Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-0047 Open to Public

Application peopling Summary Telescontrol Telescontrol Summary Telescontrol Telescontrol		.,,_,	7 mongonization may	nave to use a copy of this fetoff to sat	abiy diate reporting requi	ciricilia.	mspection
Tend diagrams Cargo Business As ALDESSCAPE REMERAL MINISTRIES, INC 58 - 1322015	A	For the	5				
Comparison of the properties	В	Check if app	oficable: C Name of organization UNITED MI	ETHODIST RENEWAL SERVIC	CES	D Emplo	yer Identification number
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Second a notice Control Contro	لبنيا	_	Number and street (or P.O. box if mail is not delive				
Terminated County time, state or county, and ZPT = County time C		Initial return	121 EAST AVENUE			61	5-851-9192
Application peoples		Terminated					2 001 2125
Application peoples	[ءً]	Amondad to	COODLETTSVILLE	TN 37072		l	026 007
JONATHAN DOW	لــا		F Name and address of principal officer	117 57072	The second secon	G Gross rec	neipts \$ 836,097
121 EAST AVENUE TN 37072 H(b) Are all affiliate inductors Veg COODLETTSVILLE TN 37072 H(c) Group recented in the fee instructions) 1 Market Marke		Application p	pending		H(a) Isthisag	roup return for	affiliates? Yes X No
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Monitor Moni					пк), attach a list	. (see instructions)
Part	<u> </u>				27		
Briefly describe the organization's mission or most significant activities:	<u>J</u>			<u>.ord</u>	H(c) Group ex	emption numb	er 🕨
Birleily describe the organization's mission or most significant activities: TO ENCOURAGE INDIVIDUALS AND THEIR CHORCHES BY THE GRACE OF GOD AND THE LOVE OF OUR LORD JESUS CRRIST TO BE FILLED, GIFTED, EMPOWERED, AND LED BY THE HOLDY SPIRIT IN MINISTRY TO THE MORLD. 2 Check this tox P	K			Other >	L Year of formation: 1	.978	M State of legal domicile: TN
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8 Contributions and grants (Part VIII, line 1h)		b Ne	t unrelated business taxable income from Form	990-T, line 34			0
9 Program service revenue (Part VIII, Ine 2g)			and the state of t				
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 34, 895 34, 34, 35, 860 836, 36,	ē	0 00	ntributions and grants (Part VIII, line Th)	*****************************	55		546,141
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 34, 895 34, 34, 35, 860 836, 36,	en G	9 Pro	ogram service revenue (Part VIII, line 2g)	22		279,119	
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 34, 895 34, 34, 35, 860 836, 36,	é	יחו טו	estment income (Part VIII, column (A), lines 3, 4	1 6		-23,601	
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) 14 Benefits paid to or for members (Part IX, column (A), line 4) 1,000 366,443 375,		11 Ot	her revenue (Part VIII, column (A), lines 5, 6d, 8c	, 9c, 10c, and 11e)	3		34,438
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14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16 Professional fundraising fees (Part IX, column (A), line 11e) 17 Other expenses (Part IX, column (D), line 25) ▶ 18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 13 Granture Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Paid Print/Type preparer's name JONATHAN DOW ASSOCIATES, CPA'S Firm's name McMurray Associates, CPA'S Firm's name McMurray Associates, CPA'S Firm's eddress Menderss Hendersonville, TN 37075-2606 Phone no. 615-824-2		13 Gra	ants and similar amounts paid (Part IX, column (/	A), lines 1–3)		0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 16a Professional fundraising fees (Part IX, column (A), line 11e) 17 Other expenses (Part IX, column (D), line 25) ▶ 86,500 18 Total expenses (Part IX, column (A), lines 11a–11d, 11f–24e) 18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 3 6 6, 4 4 3 3 7 5, 1 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		14 Bei	nefits paid to or for members (Part IX, column (A), line 4)		1,000	756
16a Professional fundraising fees (Part IX, column (A), line 11e) 3, 676 1, b Total fundraising expenses (Part IX, column (D), line 25) 86,500 537,859 590, line 217 Other expenses (Part IX, column (A), line 11a-11d, 11f-24e) 908,978 967, line 25 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 908,978 967, line 25 190, line 26 190, line	Ø	15 Sal	laries, other compensation, employee benefits (F	art IX, column (A), lines 5-10)	36	6,443	375,230
To Other expenses (Part IX, column (A), lines 21 P	Š	16a Pro	ofessional fundraising fees (Part IX, column (A), I	ine 11e)			1,302
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 23 Net assets or fund balances. Subtract line 21 from line 20 24 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Primt/Type or print name and title Primt/Type or print name and title Primt/Type preparer's name J.W. McMurray Firm's name McMurray & Associates, CPA's Firm's name McMurray & Associates, CPA's Firm's address Hendersonville, TN 37075-2606 Phone no. 615-824-2	Ď.	b Tot	tal fundraising expenses (Part IX, column (D), lin-	e 25) ► 86,500			
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 908, 978 967, 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Here Print/Type or print name and title Print/Type preparer's name J.W. McMurray Preparer J.W. McMurray Firm's name McMurray & Associates, CPA's Firm's name McMurray & Associates, CPA's Firm's address Mendersonville, TN 37075-2606 Phone no. 615-824-2	Ü	17 Oth	ner expenses (Part IX, column (A), lines 11a-11c	l, 11f–24e)	53	7.859	590,671
19 Revenue less expenses. Subtract line 18 from line 12 -25, 118 -131,					901		
Beginning of Current Year End of Year 20 Total assets (Part X, line 16) 1,916,060 1,799, 21 Total liabilities (Part X, line 26) 144,523 143, 143, 22 Net assets or fund balances. Subtract line 21 from line 20 1,771,537 1,655, Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign		19 Rev	venue less expenses. Subtract line 18 from line	12			
Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Signature of officer JONATHAN DOW Signature of officer Date Print/Type or print name and title Print/Type preparer's name Print/Type preparer's name J.W. McMurray Firm's name McMurray & Associates, CPA's 641 E Main St Firm's address Hendersonville, TN 37075-2606 Phone no. 615-824-2	9 8						
Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Signature of officer JONATHAN DOW Signature of officer Date Print/Type or print name and title Print/Type preparer's name Print/Type preparer's name J.W. McMurray Firm's name McMurray & Associates, CPA's 641 E Main St Firm's address Hendersonville, TN 37075-2606 Phone no. 615-824-2	lan	20 Tot	ial assets (Part X, line 16)		1.91		1,799,453
Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Signature of officer JONATHAN DOW Signature of officer Date Print/Type or print name and title Print/Type preparer's name Print/Type preparer's name J.W. McMurray Firm's name McMurray & Associates, CPA's 641 E Main St Firm's address Hendersonville, TN 37075-2606 Phone no. 615-824-2	A S	21 Tot	al liabilities (Part X, line 26)		14		143,756
Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Signature of officer JONATHAN DOW Signature of officer Date Print/Type or print name and title Print/Type preparer's name Print/Type preparer's name J.W. McMurray Firm's name McMurray & Associates, CPA's 641 E Main St Firm's address Hendersonville, TN 37075-2606 Phone no. 615-824-2	¥.5	22 Net	assets or fund balances. Subtract line 21 from it	ne 20	1 77		
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Here JONATHAN DOW JONATHAN DOW EXECUTIVE DIRECTOR Print/Type or print name and title Print/Type preparer's name J.W. McMurray Firm's name MCMurray & Associates, CPA's Firm's address					<u></u>	<u> </u>	1,033,037
Sign Here JONATHAN DOW Preparer's signature Date	-			including government included an and of			
Sign Here Signature of officer Date	tru	e, correct,	and complete. Declaration of preparer (other than offic	er) is based on all information of which prep	atements, and to the best of arer has any knowledge.	my knowled	ige and belief, it is
Here JONATHAN DOW Type or print name and title Print/Type preparer's name Print/Type preparer's name J.W. McMurray Firm's name MCMurray & Associates, CPA's 641 E Main St Firm's address ▶ Hendersonville, TN 37075-2606 EXECUTIVE DIRECTOR Check X if PTIN 06/22/12 self-employed p01347450 Firm's EIN ▶ 62-17654 Phone no. 615-824-2		1	A				
Here JONATHAN DOW Type or print name and title Print/Type preparer's name Print/Type preparer's name J.W. McMurray Firm's name MCMurray & Associates, CPA's 641 E Main St Firm's address ▶ Hendersonville, TN 37075-2606 EXECUTIVE DIRECTOR Check X if PTIN 06/22/12 self-employed p01347450 Firm's EIN ▶ 62-17654 Phone no. 615-824-2	Sia	n	Signature of officer		·····		
Type or print name and title Paid Paid Preparer's name J.W. McMurray Firm's name MCMurray & Associates, CPA's 641 E Main St Firm's address Hendersonville, TN 37075-2606 Preparer Associates Preparer Signature Date Check X if PTIN Proparer Print	_		A CONDTHAN DOM! A XEA		VDOTIMATIVA DAN		
Print/Type preparer's name Preparer Use Only Print/Type preparer's name Preparer Use Only Print/Type preparer's name Preparer's signature J.W. McMurray J.W. McMurray J.W. McMurray J.W. McMurray O6/22/12 self-employed PO1347450 P	* (4)			E.	XECUTIVE DIK	ECTOR	
Paid Preparer Use Only J.W. McMurray J.W. McMurray Date of Check X F PIN Doll Pol		P		I December 1			
Preparer Use Only Firm's name McMurray McMurray 06/22/12 self-employed P01347450 Use Only Firm's name McMurray & Associates, CPA's Firm's EIN ▶ 62-17654 Firm's address Hendersonville, TN 37075-2606 Phone no. 615-824-2	Paid		• •	rieparers signature	Date	Check	X # PTIN
Use Only Firm's name McMurray & Associates, CPA's Firm's EIN 62-17654		U.			06/22/	12 self-emp	ployed P01347450
641 E Main St Firm's address Hendersonville, TN 37075-2606 Phone no. 615-824-2	•	[[]		ociates, CPA's	Fi	rm's EIN	62-1765435
17 to 10 to	use	UNIY					
					Pi	nane no.	615-824-2724
	May	the IRS di	iscuss this return with the preparer shown above				X Yes No

orm 990 (2011) UNITED METHODIS		2015 Page 2
Part III Statement of Program Se		
Check if Schedule O conta	ins a response to any question in this Part III.	
Briefly describe the organization's mission:		
	S AND THEIR CHURCHES BY THE	GRACE OF GOD AND THE
LOVE OF OUR LORD JESUS	CHRIST TO BE FILLED, GIFTED,	FMDOWEDED AND TED DV
THE HOLY SPIRIT IN MINI	CORDY TO THE WOLLD, GILLED,	ENFOMERED, AND TED DI
THE HOLL DETECT IN MINI	-SIKI IO IDE WOKED.	,
2 Did the organization undertake any significar	nt program services during the year which were not listed o	n the
prior Form 990 or 990-EZ?		Yes X No
If "Yes," describe these new services on Sch	edule O.	Comment Commen
	ake significant changes in how it conducts, any program	
	- · · · · · · · · · · · · · · · · · · ·	Yes X No
***********************	-0	I ies A No
If "Yes," describe these changes on Schedule		
	accomplishments for each of its three largest program ser	
expenses. Section 501(c)(3) and 501(c)(4) or	rganizations and section 4947(a)(1) trusts are required to r	eport the amount of
grants and allocations to others, the total exp	enses, and revenue, if any, for each program service repo	rted.
-		
fa (Code:)(Expenses \$	642 246 including graphs of \$) /Daviania #
MINITORIO /CHILD CHI TENDEDO	642,246 including grants of \$ SHIP TRAINING, SUPPORT, AND E) (Revenue \$
MINISTRI/CHURCH LEADERS	HIP TRAINING, SUPPORT, AND I	PLANNING FOR CONFERENCES
DEVOTED TO CHRISTIAN ED	UCATION.	
	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
•	***************************************	

