6,547
	21. Other expenses	04	304,743	154,022	-150,721
	22. Total expenses. Add lines 13 through 21	22.	654,496	505,245	-149,251
	23. Excess or (Deficit). Subtract line 22 from line 12	23.	61,790	-47,293	-109,083
	24. Total exempt revenue	24.	716,286	457,952	-258,334
	25. Total unrelated revenue	25.			
o	26. Total excludable revenue	26.	245,119	102,715	-142,404
lati	27. Total assets		1,662,552	1,600,231	-62,321
Elo	28. Total liabilities	28.	24,668	9,640	-15,028
Other Information	29. Retained earnings	29.	1,637,884	1,590,591	-47,293
her	30. Number of voting members of governing body	30.	30	25	
ಕ	31. Number of independent voting members of governing body	31.	29	24	
	32. Number of employees		5	4	
	33. Number of volunteers	33.			

Form 990	Tax Return History	2020
Name	UNITED METHODIST RENEWAL SERVICES	Employer Identification Number
	FELLOWSHIP, INC.	**-**2015

	2016	2017	2018	2019	2020	2021
Contributions, gifts, grants	551,870	526,240	416,510	471,167	355,237	
Membership dues						
Program service revenue	182,822	179,601	174,531	126,412	41,050	
Capital gain or loss				7		
Investment income	17,991	51,305	-12,276	68,919	18,4/3	
Fundraising revenue (income/loss)						
caming revenue (income/loss) Other revenue	44,620	45,120	47,833	49,788	43,192	
Total revenue	797,303	802,266	626,598	716,286	457,952	
Grants and similar amounts paid						
Benefits paid to or for members						
Compensation of officers, etc.						
Other compensation	379,842	275,505	240,614	239,840	234,980	
Professional fees	9,074	7,175	7,251	7,605	7,850	
Occupancy costs	42,583	49,890	46,722	47,211	46,749	
Depreciation and depletion	40,810	42,714	47,007	55,097	61,644	
Other expenses	337,512	351,334	261,944	304,743	154,022	
Total expenses	809,821	726,618	603,538	654,496	505,245	
Excess or (Deficit)	-12,518	75,648	23,060	61,790	-47,293	
				200 212	757 050	
Total exempt revenue	197,303	807,208	J	0770	010	
Total unrelated revenue	275 433	376 026	210 088	245,119	102.715	
Total Accete	1.586.098		- ×	15	12	
Total Liabilities	102,518	17		9	9,640	
	000	- () () () () () () () () () (- 000	100 L	

201010 UNITED METHODIST RENEWAL SERVICES **-***2015 Federal Statements FYE: 12/31/2020							
	<u>Taxable l</u>	nterest on Investments					
Description							
IRS INTEREST	Amount \$s	Unrelated Exclusion Postal Acquired after US Business Code Code 6/30/75 Obs (\$ or %)	<u>%)</u>				
IOIAL	-						
	Tax-Exempt	Dividends from Securities					
Description							
	Amount	Unrelated Exclusion Postal Acquired after InState Business Code Code 6/30/75 Muni (\$ or 9	%)_				
ENDOWMENT	\$18,473						
TOTAL	\$ 18,473						
		×					

Fund Raising Management & General 1,038 1,038 Form 990, Part IX, Line 24e - All Other Expenses 2,423 2,423 Program Service 201010 UNITED METHODIST RENEWAL SERVICES

Federal Statements 3,461 3,461 Expenses Total Description FYE: 12/31/2020 TOTAL TELEPHONE

Forms 990 / 990-EZ Return Summary

For calendar year 2020, or tax year beginning

, and ending

UNITED METHODI FELLOWSHIP, IN		VICES **-**2(015					
Net Asset / Fund Balance at Beginning of Yea	r		1,637,884					
Revenue Contributions	355,237	ē.						
Program service revenue Investment income	355,237 41,050 18,473							
Capital gain / loss Fundraising / Gaming:		*						
Gross revenue Direct expenses Net income								
Other income Total revenue	43,192	457,952						
Expenses		101/302						
Program services Management and general	365,177 140,068	·						
Fundraising Total expenses	7	505,245						
Excess / (deficit)		-						
Changes Net Asset / Fund Balance at En	d of Year		1,590,591					
Reconciliation of Revenue Total revenue per financial statements 4 Less:	57,952 Tota	Reconciliation of all expenses per financial statem						
Unrealized gains		Donated services						
Departed continue		Prior year adjustments						
Recoveries		Losses						
Other		Other						
Plus:	Plus	s:						
Investment expenses		Investment expenses						
Other		Other						
Total revenue per return 4.5	57,952	Total expenses per return	505,245					
Begin	Balance S		s					
Assets 1,66	52,552 24,668	0,231 9,640 0,591 -47,	293					
								
Miscellaneous Information								
Amended return								
		17/21						
	ila nanaltu							

Failure to file penalty