990

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.

Open to Public Inspection

OMB No. 1545-0047

Α	For the	2005 caler	ndar year,	or tax year beginning	, and ending						
В							1		identification		
	Address	ess change use IRS United Methodist Renewal Services							<u> 58-13</u>	322015	i
Ħ	Name ch		print or	Fellowship, Inc.	•			E	Telephone	number	
$\vdash$		type. Number and street (or P.O. box if mail is not delivered to street address) Room/suite							<u>615-8</u>	351-91	.92
	Initial reti	urn	See	PO Box 1205				<u> </u>	Accountin	g method:	Casi
	Finai retu	ntu	Specific -	City or town, state or country, and ZIP	) + 4			X,	Accruai	Other (	(specify)
X	Amended	d return	tions.	Goodlettsville	TN 3707	0		<b>&gt;</b>			
$\overline{\Box}$	Application	on pending	∗ Sec	tion 501(c)(3) organizations and 4947(a	a)(1) nonexempt charitable	H and	are not applicable to sec	tion 527	organizatio	on <u>s. i</u>	
ш	Application	ch pending	trus	ts must attach a completed Schedule	A (Form 990 or 990-EZ).	H(a)	Is this a group return fo	r affiliate	s?	Yes	X No
G	Website	e: > ww	w.alde	rsgaterenewal.org		H(b)	If "Yes," enter number of	of affiliate	es 🕨		
J	Organia	zation type	)			H(c)	Are all affiliates included	1?		Yes	No
•		only one)		01(c) ( 3 ) < (insert no.)	4947(a)(1) or 527	'	(If "No," attach a list. Se	e instr.)			_
			7			H(d)	Is this a separate return	filed by	an		
٨	Check he	-	_	ganization's gross receipts are normally not		` ′	organization covered by	-		Yes	□ No
				with the IRS; but if the organization choos	es to me a return, se	1	Group Exemption N	umber	>		
	sure to fi	ile a complete	return. Soi	me states require a complete return.		М	Check ► X if th			not requir	ed
1.	Gross r	eceipts: Ad	d lines 6b.	8b, 9b, and 10b to line 12	1,075,843	T I	to attach Sch. B (Fo	_			
Ē	art I			cpenses, and Changes in No	et Assets or Fund B	alance				-	
15.23	1			grants, and similar amounts received:							
	1		-		I	1a	700,33	3			
	a					1b	11				
	b	indirect pu	iblic suppo	nt				-	<u></u>		
	С	Governme	ent contribu	utions (grants) hrough 1c) (cash S 70	l	1c	115 .			700	110
	d						115 )	10			,448
	2	Program s	service rev	renue including government fees and				2	<del></del>	<u> </u>	,036
	3		•					3			000
	4			and temporary cash investments				4	- <del></del>		,083
	5	Dividends	and intere	st from securities				. 5		7.8	,249
	6a	Gross reni	ts			6a		_			
	b	Less: rent	al expense	es	, , , , ,	6b		_			
	С			(loss) (subtract line 6b from line 6a)				60	:		
_	. 7	Other inve	stment inc	come (describe > See State	ement 1 )			7		140	,658
Revenue	8a	Gross am	ount from	saies of assets other	(A) Securities		(B) Other				
ve		than inven	ntorv			8a					
å	b			pasis and sales expenses		8b					
	c			h schedule)		3c					
	d			ombine line 8c, columns (A) and (B))				80	1		
	9			activities (attach schedule). If any amo				-			
		•				K Hele P					
	а			including \$	·	ا ء ا					
			•			9a		_			
	ь			es other than fundraising expenses		9b			21		
	С			from special events (subtract line 9b				90			
	10a			tory, less returns and allowances		10a		-			
	þ		of goods	• • · · · · · · · · · · · · · · · · · ·		10b			38		
	C			from sales of inventory (attach sche				- 1			2.50
	11	Other reve	enue (from	Part VII, line 103)				. 11			,369
	12	Total reve	enue (add	lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c,	and 11)		<u> </u>	12		1,075	
	13	Program s	services (fr	om line 44, column (B))				. 13	<del></del>		.,298
Expenses	14	Managem	ent and ge	eneral (from line 44, column (C))				. 14	<u> </u>		,919
je ij	15	Fundraisir	ng (from lin	ne 44, column (D))				15	<u>;                                    </u>	<u> </u>	,403
EXE	16	Payments	to affiliate	s (attach schedule)				16	<u>i                                    </u>		
_	17			d lines 16 and 44, column (A))				17	,	1,087	,620
ts	18			or the year (subtract line 17 from line				18	3		.,777
SSe	19			alances at beginning of year (from lin					,	2,297	763
Not Assets	20			t assets or fund balances (attach exp	1			1 20	)_ [		
Ž	21		•	alances at end of year (combine lines				21		2,285	,986