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b (Code:) (Expenses \$	including grants of \$) (Revenue \$)
		,

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/A-1 \/ //		
Code: (Code:) (Expenses \$	including grants of \$) (Revenue \$)

••••		//////////////////////////////////////

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4		

Other program services. (Describe in Schedul	ia ())	
		_
	cluding grants of \$) (Reven	ue \$)
Total program corvice evpended b	617 71 <i>C</i>	

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Х	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
Qui	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		X
6	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			
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	1		
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	ļ 	X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		<u>X</u>
9	Did the organization report an amount in Part X, line 21; 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	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
* 4	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	<u>X</u>	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
_	VII, VIII, IX, or X as applicable.			
а				
1	complete Schedule D, Part VI	11a	X	
b	the state of the s			
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	P - 2. mil - 1			
ч	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u>X</u>
u	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			**
e		11d	3.7	<u>X</u>
f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11e	X	
•	the organization's separate of constituted manifest statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X			. 4.5
i Da	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	11f		<u>X</u>
	Schedule D. Parts XI. XIII. and XIII		.,	
b	Schedule D, Parts XI, XII, and XIII Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if	12a	X	
~	the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional			3.7
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b		X
4a		13		X
b	Did the organization maintain an onice, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	14a		
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments without at 6400,000 and of 6400,000 and of 6400 and of 640	445		v
5	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	14b		<u>X</u>
	organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	45		v
6	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance	15		X
	to footbally only to protect a satisfact that I half a first a	16		v
7	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	10		<u>X</u>
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	- 1	X
8	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	-'-		- 47
	Dead Mill Know As and De O IE Mars Har and a dead of the Control o	18		X
9	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	'		7.7
	If "Yes," complete Schedule G, Part III	19	ł	X
0a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		77

CONTRACTOR OF THE PARTY OF THE	at W Checklist of Required Schedules (continued)			age
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization			
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
2	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States			
	on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Χ
3	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		Σ
4a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$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 25	24a		2
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	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		
ia	Section 501(c)(3) and 501(c)(4) 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		7
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?			
	16 W/on # complete Cabadyin 1 Dort 1	25b		7
i	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or		-	
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		3
	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	20		
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
				,
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		
	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
3	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		- 4
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			_
	Schedule L, Part IV	28b		
;	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		
	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		3
	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			*****
	Part I	31		7
	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes."	···		
	complete Schedule N, Part II	32		. 2
	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	··· -3-†		
	continue 20d 7704 7 and 204 7704 22 K Wee 2 complete Colored to D. Colored	33	ŀ	2
	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,	33		
	N/ and V fine 4	34	ŀ	. 2
а	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<u></u>
,	Did the organization receive any payment from or engage in any transaction with a controlled entity within the	35a		
•	magning of postion 512/hV(12)2 If "Vos " complete School its D. Bort V. line 3			٠,
		35b		_2
	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		
	Did the organization conduct more than 5% of its activities through an entity that is not a related organization		- 1	
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		
	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and			
	19? Note. All Form 990 filers are required to complete Schedule O	1 1	•	

P	Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part	V				
_		1.	ا م		Yes	No
1a	• • • • • • • • • • • • • • • • • • • •	1a	25 25			
đ	*** ***********************************	1b	1 43		1	
C						17
_	reportable gaming (gambling) winnings to prize winners?			1c		X
2a			7.0			
,	Statements, filed for the calendar year ending with or within the year covered by this return	<u>2a</u>	10		1,	
þ	- · · · · · · · · · · · · · · · · · · ·			2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction					
3a	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •		├	X
b	******		* * * * * * * * * * * * * * * * * * * *	3b	├	
4a						
	over, a financial account in a foreign country (such as a bank account, securities account, or other	nnanciai				v
	account)?		• • • • • • • • • • • • • • • • • • • •	4a_		X
b	***************************************		* * * * * * * * * * * * * * * * * * * *			
.	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financi		*		1	v
5a					 	X
b	ISONO TABLES TO SEE THE STATE OF THE STATE O				 	X
C	***************************************			<u>5c</u>	╄	
6a		tne			7.7	
	organization solicit any contributions that were not tax deductible?		*********	6a	X	
þ	•	tions or			.,	
	gifts were not tax deductible?		• • • • • • • • • • • • • • • • • • • •	6b	X	
7	Organizations that may receive deductible contributions under section 170(c).					
а		r goods				
	and services provided to the payor?		• • • • • • • • • • • • • • • • • • • •	7a	├	ļ
b			, , , , , , ,	7b	 	
C				1_		
, i	3605 H. H. & C. & C. & C. & C. & C. & C. & C		1	7c		
đ						
e f			• • • • • • • • • • • • • • • • • • • •		-	-
	If the organization received a contribution of qualified intellectual property, did the organization file F			7f		
g h	the state of the s			7g		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting		rom 1096-C?	7h		
•	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring	•				
	organization, have excess business holdings at any time during the year?					
9 .	Sponsoring organizations maintaining donor advised funds.	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •	8		
a	Did the organization make any taxable distributions under section 4966?			0-	,000 000 000 000 000 000 000 000 000 00	AND TOWN
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9a 9b		
0	Section 501(c)(7) organizations. Enter:			an		
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
1	Section 501(c)(12) organizations. Enter:	L.100				
2	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources	11100				
	analiset amounts due or received from them	116				
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Fo			125	00000000	
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	, ,		12a		
3	Section 501(c)(29) qualified nonprofit health insurance issuers.	Lieu	<u> </u>		100	
	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.			138		1950 APO 1
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	13b				
c	Enter the amount of reserves on hand	13c				
4a	Did the organization receive any navments for indoor tanning pensions during the toy year?			14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedu					~ ~ ~

Form 990 (2011) UNITED METHODIST RENEWAL SERVICES 58-1322015 Page 6 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response to any question in this Part VI Section A. Governing Body and Management Yes No Ta Enter the number of voting members of the governing body at the end of the tax year 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 committee, explain in Schedule O. Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? Χ 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members. stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? 8a Each committee with authority to act on behalf of the governing body? Χ 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? 10a X If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 Χ Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c Did the organization have a written whistleblower policy? 13 Did the organization have a written document retention and destruction policy? 14 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? The organization's CEO, Executive Director, or top management official X Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? X 16a 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? Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed ▶ Section 6104 requires an organization to make its Forms 1023 (or 1024 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 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy,

GOODLETTSVILLE

and financial statements available to the public during the tax year.

State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► UNITED METHODIST RENEWAL SERVICES, 121 EAST AVENUE

TN 37072

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

Check if Schedule O contains a response to any question 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.

 List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (describe	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	hours for related organizations in Schedule O)	Individual trustee or director	institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and retated organizations
(1) JONATHAN DOW										
EXECUTIVE DIRECTOR	40.00	X			<u> </u>			59,044	0	0
(2) JAIME ALEXANDER DIRECTOR	0.00	Х						0	0	0
(3) DARRYL TODD										
DIRECTOR	0.00	X						0	0	0
(4) NIC BILLMAN DIRECTOR	0.00	х						0	0	0
(5) MARY BOLTON DIRECTOR	0.00	Х						0	0	
(6) JOHN BROWER	0.00	21				\vdash		V		0
DIRECTOR	0.00	Х						0	0	0
(7) JUSTIN LOWE	0.00	Х						o	0	0
(8) KAY CASE							_			
DIRECTOR	0.00	Х						ol	0	0
(9) TERISA CLARK										
DIRECTOR	0.00	Χ						0	0	0
(10) GREIG CROWDER DIRECTOR	0.00	Х						0	0	
(11) MARTHA DAIGNEAU	<u> </u>	<u> </u>		_		-		O	0	0
DIRECTOR	0.00	Х		Х				o	0	0
(12) RICHARD WRIGHT	0.00					1			<u> </u>	<u> </u>
DIRECTOR	0.00	X						ol	0	. 0
(13) DAVE GEARHART							\neg			
DIRECTOR	0.00	Х	l	Х				0	0	0
(14) CANDY HALLETT										
DIRECTOR	0.00	X						0	0	0

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)												
(A) Name and title								(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation		
	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-ZI IOSS-WISC)	from the organization and related organizations			
(15) GLEN HAWORTH DIRECTOR	0.00	Х						0	0	0		
(16) ANDY LAMBRECHT DIRECTOR	0.00	x		Х				0	0	0		
(17) JERRY LIPKA DIRECTOR	0.00	X		Х				0	0	0		
(18) CARRIE LOCK DIRECTOR	0.00	Х						0	0	0		
(19) LORIN PEDIGO DIRECTOR	0.00	X		:				0	0	0		
(20) TIM JOHNSON DIRECTOR	0.00	X						0	0	0		
(21) RICHARD RHODES DIRECTOR (22) TINA ROACH	0.00	Х						0	0	0		
DIRECTOR (23) ANNE SMITH	0.00	Х		X				0	0	0		
DIRECTOR (24) GAREN SMITH	0.00	Х						0	0	0		
DIRECTOR (25) TIM TROWBRIDGE	0.00	Х						0	0	0		
DIRECTOR 1b Sub-total	0.00	Χ					A	0 59,044	0	0		
c Total from continuation shee d Total (add lines 1b and 1c) 2 Total number of individuals (included reportable compensation from the compensation from	luding but not lin	nited	to th	ose I			⊳ ve)v	59,044 who received more than \$10	00,000 in			
 3 Did the organization list any for employee on line 1a? If "Yes," of For any individual listed on line organization and related organization and related organization individual 5 Did any person listed on line 1a for services rendered to the organization B. Independent Contracto 	mer officer, direct complete Schedu 1a, is the sum of cations greater to receive or accru anization? If "Ye	ctor, of the state	or tru for su ortab 150,	istee ich ii le co 0007	ndiví mpe ? If "` on fr	dual nsati 'es," om a	on a com	nd other compensation from the plete Schedule J for such included organization or independent of the plete of	n the	3 X 4 X 5 X		
Complete this table for your five compensation from the organize	highest comper	sate	d ind	eper	nden the	t con	tract	ors that received more than	1 \$100,000 of			
Name and b	(A) pusiness address								(B) ion of services	(C) Compensation		
•			***************************************									
Total number of independent correceived more than \$100,000 of	-	_					se li	isted above) who	0			
DAA									<u> </u>			

	(A) Name and title	(B) (C) Average Position hours per (do not check more than on week box, unless person is both a director/truste hours for							(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the			***************************************
ur V		related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Famer	(W-2/1099-MISC)			organiz and rei organiza	ation ated	
DIR	RICK VANCE ECTOR	0.00	X						0	0				0
(17)								· · · · · · · · · · · · · · · · · · ·			·····			
(18)														
(19)											•			
(20)														
(21)	,												·····	***************************************
(22)														
(23)														
(24)														***************************************
(25)													***************************************	
C	Sub-total Total from continuation shee Total (add lines 1b and 1c) Total number of individuals (included in the compensation from	ts to Part VII, So	ection	on A				ve)	who received more than \$1	ni 000,00				
4 5	Did the organization list any for employee on line 1a? If "Yes," of For any individual listed on line organization and related or services rendered to the organization line 1a for services rendered to the organization line 1a	omplete Schedu 1a, is the sum of cations greater the receive or accru	le J repo nan \$ ne co	for sortab 3150 mpe	uch i le co ,000° nsat	ndivi ompe ? If "	dual ensat Yes,"	ion a com	and other compensation from applete Schedule J for such anrelated organization or inc	n the		3	Yes	No
Sect	ion B. Independent Contracto	rs										5		L
	Complete this table for your five compensation from the organization Name and t								year ending with or within t			Co	(C) mpensa	tion

	Total number of independent co received more than \$100,000 of		-						listed above) who				SE 100	

	10.000 C			VEMENATI	SERVICES	58-1322015)	Page
art V	ин Statem	ent of Rever	nue		(A)	(B)	(c)	(D)
					Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
£ 1a	Federated camp	paigns	1a					
	Membership du		1b					
E c	Fundraising eve		1c					
ā d	Related organiz		1d					and the second second of
E e	Government grants (o		1e		_			
f f	All other contributions,							
Ę	and similar amounts n	of included above	<u>1f</u>	546,141				
9	Noncash contributions		\$					
	Total. Add lines	<u>1a-1†</u>			546,141			
-	DEGEOMP*			Busn. Code	170,254			170 25
b	REGISTRAT				86,781			170,25 86,78
c	•				22,084			22,08
d				ŀ	22,004			22,00
e	* * * * * * * * * * * * * * * * * * * *				<u> </u>			
, 1	All other program							
g	Total. Add lines				279,119			•
3	Investment inco	me (including di	vidends, inter	rest,				
	and other similar	r amounts)		>	-23,601			-23,60
4	Income from inv	estment of tax-e	xempt bond	proceeds 🕨				
5	Royalties		 	,				
		(i) Real		(ii) Personal				8 18 18 18 18 18
6a	Gross rents							
b	Less: rental exps.							
	Rental inc. or (loss)				_			
d 7a	Net rental incom							
	sales of assets	(i) Securities		(ii) Other			garanta a marina a	
.	other than inventory	·						
D	Less: cost or other							
_	basis & sales exps. Gain or (loss)			· · · · · · · · · · · · · · · · · · ·				
1	Net gain or (loss	`	<u> </u>	b				
2-	Gross income from							
	(not including \$							
	of contributions rep	orted on line 1c).	***					or so so so constitution of
	See Part IV, line 18		a		and balling receipt of the		S. St. S. C. Berger (1996)	
b	Less: direct expe	enses	b					
C	Net income or (lo	ss) from fundra						The state of the s
	Gross income from							
	See Part IV, line 19	,	a					
	Less: direct expe							
1	Net income or (lo		activities	>				
	Gross sales of in							
	returns and allow	ances	a					
	Less: cost of goo							
<u></u>	c Net income or (loss) from sales of inventory Miscellaneous Revenue		Busn, Code					
11-					24 420			0.4.1.
h	.BUILDING RE				34,438			34,43
"	*			1				
d	All other revenue				***************************************			
	Total. Add lines				34,438			
		See instructions.			836,097		0	289,95

Form 990 (2011)

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Check if Schedule O contains a response to any question in this Part IX

	Check if Schedule O contains a response	to any question in this Part IX	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
~ 7k	, 8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to governments and			0.000	
	organizations in the U.S. See Part IV, line 21				garga per Gradenia Graden (1. C.)
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members	756	756		
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)				······································
7	Other salaries and wages	249,654	147,296	49,931	52,427
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				***************************************
9	Other employee benefits	106,424	62,790	21,285	22,349
10	Payroll taxes	19,152	11,300	3,830	4,022
11	Fees for services (non-employees):				
а	Management				
þ	Legal				
C	Accounting	4,898	3,658	1,240	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17	1,302			1,302
f	Investment management fees				
g	Other				
12	Advertising and promotion	4,235	2,118	2,117	
13	Office expenses	41,975	23,731	11,844	6,400
14	Information technology	8,470	=	8,470	
15	Royalties	700	700		
16	Occupancy	102,052	102,052		
17	Travel	71,898	71,898		
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials	<u> </u>	r		
19	Conferences, conventions, and meetings	54,646	54,646	F 000	<u> </u>
20	Interest	5,203		5,203	
21 22	Payments to affiliates Depreciation, depletion, and amortization	55,027		EE AAN	
23	4	19,088	8,654	55,027	
24	Insurance Other expenses. Itemize expenses not covered	13,000	0,034	10,434	
.~~	above. (List miscellaneous expenses in line 24e, If				
* .	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
· a	MEALS AND ENTERTAINMENT	59,422	59,422		
b	CONTRACT SERVICES	57,089	57,089		
c	PURCHASES	27,021	27,021		
d	UTILITIES	23,004	21,021	23,004	
	All other expenses	55,943	9,115	46,828	
	Total functional expenses. Add lines 1 through 24e	967,959	642,246	239,213	86,500
26	Joint costs. Complete this line only if the 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)	20,7303	542,240		00,300
DAA			<u> </u>	<u> </u>	50m 990 (2011)

	m 990 art	0 (2011) UNITED METHODIST RENEW ** Balance Sheet	WT 2	EKATCEP 20	8-1322015		Page 11
	G11.	Datative Offeet			(A) Beginning of year		(B) End of year
	1	Cash—non-interest bearing			101 207	1	72,594
	2	Savings and temporary cash investments				2	
~	3	Pledges and grants receivable, net		*****************		3	
	4	Accounts receivable, net			l .	4	
	5	Receivables from current and former officers, directors, t	rustees,	key			
•••		employees, and highest compensated employees. Comp	olete Part	: II of		5	
	6	Receivables from other disqualified persons (as defined	under se	ction		24500 550	
	ľ	4958(f)(1)), persons described in section 4958(c)(3)(B), a					
		employers and sponsoring organizations of section 501(c					
un.		employees' beneficiary organizations (see instructions)		6			
Assets	7	Notes and loans receivable, net		7			
Ass	8				1 11 170		45,447
	9	Prepaid expenses and deferred charges			11,110	9	1 2/22/
	_	Land, buildings, and equipment: cost or				3	
	IVA	- · · · · · · · · · · · · · · · · · · ·	100	1,860,413	2		
	h	other basis. Complete Part VI of Schedule D Less: accumulated depreciation	10h	638,977	1,243,245	10c	1,221,436
	11		[100]		530,030		459,976
	12	Investments—publicly traded securities Investments—other securities. See Part IV, line 11		****************	330,030	12	439,310
	13	Investments - program related See Part IV line 11	• • • • • • • • • •			13	
	14	Investments—program-related. See Part IV, line 11			1		
	15	Other				14	
	16	*************				15	1 700 452
	17	Total assets. Add lines 1 through 15 (must equal line 34			67,469		1,799,453
	18	Accounts payable and accrued expenses	07,409		55,242		
	19	Grants payable				18	
	20	Deferred revenue Tax-exempt bond liabilities			1	19	
	21	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		_		20	
		Escrow or custodial account liability. Complete Part IV of		e D		21	
Liabilities	22	Payables to current and former officers, directors, trustee	-				
Pill		employees, highest compensated employees, and disqui	•				
Ę.		Complete Part II of Schedule L	, ,	************		22	
_	23	Secured mortgages and notes payable to unrelated third				23	
	24	Unsecured notes and loans payable to unrelated third pa				24	
	25	Other liabilities (including federal income tax, payables to			·		
		parties, and other liabilities not included on lines 17-24).	•				
		of Schedule D			77,054	25	88,514
	26	Total liabilities. Add lines 17 through 25			144,523	26	143,756
ا ي		Organizations that follow SFAS 117, check here ▶ 2	S and c	complete		8 (3)	
ë		lines 27 through 29, and lines 33 and 34.					
直	27	Unrestricted net assets		* * * * * * * * * * * * * * * * * * * *	1,152,803		1,140,936
ĕ	28			****	88,704		54,785
š	29	Permanently restricted net assets	عبر الراب	4.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	530,030	29	459,976
Net Assets or Fund Balances		Organizations that do not follow SFAS 117, check he	re 🏲 📗	and			
9		complete lines 30 through 34.					
Sei		Capital stock or trust principal, or current funds				30	
As	31	Paid-in or capital surplus, or land, building, or equipment	fund			31	
<u> </u>		Retained earnings, endowment, accumulated income, or				32	
		Total net assets or fund balances			1,771,537	33	1,655,697
	34	Total liabilities and net assets/fund balances		 	1,916,060	34	1,799,453

Form **990** (2011)

orn	990(2011) UNITED METHODIST RENEWAL SERVICES 58-1322015		Pa	ige 12
P	nt XI Reconciliation of Net Assets			
	Check if Schedule O contains a response to any question in this Part XI			
1	Total revenue (must equal Part VIII, column (A), line 12)	8	<u>36,</u>	097
2	Total expenses (must equal Part IX, column (A), line 25)	9	67,	<u>959</u>
3	Revenue less expenses. Subtract line 2 from line 1	-1	<u>31,</u>	862
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	1,7	71,	<u>537</u>
5	Other changes in net assets or fund balances (explain in Schedule O)		16,	022
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33,			
	column (B)) 6	1,6	55,	697
Pa	rt XII Financial Statements and Reporting			
	Check if Schedule O contains a response to any question in this Part XII		<u> </u>	
			Yes	No
1	Accounting method used to prepare the Form 990:	_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			
	Schedule O.		991(0)61	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	Ĺ	X
b	Were the organization's financial statements audited by an independent accountant?		Х	
C	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	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in		and the same of th	
	Schedule O.		900000	
đ	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			
	issued on a separate basis, consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis		(2) (60 0)	100
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in		i	
	the Single Audit Act and OMB Circular A-133?	3a		Х
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 in Schedule O and describe any steps taken to undergo such audits	. 3b		

Form **990** (2011)

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.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

UNITED METHODIST RENEWAL SERVICES

Employer Identification number 58–1322015

27/20/20	30.000.00	MS (A) A)	EPPPOMOUTE,	TMC.					1 20	<u>-132</u>	<u> </u>	<u> </u>		
Pe	rt I	Reas	son for Public Charit	y Status (All organizations	must co	mplete	this pa	art.) Se	e inst	ruction	ıs.			
The o	orga	nization is not	a private foundation becau-	se it is: (For lines 1 through 11, cl	neck only o	ne box.)								
1	Χ	A church, co	onvention of churches, or as	sociation of churches described i	n section	170(b)(1)	(A)(i).							
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).												
3	\Box	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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:												
4				=	•		-	1)(A)(iii)	. Enter t	the hose	oital's n	ame.		
	لسسا		he•						_,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		-,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		•	
5	\Box		*****************						escriber	din				•••••
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8	-													
9										-				
				•	•									
			=				11 tax) f	rom bus	inesses	5				
10														
11														
		purposes of	one or more publicly suppor	ted organizations described in se	ction 509(a	a)(1) or se	ction 50	9(a)(2).	See se	ction				
		509(a)(3). CI	heck the box that describes	the type of supporting organization	on and con	nplete line	s 11e th	rough 11	h.					
		а Туре	el b Typell	c Type III-Function	nally integr	ated	d	Typ	e III-O	ther				
6		By checking	this box, I certify that the org	panization is not controlled directly	y or indired	tly by one	or more	disqual	ified pe	rsons				
f		If the organiz	ation received a written dete	ermination from the IRS that it is a	Type I. T	vpe II. or '	Type III s	supportir	ıa					
					J									
g		Since Augus	t 17, 2006, has the organiza	tion accepted any gift or contribu	tion from a	ny of the		*******						لــا
3				and an appearance of the second secon		, 5								
				ontrole either alone or together w	ith norman	e decarib	ad in (ii)	and					T	Τ
					•		• •					44.73	res	NO
				had in (i) about 2									-	
				**************			• • • • • • • •	• • • • • • • •					1	-
4.												[11g(iii)	<u> </u>	L
<u>n</u>	 						T		7		T			
(1)			(fi) EIN				1 ' '					• •		
	4.5			above or IRC section	, ,,							supp	οπ	
				(see instructions))		· · · · · · · · · · · · · · · · · · ·	sup	port?	U.	S.?				
···					Yes	No	Yes	No	Yes	No				
(A)														
						<u> </u>			<u> </u>					
(B)														
		· · · · · · · · · · · · · · · · · · ·												
(C)		A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, oity, and state: A norganization 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)(iv). (Complete Part III.) A norganization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(iv). (Complete Part II.) A community frust described in section 170(b)(1)(A)(iv). (Complete Part II.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% 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 organizated and operated exclusively to test for public safety. See section 509(a)(2). An organization organizated and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(2). See section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. a												
		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 deteral, 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 described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part III.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% 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 59(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. a												
(D)		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). Enter the hospital's name, oldy, 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.) An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(iv). (Complete Part II.) An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(iv). (Complete Part II.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% 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). An organization organizad and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. a												
E)							<u> </u>							······
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Cotal						1	00000		1					

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

Schedule A (Form 990 or 990-EZ) 2011

Schedule A (Form 990 or 990-EZ) 2011 UNITED METHODIST RENEWAL SERVICES

Part II Support Schedule for Organizations Described in Section (700) Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (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.)

	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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)						
6	Public support. Subtract line 5 from line 4						
Sec	tion B. Total Support						
Caler	ndar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 IV.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc. (see instructions)			*	12	
13	First five years. If the Form 990 is for the	organization's first, :	second, third, fourth	h, or fifth tax year a	as a section 501(c)(3)	
	organization, check this box and stop here			<u></u>		~~	
Sec	tion C. Computation of Public Su						
14	Public support percentage for 2011 (line 6,	column (f) divided b	y line 11, column (f))		14	<u>%</u>
15	Public support percentage from 2010 Schei	dule A, Part II, line 1	14				<u>%</u>
16a	• • • • • • • • • • • • • • • • • • • •				1/3% or more, ched	k this	. —
	box and stop here. The organization qualifi		-			• • • • • • • • • • • • • • • • • • • •	▶ ∐
b	33 1/3% support test—2010. If the organic						
47	check this box and stop here . The organiza	ation qualifies as a p	oublicly supported	organization			> 🔲
17a	10%-facts-and-circumstances test—201				· ·		
	10% or more, and if the organization meets				•		
	Part IV how the organization meets the "fac						_
ь	organization 10%-facts-and-circumstances test—201	O If the examination	and and all and a land		405 47 40		- L
b	15 is 10% or more, and if the organization n					ne	
•	Explain in Part IV how the organization mee					lv.	
					-	•	<u>.</u> —
18	supported organization Private foundation. If the organization did	not chack a hoven	ling 13 16a 16h	17s or 17h ohook	this have not non		~ L
.0							. —
	instructions						<u> </u>

Page 3

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

(Complete only if you checked the box on line 9 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 (t.)

Sec	tion A. Public Support	quality artaor a	no todio notog E	Ciow, picase o	ompiete i aren		
4	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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					e de anim	
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						
C	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6.)						
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9	Amounts from line 6						
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						
С	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						w///w/////////////////////////////////
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for the organization, check this box and stop here		, ,		` '	(3)	> []
Sec	tion C. Computation of Public Su						
<u></u> 15	Public support percentage for 2011 (line 8,			·fh)		15	%
16	Public support percentage from 2010 Sche	dule A. Part III. line	15		, , . , . , ,	16	%
	tion D. Computation of Investme				(,,,
17	Investment income percentage for 2011 (life			olumn (f))		17	%
18	Investment income percentage from 2010					1 1	. %
19a	33 1/3% support tests—2011. If the organ		,				
	17 is not more than 33 1/3%, check this bo.				•		▶ □
b	33 1/3% support tests—2010. If the organ	nization did not che	ck a box on line 14	or line 19a, and lin	e 16 is more than	33 1/3%, and	—
	line 18 is not more than 33 1/3%, check this						▶ □
20	Private foundation, If the organization did						▶ □

	rm 990 or 990-EZ) 2011	ONTLED WEL	HODIST KEW	EWAL SERVICES	<u> 58-1322015</u>	Page 4
Part IV	Supplemental Info Part II, line 17a or 1 instructions).	rmation. Complet 17b; and Part III, lir	e this part to provine 12. Also comp	vide the explanations lete this part for any a	required by Part II, line 10; additional information. (See	
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SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Employer Identification number UNITED METHODIST RENEWAL SERVICES 58-1322015 FELLOWSHIP, INC. Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year Aggregate contributions to (during year) 2 Aggregate grants from (during year) 3 Aggregate value at end of year _____ 4 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 Yes conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area 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 easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements 2a b Total acreage restricted by conservation easements ______ 2b c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 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, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, 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 XIV, 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" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (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 XIV, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (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) Revenues included in Form 990, Part VIII, line 1 \$ (ii) Assets included in Form 990, Part X \$ 2 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 SFAS 116 (ASC 958) relating to these items: a Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X

15,600

555 917

445

Schedule D (Form 990) 2011

221

390

448

139

638.

b Buildingsc Leasehold improvements

d Equipment

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

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 88,514 2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

(8) (9) (10)(11)

Sche	edule D (Form 990) 2011 UNITED METHODIST RENEWAL		58-1322015	Page 4
P	Int XI Reconciliation of Change in Net Assets from Form			
1	Total revenue (Form 990, Part VIII, column (A), line 12)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		836,097
2	Total expenses (Form 990, Part IX, column (A), line 25)		2	967,959
3	Excess or (deficit) for the year. Subtract line 2 from line 1		3	-131,862
4	Net unrealized gains (losses) on investments	• • • • • • • • • • • • • • • • • • • •	4	
5	Donated services and use of facilities		, 5	
6	Investment expenses		6	
7	Prior period adjustments		7	
8	Other (Describe in Part XIV.)		8	16,022
9	Total adjustments (net). Add lines 4 through 8	,	9	16,022
10	Excess or (deficit) for the year per audited financial statements. Combine lines			-115,840
P	ert XII Reconciliation of Revenue per Audited Financial S			
1	Total revenue, gains, and other support per audited financial statements		1	836,097
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	***************************************	2a		
b	Donated services and use of facilities	2b		
C	Recoveries of prior year grants	2c		
d		2d		
е				
3	Subtract line 2e from line 1		3	836,097
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIV.)			
C	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	836,097
Pa	rt XIII Reconciliation of Expenses per Audited Financial	Statements With E	xpenses per Return	
1	Total expenses and losses per audited financial statements		1	951,937
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
C		2c		
d		2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	951,937
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		
b	Other (Describe in Part XIV.)	4b	16,022	
С	Add lines 4a and 4b			16,022
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	967,959
	rt XIV Supplemental Information	2 - 11 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Pa	urt III. lines 1a and 4: Part	IV lines 1h and 2h	
	V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, line			
	dditional information.		and particle provide	
•	art XI, Line 8 - Reconciliation of Char	nges - Other		
.B.	ook / Tax Depreciation Difference	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	\$	16,022
				,
.Pā	art XIII, Line 4b - Expense Amounts Inc	cluded on Ret	turn - Other	* * * * * * * * * * * * * * * * * * * *
Во	ook / Tax Depreciation Difference		Ś	16,022
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Schedule D (Fo	rm 990) 2011	UNITED METHODIST	RENEWAL	SERVICES	58-1322015	Page 5
Part XIV	Supplemen	ntal Information (continued)				
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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.

Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2011

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

UNITED METHODIST RENEWAL SERVICES

Employer identification number 58-1322015

FELLOWSHIP, INC.	T 28-T3ZZ0T2
Form 990, Part VI, Line 11b - Organization's	Process to Review Form 990
No review was or will be conducted.	
Form 990, Part VI, Line 15a - Compensation P	rocess for Top Official
YES	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Form 990, Part VI, Line 15b - Compensation P	rocess for Officers
YES	
Form 990, Part VI, Line 19 - Governing Docum	ents Disclosure Explanation
No documents available to the public	
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Form 4562

Depreciation and Amortization

(Including Information on Listed Property)

Department of the Treasury Internal Revenue Service

See separate instructions.

Attach to your tax return.

UNITED METHODIST RENEWAL SERVICES identifying number Name(s) shown on return 58-1322015 FELLOWSHIP, INC. Business or activity to which this form relates Indirect Depreciation **Election To Expense Certain Property Under Section 179** Part I Note: If you have any listed property, complete Part V before you complete Part I. 500,000 1 Maximum amount (see instructions) Total cost of section 179 property placed in service (see instructions) 2 2 2,000,000 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-Δ 4 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter _0-. If married filing separately, see instructions (b) Cost (business use only) 6 Listed property. Enter the amount from line 29 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 Tentative deduction. Enter the smaller of line 5 or line 8 9 Carryover of disallowed deduction from line 13 of your 2010 Form 4562 10 10 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 11 12 12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 Carryover of disallowed deduction to 2012. Add lines 9 and 10, less line 12 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions) Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) 17,196 14 Property subject to section 168(f)(1) election 15 15 22.647 Other depreciation (including ACRS) 16 MACRS Depreciation (Do not include listed property.) (See instructions.) Section A MACRS deductions for assets placed in service in tax years beginning before 2011 17 15.184 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here 🕨 Section B-Assets Placed in Service During 2011 Tax Year Using the General Depreciation System (b) Month and year (c) Basis for depreciation (d) Recovery (e) Convention (a) Classification of property placed in (business/investment use (f) Method (a) Depreciation deduction period service only-see instructions) 19a 3-year property b 5-year property 7-year property d 10-year property 15-year property 20-year property S/L 25-year property 25 yrs. S/L h Residential rental 27.5 yrs. MM property 27.5 yrs. MM S/L Nonresidential real MM S/L property MM S/L Section C-Assets Placed in Service During 2011 Tax Year Using the Alternative Depreciation System 20a Class life b 12-year 12 yrs. MM S/L 40-year 40 vrs. Summary (See instructions.) Listed property. Enter amount from line 28 21 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here 55,027 and on the appropriate lines of your return. Partnerships and S corporations—see instructions.

For assets shown above and placed in service during the current year, enter the

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58-1322015 Federal Asset Report

Form 990, Page 1

			· · · · · · · · · · · · · · · · · · ·	······································			
Asset Description	Date In Service	Cost	Bus Sec % 179Bonus	Basis for Depr	PerConv Meth	Prior	Current
710001	TEC Normatic Victorian		AND 1.5 Me have not to be the second of the	IVI more	10100111 111041	E 11773	Our or c
5-year GDS Property:							
145 121 EAST SOUND SYSTEM	2/15/11	2,445	X	0	5 HY 200DB	0	2,445
146 LAPTOP 147 COMPUTERS	1/13/11 7/21/11	3,921 8,076	X X	0	5 HY 200DB 5 HY 200DB	0	3,921 8,076
148 LAPTOP	12/07/11	2,754	$\tilde{\mathbf{x}}$ _	<u> </u>	5 HY 200DB	<u>ŏ</u>	2,754
		17,196		0		0	17,196
Prior MACRS: 3 BOOKCASES	2/16/94	226		226	e manada	226	0
9 PROJECTORS	1/07/93	336 370		336 370	5 HY 200DB 5 HY 200DB	336 370	0
11 OTHER FULLY DEPR 27 PRAYER ROOM TABLE	2/19/93 12/31/94	7,032 311		7,032 311	5 HY 200DB	7,032	0
43 PAGING SYSTEM	7/23/96	2,270		2,270	5 HY 200DB 5 HY 200DB	311 2,270	0 0
44 FAX 45 DESKJET PRINTER	6/06/96 8/31/96	520 456		520 456	3 HY 200DB 5 HY 200DB	520	0
47 COMPUTER	6/06/97	2,480		2,480	5 HY 200DB	456 2,480	0 0 0
48 COMPUTER TOSH 49 COMPUTER GATEWAY	8/01/97 10/23/97	2,211 2,017		2,211 2,017	5 HY 200DB 5 HY 200DB	2,211	0
50 BACKUP	10/29/97	280		280	5 HY 200DB	2,017 280	0 0
51 PRINTER 52 PRINTER	8/29/97 6/30/97	280 300		280 300	5 HY 200DB 5 HY 200DB	280 300	0
53 HUTCH	6/30/97	70		70	5 HY 200DB	70	0
54 DESK 55 CHAIR	4/30/97 4/30/97	620 419		620 419	5 HY 200DB 5 HY 200DB	620 419	0 0
56 STORAGE RACK	1/22/97	177		177	5 HY 200DB	177	0
58 BUILDING 59 COMPUTER	11/23/98 10/23/98	422,810 3,499		422,810 3,499	39 MM S/L 5 HY 200DB	128,266 3,499	10,841 0
60 MUSIC EQUIPMENT	12/22/99	1,064		1,064	5 HY 200DB	1,064	0
61 COMPUTER 62 COMPUTER	12/22/99 8/03/99	2,519 1,190		2,519 1,190	5 HY 200DB 5 HY 200DB	2,519 1,190	0 0
67 PIANO	11/01/99	6,400		6,400	5 HY 200DB	6,400	0
68 FURNITURE 69 LAPTOP COMPUTERS	11/10/99 11/19/99	1,303 7,154		1,303 7,1 <i>5</i> 4	5 HY 200DB 5 HY 200DB	1,303 7,154	0 0
70 PRINTER 71 BREWER	12/01/99	200		200	5 HY 200DB	200	0
72 IMPROVEMENTS	10/21/99 11/22/99	190 3,163		190 3,163	5 HY 200DB 39 MM S/L	190 884	0 81
73 SMOKE DETECTORS 78 115 EAST - PAVING	12/22/99 7/12/00	245 2,200		245	5 HY 200DB	245	0
79 115 EAST HOUSE - PAINT & FLOOR	5/10/00	5,456		2,200 5,456	15 HY 150DB 5 HY 200DB	1,615 5,456	130 0
82 115 EAST FURNISHINGS 83 FURNISHINGS	6/01/00 6/01/00	21,946 38,660		21,946 38,660	5 HY 200DB	21,946	0
84 COMPUTERS & NETWORK	6/01/00	17,719		17,719	5 HY 200DB 5 HY 200DB	38,660 17,719	0
85 VIDEO EQUIPMENT 86 121 PAVING	6/01/00 4/20/01	14,070 5,003		14,070 5,003	5 HY 200DB 15 HY 150DB	14,070	0 296
87 120 PAVING	4/20/01	2,500		2,500	15 HY 150DB	3,378 1,688	296 148
88 120 FURNISHINGS 89 121 TABLES, ETC	4/20/01 5/16/01	4,097 846		4,097 846	7 HY 200DB 5 HY 200DB	4,097 846	0
90 121 OFFICE ÉQUIPMENT	8/23/01	3,311		3,311	5 HY 200DB	3,311	0
93 122 EAST AVE FURNISHINGS 96 120 EAST HVAC	11/15/02 12/19/02	1,393 3,701	X X	975 2,591	7 HY 200DB 7 HY 200DB	1,393 3,701	0
101 WATER HEATER - 120 EAST	6/30/02	4,986	X	3,490	10 HY 200DB	4,655	221
104 121 EQUIPMENT 105 122 EAST - FURNISHINGS & APPLIAN	6/30/03 6/30/03	5,828 7,577	X X	2,914 3,789	7 HY 200DB 7 HY 200DB	5,828 7,577	0
109 COMPUTER EQUIPMENT	9/22/03	7,471	X	3,736	5 HY 200DB	7,471	0
110 RECORDING EQUIPMENT 111 LAPTOPS	3/01/04 1/30/04	4,780 2,083	X X	2,390 1,041	7 HY 200DB 5 HY 200DB	4,674 2,083	106 0
112 VOICE MAIL	4/05/04	400	X	200	5 HY 200DB	400	0
113 RECLINER 114 121 EAST LANDSCAPING	4/05/04 8/17/04	198 9,363	X X	99 4,682	7 HY 200DB 15 HY 150DB	194 7,013	4 277
115 DVD & CD RECORDERS 116 REFRIGERATOR	8/31/04 2/23/05	920 652	X	460	5 HY 200DB	920	0
117 COMPUTER EQUIPMENT - 121 EAST	6/18/05	6,485		652 6,485	5 HY 200DB 5 HY 200DB	652 6,485	0 0
118 PAGERS - 121 ÉAST 119 EQUIP & FURN - 121 EAST	5/31/05 7/25/05	2,895 784		2,895	5 HY 200DB	2,895	0
121 115 EAST - HVAC	1/26/05	3,833		784 3,833	7 HY 200DB 15 HY 150DB	679 1,683	70 226
123	12/14/05 6/23/05	4,438 2,078		4,438	15 HY 150DB	1,948	263
126 COMPUTER & MUSIC EQUIPMENT	7/31/06	2,187		2,078 2,187	15 HY 150DB 5 HY 200DB	912 2,061	123 126

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201010 UNITED METHODIST RENEWAL SERVICES

58-1322015

Federal Asset Report

FYE: 12/31/2011

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Asset	Description	Date In Service	Cost	Bus %	Sec 179Bonus	Basis for Deor	Per	Conv Meth	Prior	Current
127 128 129 131 134 135 136 137 138 141 142 143	COPIER & COMPUTERS E TAPESTRY PODIUM 121 EAST -HVAC ZONE SYSTEM COMPUTER LAPTOPS CAMERA & ACCESSORIES LAWN MOWER PRINTERS & COMPUTER EQUIP TELEPHONE SYSTEM HVAC - 120 EAST 121 EAST ROOF	9/18/06 8/15/06 6/01/06 6/08/06 6/08/07 11/28/07 11/28/07 7/07/07 2/13/08 4/21/09 12/31/10	4,690 8,501 1,360 3,150 1,634 1,319 1,178 1,014 677 600 11,450 15,600 3,120	_%_	X X	4,690 8,501 1,360 3,150 1,634 1,319 1,178 1,014 677 300 5,725 15,600 3,120	5 3 7 15 5 5 5 7 5 5 5 5 7 5 5 5 5 7 5 5 5 5	HY 200DB HY 200DB HY 200DB HY 150DB HY 150DB HY 200DB HY 200DB HY 200DB HY 200DB HY 200DB HY 200DB HY 150DB HY 150DB HY 150DB MM S/L MM S/L	974 697 6,555 17 3 375,913	270 0 122 196 188 152 136 91 78 69 490 400 80
			/12,039		=	083,081			3/3,913	15,184
57 76 77 80 81 91 95 97 99 106 107 108 120 120 133 139	Depreciation: LAND 115 EAST AVE - HOUSE LAND - 115 EAST AVE HOUSE 120 EAST IMPROVEMENTS 121 EAST AVE IMPROVEMENTS 121 IMPROVEMENTS 120 EAST AVE IMPROVEMENTS 122 EAST AVE HOUSE 122 EAST AVE - LAND 120 EAST IMPROVEMENTS 121 EAST IMPROVEMENTS 121 EAST IMPROVEMENTS 122 EAST IMPROVEMENTS 121 EAST IMPROVEMENTS 122 EAST IMPROVEMENTS 120 EAST - GUTTERGUARDS 120 EAST IMPROVEMENTS 120 EAST IMPROVEMENTS 120 EAST - ADD WALL 115 EAST - OFF	11/23/98 4/05/00 4/05/00 6/01/00 6/01/00 4/09/01 12/18/02 9/26/02 9/26/02 6/30/03 6/30/03 6/30/03 12/31/05 9/26/05 6/06/06 2/17/07 11/04/08	246,451 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			246,451 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	0 39 39 39 39 39 39 27 39 27 39 27	Land MO S/L Land MO S/L MO S/L MO S/L MO S/L MO S/L Land MO S/L	0 33,153 0 853 132,978 705 5,299 18,092 0 20,549 1,618 1,913 4,623 481 1,288 260 544 325	0 3,096 0 81 12,615 72 659 2,182 0 2,725 215 254 0 91 284 67 154 152
	Total Other Depreciation		1,131,178		-	1,131,178			222,681	22,647
	Total ACRS and Other Depre	ciation	1,131,178		=	1,131,178		:	222,681	22,647
	Grand Totals Less: Dispositions and Transfe Less: Start-up/Org Expense Net Grand Totals	rs	1,860,413 0 0 1,860,413			1,814,859 0 0 1,814,859			598,594 0 0 598,594	55,027 0 0 55,027

201010 UNITED METHODIST RENEWAL SERVICES
58-1322015 TN Asset Report

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Description				***************************************					
145 12 EAST SOUND SYSTEM	Asset	Description		Cost					
Prior MACRS: 3 BOOKCASES 3 PROJECTORS 1/0993 3703 336 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	145 146 147	121 EAST SOUND SYSTEM LAPTOP COMPUTERS	1/13/11 7/21/11	3,921 8,076 2,754	3,921 8,076 2,754	0 0 0	784 1,615 551	3,921 8,076 2,754	3,137 6,461 2,203
BOOKCASES	"			······································					
126 COMPUTER & MUSIC EQUIPMENT 7/31/06 2,187 2,187 2,061 126 126 0	3 9 11 27 43 44 45 47 48 49 50 51 52 53 54 55 56 68 69 70 71 72 73 78 82 83 84 85 87 88 89 90 91 104 105 116 117 118 119 119 110 111 111 111 111 111 111 111	BOOKCASES PROJECTORS OTHER FULLY DEPR PRAYER ROOM TABLE PAGING SYSTEM FAX DESKJET PRINTER COMPUTER COMPUTER TOSH COMPUTER GATEWAY BACKUP PRINTER PRINTER HUTCH DESK CHAIR STORAGE RACK BUILDING COMPUTER COMPUTER MUSIC EQUIPMENT COMPUTER PIANO FURNITURE LAPTOP COMPUTERS PRINTER BREWER IMPROVEMENTS SMOKE DETECTORS 115 EAST - PAVING 115 EAST FURNISHINGS FURNISHINGS COMPUTERS & NETWORK VIDEO EQUIPMENT 121 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 REFRIED VOICE MAIL RECLINER 121 EAST LANDSCAPING DVD & CD RECORDERS REFRIGERATOR COMPUTER EQUIPMENT LAPTOPS VOICE MAIL RECLINER 121 EAST LANDSCAPING DVD & CD RECORDERS REFRIGERATOR COMPUTER EQUIPMENT - 121 EAST PAGERS - 121 EAST EQUIP & FURN - 121 EAST 155 EAST - HVAC 121 EAST - HVAC	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 10/23/97 6/30/97 4/30/97 4/30/97 1/22/97 11/23/98 10/23/98 10/23/98 10/23/98 12/22/99 8/03/99 11/01/99 11/10/99 11/10/99 11/10/99 11/10/99 11/10/99 11/10/99 11/10/99 11/10/00 6/01/00	370 7,032 311 2,270 520 456 2,480 2,211 2,017 280 300 70 620 419 177 422,810 3,499 1,064 2,519 1,190 6,400 1,303 7,154 200 190 3,163 2,519 1,190 6,400 1,303 7,154 200 1,906 3,163 2,519 1,190 3,163 2,500 4,097 846 3,311 1,393 3,701 4,986 3,311 1,393 3,701 4,986 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 7,877 7,471 4,780 2,083 4,986 3,313 4,986 5,828 7,577 7,471 4,780 2,083 4,986 5,828 7,577 7,471 4,780 2,083 4,986 5,828 7,577 7,471 4,780 2,083 4,986 5,828 7,577 7,471 4,780 2,083 4,986 5,828 7,577 7,471 4,780 2,083 4,986 3,313 4,988 3,363 4,883 4,438	370 7,032 311 2,270 520 456 2,480 2,211 2,017 280 300 70 620 419 1,77 422,810 3,499 1,064 2,519 1,190 6,400 1,303 7,154 200 1,303 7,154 200 1,906 3,163 2,500 4,097 8,466 38,660 17,719 14,070 5,003 2,500 4,097 8,466 3,311 1,393 3,701 4,986 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 7,877 7,471 4,780 2,083 4,097 8,363 920 652 6,485 7,877 7,471 4,780 2,083 4,986 5,828 7,577 7,471 4,780 2,083 4,986 5,828 7,577 7,471 4,780 2,083 4,986 5,828 7,577 7,471 4,780 2,083 4,986 3,311 1,393 3,701 4,986 3,833 4,438	370 7,032 311 2,270 520 456 2,480 2,211 2,017 280 280 300 70 620 419 1,77 128,266 3,499 1,064 2,519 1,190 6,400 1,303 7,154 200 190 884 2,519 14,676 38,660 17,719 14,070 3,378 1,688 4,097 846 3,311 1,393 3,701 4,655 5,828 7,577 7,471 4,674 2,083 400 194 7,013 920 652 6,485 2,895 679 1,683 1,948	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	000000000000000000000000000000000000000

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TN Asset Report

FYE: 12/31/2011

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Apport	Description	Date In Service	Cost	Basis for Depr	TN Prior	TN Current	Federal Current	Difference Fed - TN
Asset								
	R & COMPUTERS	9/18/06	4,690	4,690	4,420	270	270	0
128 E TAPE		8/15/06	8,501	8,501	8,501	0	0	0
129 PODIU		6/01/06	1,360	1,360	1,056	122	122	0
131 121 EA 134 COMPU	ST -HVAC ZONE SYSTEM	6/08/06 4/07/07	3,150 1,634	3,150 1,634	1,187 1,352	196 188	196 188	0 0
134 COMPO		6/23/07	1,034	1,034	1,091	152	152	0
	RA & ACCESSORIES	11/28/07	1,178	1,178	974	136	136	ő
	MOWER	11/28/07	1,014	1,014	697	91	91	ŏ
	ERS & COMPUTER EQUIP	7/07/07	, 677	677	560	78	78	ŏ
	HONE SYSTEM	2/13/08	600	600	427	69	69	Ŏ
142 HVAC	- 120 EAST	4/21/09	11,450	11,450	1,145	763	490	-273
	ST ROOF	12/31/10	15,600	15,600	17	400	400	0
144 122 EA	ST ROOF	12/31/10	3,120	3,120	3	80	80	0
			712,039	712,039	370,503	15,457	15,184	
Other Depreci	ation:							
57 LAND		11/23/98	246,451	246,451	0	0	0	0
	ST AVE - HOUSE	4/05/00	85,141	85,141	33,153	3,09 <u>6</u>	3,096	0
	- 115 EAST AVE HOUSE	4/05/00	20,000	20,000	0	0	0	0
	ST IMPROVEMENTS ST AVE IMPROVEMENTS	6/01/00	3,156	3,156 491,968	853	81 12.615	81	0
	PROVEMENTS	6/01/00 4/09/01	491,968 2,831	2,831	132,978 705	72	12,615 72	0
	ST AVE IMPROVEMENTS	12/18/02	25,699	25,699	5,299	659	659	0
	ST AVE HOUSE	9/26/02	85,097	85,097	18,092	2,182	2,182	ŏ
	ST AVE - LAND	9/26/02	20,000	20,000	0,052	2,102	2,102	ŏ
	ST IMPROVEMENTS	6/30/03	106,266	106,266	20,549	2,725	2,725	ŏ
107 121 EA	ST IMPROVEMENTS	6/30/03	8,369	8,369	1,618	215	215	Õ
	ST IMPROVEMENTS	6/30/03	6,976	6,976	1,913	254	254	0
	ARE - 121 EAST	12/31/05	4,623	4,623	4,623	0	0	0
	ST - GUTTERGUARDS	9/26/05	2,500	2,500	481	91	91	0
	ST IMPROVEMENTS	6/06/06	11,062	11,062	1,288	284	284	0
	ST - ADD WALL	2/17/07	2,613	2,613	260	67	67	0
	ST ROOF ST - WINDOWS	6/27/07	4,226 4,200	4,226 4,200	544 325	154	154	0
140 113 EA		11/04/08		***************************************		152	152	0
	Total Other Depreciation		1,131,178	1,131,178	222,681	22,647	22,647	0
	Total ACRS and Other Depre	ciation	1,131,178	1,131,178	222,681	22,647	22,647	0
	A view radate and dente Depre	-cintivit	2,102,110	1,101,110	### ₂ 001	£2,UT/	44,077	<u>-</u>
	Grand Totals		1,860,413	1,860,413	593,184	41,543	55,027	13,484
	Less: Dispositions		0	0	0	0	0	0
	Less: Start-up/Org Expense		0	0	0	0	0	0
	Net Grand Totals	:	1,860,413	1,860,413	593,184	41,543	55,027	13,484

201010 UNITED METHODIST RENEWAL SERVICES 58-1322015 AMT Asset Report

FYE: 12/31/2011

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Asset Description	Date In Service	Cost	Bus Sec <u>%</u> 179Bonus	Basis for Depr	PerConv Meth	Prior	Current
5-year GDS Property: 145 121 EAST SOUND SYSTEM 146 LAPTOP 147 COMPUTERS 148 LAPTOP	2/15/11 1/13/11 7/21/11 12/07/11 _	2,445 3,921 8,076 2,754 17,196	X X X X	0 0 0 0	5 HY 200DB 5 HY 200DB 5 HY 200DB	0 0 0 0	2,445 3,921 8,076 2,754 17,196
Prior MACRS: 3 BOOKCASES 9 PROJECTORS 11 OTHER FULLY DEPR 27 PRAYER ROOM TABLE 43 PAGING SYSTEM 44 FAX 45 DESKJET PRINTER 47 COMPUTER 48 COMPUTER TOSH 49 COMPUTER GATEWAY 50 BACKUP 51 PRINTER 52 PRINTER 53 HUTCH 54 DESK 55 CHAIR 56 STORAGE RACK 58 BUILDING 59 COMPUTER 60 MUSIC EQUIPMENT 61 COMPUTER 62 COMPUTER 63 FURNITURE 64 LAPTOP COMPUTERS 70 PRINTER 71 BREWER 72 IMPROVEMENTS 73 SMOKE DETECTORS 74 115 EAST - PAVING 79 115 EAST HOUSE - PAINT & FLOOR 82 115 EAST FURNISHINGS 84 COMPUTERS & NETWORK 85 VIDEO EQUIPMENT 86 121 PAVING 87 120 PAVING 88 120 FURNISHINGS 89 121 TABLES, ETC 90 121 OFFICE EQUIPMENT 93 122 EAST AVE FURNISHINGS 96 120 EAST HVAC 101 WATER HEATER - 120 EAST 104 121 EQUIPMENT 105 122 EAST - FURNISHINGS 96 120 EAST FURNISHINGS 96 120 EAST FURNISHINGS 97 121 COMPUTER EQUIPMENT 101 WATER HEATER - 120 EAST 104 121 EQUIPMENT 105 122 EAST - FURNISHINGS & APPLIAN 109 COMPUTER EQUIPMENT 101 RECORDING EQUIPMENT 102 EAST - FURNISHINGS & APPLIAN 109 COMPUTER EQUIPMENT 101 RECORDING EQUIPMENT 102 EAST - FURNISHINGS & APPLIAN 104 COMPUTER EQUIPMENT 105 122 EAST - FURNISHINGS & APPLIAN 109 COMPUTER EQUIPMENT 110 RECORDING EQUIPMENT 111 RECLINER 114 121 EAST LANDSCAPING 115 EAST - HVAC 121 EAST - HVAC 122 EAST - HVAC 123 121 EAST - HVAC 124 122 EAST - HVAC 126 COMPUTER & MUSIC EQUIPMENT	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 6/30/97 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 11/10/99 11/10/99 11/10/99 11/10/99 11/22/99 7/12/00 5/10/00 6/01/00	336 370 7,032 311 2,270 520 456 2,480 2,211 2,017 280 300 70 620 419 1,77 422,810 3,499 1,064 2,519 1,190 6,400 1,303 7,154 200 3,163 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 6,485 2,895 784 3,833 4,438 2,078 2,187	X X X X X X X X X X X	2,500 4,097 846 3,311 975 2,591 3,490 2,914 3,736 2,390 1,041 200 99 4,682 460 652 6,485 2,895 784 3,833 4,438	5 HY 150DB 7 HY 150DB 5 HY 150DB 6 HY 150DB 7 HY 150DB 7 HY 150DB 8 HY 150DB 9 HY 150DB 15 HY 150DB 15 HY 150DB 16 HY 150DB 17 HY 200DB 18 HY 150DB 19 HY 200DB 10 HY 200DB 11 HY 200DB 12 HY 200DB 13 HY 200DB 14 HY 200DB 15 HY 150DB 16 HY 150DB 17 HY 200DB 18 HY 150DB 19 HY 200DB 10 HY 200DB 11 HY 200DB 12 HY 150DB 13 HY 150DB 14 HY 150DB 15 HY 150DB 16 HY 150DB 17 HY 200DB 18 HY 150DB 19 HY 200DB	336 370 7,032 311 2,270 520 4,56 2,480 2,211 2,017 280 300 70 620 419 1,77 128,164 3,499 1,064 2,519 1,190 6,400 1,303 7,154 200 190 902 245 1,615 5,456 21,946 38,660 17,719 14,070 3,378 1,688 4,097 4,674 2,083 400 1,903 3,311 1,393 3,701 4,643 5,828 7,577 6,971 4,674 2,083 400 194 7,013 920 652 6,485 2,895 640 1,948 1,	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0

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AMT Asset Report

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,141	Description COPIER & COMPUTERS PODIUM 121 EAST -HVAC ZONE SYSTEM COMPUTER LAPTOPS CAMERA & ACCESSORIES LAWN MOWER PRINTERS & COMPUTER EQUIP TELEPHONE SYSTEM HVAC - 120 EAST 121 EAST ROOF 122 EAST ROOF	Date In Service 9/18/06 6/01/06 6/08/06 4/07/07 6/23/07 11/28/07 7/07/07 2/13/08 4/21/09 12/31/10 12/31/10	4,690 1,360 3,150 1,634 1,319 1,178 1,014 677 600 11,450 15,600 3,120	Bus %	Sec 179Bonus X X	Basis for Depr 4,690 1,360 3,150 1,634 1,319 1,178 1,014 677 300 5,725 15,600 3,120	7 HY 150DB 15 HY 150DB 5 HY 150DB 5 HY 150DB 7 HY 150DB 7 HY 150DB 5 HY 150DB 5 HY 200DB 15 HY S/L 39 MM S/L	Prior 4,299 943 1,187 1,226 989 884 579 508 514 6,298 17 3	Current 391 167 196 272 220 196 124 112 34 381 400 80
57 76 77 80 81 91 95 97 99 106 107 108 120 122	Depreciation: LAND 115 EAST AVE - HOUSE LAND - 115 EAST AVE HOUSE 120 EAST IMPROVEMENTS 121 EAST AVE IMPROVEMENTS 121 IMPROVEMENTS 120 EAST AVE IMPROVEMENTS 122 EAST AVE HOUSE 122 EAST AVE HOUSE 124 EAST IMPROVEMENTS 125 EAST IMPROVEMENTS 126 EAST IMPROVEMENTS 127 EAST IMPROVEMENTS 128 EAST IMPROVEMENTS 129 EAST IMPROVEMENTS 140 EAST IMPROVEMENTS 150 EAST - GUTTERGUARDS 150 EAST - ADD WALL 1150 EAST - ADD WALL 1150 EAST - WINDOWS	11/23/98 4/05/00 4/05/00 6/01/00 6/01/00 4/09/01 12/18/02 9/26/02 6/30/03 6/30/03 6/30/03 12/31/05 9/26/05 8/15/06 6/06/06 2/17/07 6/27/07 11/04/08	703,538 0 0 0 0 0 0 0 0 0 0 0 0 0		•	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 HY 0 HY 0 HY 0 HY 0 HY 0 HY 0 HY 0 HY	365,829 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	15,305 0 0 0 0 0 0 0 0 0 0 0 0 0
	Total Other Depreciation Total ACRS and Other Depre	ciation	0			0		0	0
	Grand Totals Less: Dispositions and Transfe Net Grand Totals	èrs	720,734 0 720,734			675,180 0 675,180		365,829 0 365,829	32,501 0 32,501

201010 UNITED METHODIST RENEWAL SERVICES
58-1322015 Bonus Depreciation Report

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Asset Property Description	Date In Service	Tax Cost	Bus Pct	Tax Sec 179 Exp	Current Bonus	Prior Bonus	Tax - Basis for Depr
Activity: Form 990, Page 1							
93 122 EAST AVE FURNISHINGS 96 120 EAST HVAC 101 WATER HEATER - 120 EAST 104 121 EQUIPMENT 105 122 EAST - FURNISHINGS & APPLIANCE 109 COMPUTER EQUIPMENT 110 RECORDING EQUIPMENT 111 LAPTOPS 112 VOICE MAIL 113 RECLINER 114 121 EAST LANDSCAPING 115 DVD & CD RECORDERS 141 TELEPHONE SYSTEM 142 HVAC - 120 EAST 145 121 EAST SOUND SYSTEM 146 LAPTOP 147 COMPUTERS 148 LAPTOP	11/15/02 12/19/02 6/30/02 6/30/03 6/30/03 9/22/03 3/01/04 1/30/04 4/05/04 4/05/04 8/17/04 8/31/04 2/13/08 4/21/09 2/15/11 1/13/11 7/21/11 12/07/11	1,393 3,701 4,986 5,828 7,577 7,471 4,780 2,083 400 198 9,363 920 600 11,450 2,445 3,921 8,076 2,754 77,946		0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 2,445 3,921 8,076 2,754	418 1,110 1,496 2,914 3,788 3,735 2,390 1,042 200 99 4,681 460 300 5,725 0 0 0 28,358	975 2,591 3,490 2,914 3,789 3,736 2,390 1,041 200 99 4,682 460 300 5,725 0 0 0 32,392
Gr	and Total	77,946		0	17,196	28,358	32,392

58-1322015

Depreciation Adjustment Report All Business Activities

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Form	Linit	Assat	Description	Tax	AMT	AMT Adjustments/
Form	Om	<u>Asset</u>	Description	I dx	AWI	<u>Preferences</u>
MACI	RS Adj	ustments	<u>:</u>			
Page 1	1	3	BOOKCASES	0	0	<u>o</u>
Page 1	1	9 11	PROJECTORS OTHER FULLY DEPR	0	0	0
Page 1 Page 1	1	27	PRAYER ROOM TABLE	0	0	0
Page I	î	43	PAGING SYSTEM	ŏ	ő	ŏ
Page 1	1	44	FAX	0	0	0
Page 1	1	45	DESKJET PRINTER	0	0	0
Page 1 Page 1	1	47 48	COMPUTER COMPUTER TOSH	0	0	0
Page 1	î	49	COMPUTER GATEWAY	ő	Ŏ	ő
Page 1	1	50	BACKUP	Ō	0	0
Page 1	1	51	PRINTER	0	0	0
Page 1	1	52 53	PRINTER HUTCH	0	0 0	0
Page 1 Page 1	1	54	DESK	0	0	0
Page 1	ī	55	CHAIR	ŏ	ŏ	ŏ
Page 1	1	56	STORAGE RACK	0	0	0
Page 1	1	58 50	BUILDING	10,841	10,571	270
Page 1 Page 1	1	59 60	COMPUTER MUSIC EQUIPMENT	0	0	0
Page 1	1	61	COMPUTER	0	0	0
Page 1	ī	62	COMPUTER	Ŏ	Ō	Ō
Page 1	1	67	PIANO	0	0	0
Page 1 Page 1	1 1	68 69	FURNITURE LAPTOP COMPUTERS	0	0	0
Page 1	1	70	PRINTER	0	0	0
Page 1	Ī	71	BREWER	Ō	0	ŏ
Page 1	1	72	IMPROVEMENTS	81	81	0
Page 1	1	73 78	SMOKE DETECTORS 115 EAST - PAVING	0 130	0 130	0
Page 1 Page 1	1	79 79	115 EAST - PAVING 115 EAST HOUSE - PAINT & FLOOR	150	0	0
Page 1	î	82	115 EAST FURNISHINGS	ŏ	ŏ	ő
Page 1	1	83	FURNISHINGS	0	0	0
Page 1	1	84 85	COMPUTERS & NETWORK	0	0	0
Page 1 Page 1	1	86	VIDEO EQUIPMENT 121 PAVING	296	296	0 0
Page 1	ĩ	87	120 PAVING	148	148	ŏ
Page 1	1	88	120 FURNISHINGS	0	0	0
Page 1	1	89 90	121 TABLES, ETC	0	0 0	0
Page 1 Page 1	1	90 93	121 OFFICE EQUIPMENT 122 EAST AVE FURNISHINGS	0	0	0
Page 1	î	96	120 EAST HVAC	Ō	Ō	0
Page 1	1	101	WATER HEATER - 120 EAST	221	229	-8
Page 1	1	104	121 EQUIPMENT	0	0	0
Page 1 Page 1	1 1	105 109	122 EAST - FURNISHINGS & APPLIANCES COMPUTER EQUIPMENT	0	0	0
Page 1	ì	110	RECORDING EQUIPMENT	106	106	0
Page 1	1	111	LAPTOPS	0	0	0
Page 1	1	112	VOICE MAIL	0	0	0
Page 1 Page 1	1 1	113 114	RECLINER 121 EAST LANDSCAPING	4 277	4 277	0 0
Page 1	1	115	DVD & CD RECORDERS	0	0	0
Page 1	1	116	REFRIGERATOR	0	ŏ	ŏ
Page 1	1	117	COMPUTER EQUIPMENT - 121 EAST	0	0	0
Page 1 Page 1	1 1	118 119	PAGERS - 121 EAST EQUIP & FURN - 121 EAST	0 70	0 . 96	0 -26
Page 1	1	121	115 EAST - HVAC	226	226	-26 0
Page 1	1	123	121 EAST - HVAC	263	263	ő
Page 1	1	124	122 EAST - HVAC	123	123	0
Page 1 Page 1	1 1	126 127	COMPUTER & MUSIC EQUIPMENT COPIER & COMPUTERS	126 270	182 391	-56
Page 1	1	129	PODIUM	122	167	-121 -45
Page 1	1	131	121 EAST -HVAC ZONE SYSTEM	196	196	0
Page 1	1	134	COMPUTER	188	272	-84
Page 1	1	135 136	LAPTOPS CAMERA & ACCESSORIES	152 136	220	-68
Page 1	1	100	CAMERA & ACCESSORIES	130	196	-60

201010 UNITED METHODIST RENEWAL SERVICES
58-1322015 **Depreciation Adjustment Report**

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FYE: 12/31/2011

All Business Activities

<u>Form</u>	<u>Unit</u>	Asset	Description	Tax	AMT	AMT Adjustments/ Preferences
Page 1	1	137	LAWN MOWER	91	124	-33
Page 1	1	138	PRINTERS & COMPUTER EQUIP	78	112	-34
Page 1	1	141	TELEPHONE SYSTEM	69	34	35
Page 1	1	142	HVAC - 120 EAST	490	381	109
Page 1	1	143	121 EAST ROOF	400	400	0
Page 1	1	144	122 EAST ROOF	80	80	0
Page 1	1	145	121 EAST SOUND SYSTEM	2,445	2,445	Ō
Page 1	1	146	LAPTOP	3,921	3,921	Ö
Page 1	1	147	COMPUTERS	8,076	8,076	Ō
Page 1	1	148	LAPTOP	2,754	2,754	0
				32,380	32,501	-121

201010 UNITED METHODIST RENEWAL SERVICES 06/ 58-1322015 **Future Depreciation Report FYE: 12/31/12**

FYE: 12/31/2011

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<u></u>						
		Date In				
<u>Asset</u>	Description	Service	Cost	<u>Tax</u>	AMT	
Prior M	MACRS:					
3	BOOKCASES	2/16/94	336	o o	0	
9 11	PROJECTORS OTHER FULLY DEPR	1/07/93	370	0	0	
11 27	OTHER FULLY DEPR PRAYER ROOM TABLE	2/19/93 12/31/94	7,032 311	0	0 0	
43	PAGING SYSTEM	7/23/96	2,270	Ō	0	
44 45	FAX DESKJET PRINTER	6/06/96 8/31/96	520 456	0 0	0 0	
45 47	COMPUTER	6/06/97	430 2,480	0	0	
48	COMPUTER TOSH	8/01/97	2,211	Ō	0	
49 50	COMPUTER GATEWAY BACKUP	10/23/97 10/29/97	2,017 280	0 0	0	
51	PRINTER	8/29/97	280	0	0	
52	PRINTER	6/30/97	300	0	0	
53 54	HUTCH DESK	6/30/97 4/30/97	70 620	0	0 0	
55	CHAIR	4/30/97	419	0	0	
56	STORAGE RACK	1/22/97	177	0	0	
58 59	BUILDING COMPUTER	11/23/98 10/23/98	422,810 3,499	10,841 0	10,570 0	
60	MUSIC EQUIPMENT	12/22/99	1,064	0	0	
61	COMPUTER	12/22/99	2,519	0	0	
62 67	COMPUTER PIANO	8/03/99 11/01/99	1,190 6,400	0 0	0 0	
68	FURNITURE	11/10/99	1,303	0	0	
69	LAPTOP COMPUTERS	11/19/99	7,154	0	0	
70 71	PRINTER BREWER	12/01/99 10/21/99	200 190	0 0	0	
72	IMPROVEMENTS	11/22/99	3,163	81	81	
73	SMOKE DETECTORS	12/22/99	245	0	0	
78 79	115 EAST - PAVING 115 EAST HOUSE - PAINT & FLOOR	7/12/00 5/10/00	2,200 5,456	130 0	130 0	
82	115 EAST FURNISHINGS	6/01/00	21,946	0	0	
83	FURNISHINGS	6/01/00	38,660	0	0	
84 85	COMPUTERS & NETWORK VIDEO EQUIPMENT	6/01/00 6/01/00	17,719 14,070	0	0 0	
86	121 PAVING	4/20/01	5,003	295	295	
87	120 PAVING	4/20/01	2,500	147	147	
88 89	120 FURNISHINGS 121 TABLES, ETC	4/20/01 5/16/01	4,097 846	0 0	0 0	
90	121 OFFICE EQUIPMENT	8/23/01	3,311	. 0	0	
93	122 EAST AVE FURNISHINGS	11/15/02	1,393	0	0	
96 101	120 EAST HVAC WATER HEATER - 120 EAST	12/19/02 6/30/02	3,701 4,986	0 110	0 114	
104	121 EQUIPMENT	6/30/03	5,828	0	0	
105	122 EAST - FURNISHINGS & APPLIANCES	6/30/03	7,577	0	0	
109 110	COMPUTER EQUIPMENT RECORDING EQUIPMENT	9/22/03 3/01/04	7,471 4,780	0	0	
111	RECORDING EQUIPMENT LAPTOPS	1/30/04	2,083	0	0	
112 113	VOICE MAIL RECLINER	4/05/04	400	0	0	
113	121 EAST LANDSCAPING	4/05/04 8/17/04	198 9,363	0 276	0 276	
115	DVD & CD RECORDERS	8/31/04	920	0	0	
116	REPRIGERATOR	2/23/05	652 6.485	0	0	
117 118	COMPUTER EQUIPMENT - 121 EAST PAGERS - 121 EAST	6/18/05 5/31/05	6,485 2,895	0 0	0 0	
. 119	EQUIP & FURN - 121 EAST	7/25/05	784	35	48	
121 123	115 EAST - HVAC 121 EAST - HVAC	1/26/05	3,833	226 262	226	
123	121 EAST - HVAC 122 EAST - HVAC	12/14/05 6/23/05	4,438 2,078	262 123	262 123	
126	COMPUTER & MUSIC EQUIPMENT	7/31/06	2,187	0	0	
127	COPIER & COMPUTERS E TAPESTRY	9/18/06	4,690	0	0	
128 129	PODIUM	8/15/06 6/01/06	8,501 1,360	0 121	0 166	
131		6/08/06 4/07/07	3,150	186	186	
134	COMPUTER		1,634	94	136	
135 136	LAPTOPS CAMERA & ACCESSORIES	6/23/07 11/28/07	1,319 1,178	76 68	110 98	
	W. W. M.	11/20.0.	.,		, ,	

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Future Depreciation Report

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FYE: 12/31/12

Date In Description Asset Service Cost Tax **AMT** 137 LAWN MOWER 11/28/07 1,014 90 125 57 35 PRINTERS & COMPUTER EQUIP 138 7/07/07 677 39 141 TELEPHONE SYSTEM 2/13/08 600 69 142 HVAC - 120 EAST 4/21/09 11,450 440 382 121 EAST ROOF 15,600 143 12/31/10 400 400 144 122 EAST ROOF 3,120 80 12/31/10 80 121 EAST SOUND SYSTEM 145 2/15/11 2,445 0 0 3,921 146 LAPTOP 1/13/11 0 0 147 **COMPUTERS** 7/21/11 8,076 0 0 148 LAPTOP 12/07/11 2,754 0 0 729,235 14,189 14,047 Other Depreciation: LAND 11/23/98 246,451 76 115 EAST AVE - HOUSE 4/05/00 3,097 85,141 0 77 LAND - 115 EAST AVE HOUSE 4/05/00 20,000 0 0 80 120 EAST IMPROVEMENTS 6/01/00 3,156 0 491,968 81 121 EAST AVE IMPROVEMENTS 6/01/00 12,615 0 91 121 IMPROVEMENTS 4/09/01 2,831 73 95 120 EAST AVE IMPROVEMENTS 12/18/02 25,699 659 0 97 122 EAST AVE HOUSE 85,097 9/26/02 2,182 99 122 EAST AVE - LAND 9/26/02 20,000 0 0 120 EAST IMPROVEMENTS 106 2,725 6/30/03 106,266 0 107 121 EAST IMPROVEMENTS 6/30/03 8,369 214 0 108 122 EAST IMPROVEMENTS 6/30/03 6,976 254 0 120 SOFTWARE - 121 EAST 12/31/05 4,623 0 0 122 115 EAST - GUTTERGUARDS 9/26/05 2,500 91 0 130 120 EAST IMPROVEMENTS 6/06/06 283 11,062 0 133 120 EAST - ADD WALL 2/17/07 2,613 67 0 139 115 EAST ROOF 6/27/07 4,226 154 0 140 115 EAST - WINDOWS 4,200 11/04/08 153 0 **Total Other Depreciation** 22,648 1,131,178 0 **Total ACRS and Other Depreciation** 1,131,178 22,648 0 **Grand Totals** 1,860,413 36,837 14,047

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TN Future Depreciation Report FYE: 12/31/12

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Date In Asset Description Service Cost TN **Prior MACRS: BOOKCASES** 2/16/94 336 **PROJECTORS** 1/07/93 370 2/19/93 OTHER FULLY DEPR 7,032 11 27 PRAYER ROOM TABLE 12/31/94 311 2,270 43 PAGING SYSTEM 7/23/96 44 FAX 6/06/96 520 DESKJET PRINTER 45 8/31/96 456 COMPUTER 47 6/06/97 2,480 COMPUTER TOSH 8/01/97 2,211 2,017 49 COMPUTER GATEWAY 10/23/97 50 BACKUP 10/29/97 280 51 PRINTER 8/29/97 280 52 6/30/97 0 PRINTER 300 53 HUTCH 6/30/97 70 0 54 DESK 4/30/97 620 55 **CHAIR** 4/30/97 419 0 56 STORAGE RACK 1/22/97 177 58 11/23/98 422,810 10.841 BUILDING 59 COMPUTER 10/23/98 3,499 0 60 MUSIC EOUIPMENT 12/22/99 1,064 COMPUTÈR 61 12/22/99 2,519 62 **COMPUTER** 8/03/99 1,190 11/01/99 6,400 67 0 PIANO 68 **FURNITURE** 11/10/99 1,303 0 69 LAPTOP COMPUTERS 11/19/99 0 7,154 70 71 72 PRINTER 12/01/99 200 **BREWER** 0 10/21/99 190 **IMPROVEMENTS** 81 11/22/99 3,163 73 SMOKE DETECTORS 12/22/99 245 0 78 79 115 EAST - PAVING 7/12/00 2,200 130 115 EAST HOUSE - PAINT & FLOOR 5/10/00 5,456 0 115 EAST FURNISHINGS 6/01/00 21,946 83 **FURNISHINGS** 6/01/00 38,660 O 84 COMPUTERS & NETWORK 6/01/00 17,719 0 85 VIDEO EQUIPMENT 6/01/00 14,070 0 86 121 PAVING 4/20/01 295 5,003 87 120 PAVING 4/20/01 2,500 147 88 120 FURNISHINGS 4/20/01 4,097 0 89 121 TABLES, ETC 5/16/01 846 0 90 121 OFFICE ÉQUIPMENT 8/23/01 3,311 0 93 122 EAST AVE FURNISHINGS 11/15/02 1,393 0 96 120 EAST HVAC 12/19/02 3.701 WATER HEATER - 120 EAST 101 6/30/02 4,986 110 104 121 EQUIPMENT 6/30/03 5,828 0 122 EAST - FURNISHINGS & APPLIANCES 105 7,577 6/30/03 n COMPUTER EQUIPMENT 109 9/22/03 7,471 110 RECORDING EQUIPMENT 3/01/04 4,780 0 LAPTOPS 111 1/30/04 2,083 0 112 VOICE MAIL 4/05/04 400 0 113 RECLINER 4/05/04 198 0 121 EAST LANDSCAPING 114 8/17/04 9,363 276 115 DVD & CD RECORDERS 8/31/04 920 0 REFRIGERATOR 116 2/23/05 652 0 **COMPUTER EQUIPMENT - 121 EAST** 117 6/18/05 6.485 0 118 PAGERS - 121 ÈAST 2,895 5/31/05 0 EQUIP & FURN - 121 EAST 119 7/25/05 784 35 115 EAST - HVAC 121 EAST - HVAC 121 1/26/05 3,833 226 123 12/14/05 4,438 262 124 122 EAST - HVAC 6/23/05 2,078 123 126 COMPUTER & MUSIC EQUIPMENT 7/31/06 2,187 0 127 **COPIER & COMPUTERS** 9/18/06 4,690 0 128 E TAPESTRY 8/15/06 8,501 O 129 **PODIUM** 6/01/06 1,360 121 3,150 131 121 EAST -HVAC ZONE SYSTEM 6/08/06 186 COMPUTER 134 4/07/07 1,634 94 135 **LAPTOPS** 76 6/23/07 1,319 CAMERA & ACCESSORIES 136 11/28/07 1,178

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TN Future Depreciation Report FYE: 12/31/12

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Asset	Description	Date In Service	Cost	TN
137	LAWN MOWER	11/28/07	1,014	90
138	PRINTERS & COMPUTER EQUIP	7/07/07	677	39
141	TELEPHONE SYSTEM	2/13/08	600	69
142	HVAC - 120 EAST	4/21/09	11,450	764
143	121 EAST ROOF	12/31/10	15,600	400
.44	122 EAST ROOF	12/31/10	3,120	80
145	121 EAST SOUND SYSTEM	2/15/11	2,445	782
146	LAPTOP	1/13/11	3,921	1,255
147	COMPUTERS	7/21/11	8,076	2,584
148	LAPTOP	12/07/11	2,754	881
			729,235	20,015
Other I	Depreciation:			
Other 1				
57	LAND	11/23/98	246,451	0
76	115 EAST AVE - HOUSE	4/05/00	85,141	3,097
77	LAND - 115 EAST AVE HOUSE	4/05/00	20,000	0
80	120 EAST IMPROVEMENTS	6/01/00	3,156	81
81	121 EAST AVE IMPROVEMENTS	6/01/00	491,968	12,615
91	121 IMPROVEMENTS	4/09/01	2,831	73
95	120 EAST AVE IMPROVEMENTS	12/18/02	25,699	659
97	122 EAST AVE HOUSE	9/26/02	85,097	2,182
99	122 EAST AVE - LAND	9/26/02	20,000	0
106	120 EAST IMPROVEMENTS	6/30/03	106,266	2,725
107	121 EAST IMPROVEMENTS	6/30/03	8,369	214
108 120	122 EAST IMPROVEMENTS SOFTWARE - 121 EAST	6/30/03	6,976	254
120	115 EAST - GUTTERGUARDS	12/31/05 9/26/05	4,623	0 91
130	120 EAST IMPROVEMENTS	9/26/05 6/06/06	2,500	283
133	120 EAST IMPROVEMENTS 120 EAST - ADD WALL	2/17/07	11,062 2,613	263 67
139	115 EAST ROOF	6/27/07	4,226	154
140	115 EAST - WINDOWS	11/04/08	4,200	153
170		11/04/00	***************************************	
	Total Other Depreciation		1,131,178	22,648
	Total ACRS and Other Depreciation		1,131,178	22,648
	Grand Totals		1,860,413	42,663