Part II Statement of All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4)

_	Functional Expenses organizations a	nd secti	on 4947(a)(1) nonexem	pt charitable trusts but	optional for others. (Se	e the instructions.)
	Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule)  (casn \$ 596 cash \$ )  If this amount includes foreign grants, check here	22	596	596		
23	Specific assistance to individuals (attach schedule)	23				
24	Benefits paid to or for members (attach					
	schedule) Stmt 2	24	3,199	3,199		
25	Compensation of officers, directors, etc.	25	98,000	34,300	49,000	14,700
	Other salaries and wages	26	245,412	147,985	63,452	33,975
27	Pension plan contributions	27	33,223	17,091	10,566	5,566
28	Other employee benefits	28	62,204	33,018	20,369	8,817
29	Payroll taxes	29	16,834	9,063	5,236	2,535
30	Professional functaising fees	30				
31	Accounting fees	31	7,000	3,500	3,500	
32	Legal fees	32	2,036		2,036	
33	Supplies	33	13,242	13,242		
34	Telephone	34	7,078	7,078		
35	Postage and shipping	35	24,437	15,884	3,421	5,132
	Occupancy	36	44,974	9,101	35,873	
37	Equipment rental and maintenance	37	6,142		6,142	-
38	Printing and publications	38	23,163	15,056	3,243	4,864
	Travel	39	61,585	61,585		
40	Conferences, conventions, and meetings	40	129,358	129,358		
	interest	41	6,167		6,167	
42	Depreciation, depletion, etc. (attach schedule)	42	54,965		54,965	
43	Other expenses not covered above (itemize):				1	
a	See Statement 3	43a	248,005	221,242	22,949	3,814
b		43b				
С		43c				
d		43d				
е		43e				
f		43f				
g		43g				
44	Total functional expenses. Add lines 22 through 43. (Organizations completing columns (B)-(D), carry these totals to lines					
	13-15)	44	1,087,620	721,298	286,919	79,403
Are	int Costs. Check if you are following SOP 98-2. e any joint costs from a combined educational campaign and f		ing solicitation reported ; (ii) the amoun			Yes X No

Joint Costs. Check 🕨 🔛 if you are following SOP 98-2.				
Are any joint costs from a combined educational campaign and fundraising s	olicitation reported in (B) Program services?	Yes	X N	40
If "Yes, ' enter (i) the aggregate amount of these joint costs \$	; (ii) the amount allocated to Program services \$		;	
(iii) the amount allocated to Management and general \$	and (iv) the amount allocated to Fundraising S			

Form'990 (2005) United Methodist Renewal Services 58-1322015 Page 3 Statement of Program Service Accomplishments (See the instructions.) Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments. What is the organization's primary exempt purpose? Program Service ➤ Religious Organization/Church Expenses (Required for 501(c)(3) & All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number (4) orgs., & 4947(a)(1) of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) trusts: but optional for organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.) others.) Ministry/Church leadership training, support and planning for conferences devoted to christian education. (Grants and allocations If this amount includes foreign grants, check here 686,346 Stewardship Development 33,018 (Grants and allocations If this amount includes foreign grants, check here

Form 990 (2005)

(Grants and allocations

(Grants and allocations

(Grants and allocations

e Other program services (attach schedule)

596 )

Total of Program Service Expenses (should equal line 44, column (B), Program services)

d

Р	art IV	Balance Sheets (See the instructions.	)				
	Note:	Where required, attached schedules and amounts with column should be for end-of-year amounts only.	nin the d	escription	(A) Beginning of year		(B) End of year
	45	Cash-non-interest-bearing			30,984	45	112,117
	46	Savings and temporary cash investments				46	
	47a	Accounts receivable	47a				
	b	Less: allowance for doubtful accounts	47b			47c	
	48a	Pledges receivable	48a	50,000			
	b	Less: allowance for doubtful accounts	48b		91,080		50,000
	49	Grants receivable	<b>.</b>			49	
	50	Receivables from officers, directors, trustees, and key	employe	ees			
		(attach schedule)				50	
	51a	Other notes and loans receivable (attach	,				
		schedule)					
Assets	b	Less: allowance for doubtful accounts		· ·	62 000	51c	
Ass	52	Inventories for sale or use			63,975		55,585
·	53	Prepaid expenses and deferred charges				53	
	54	investments-securities		Cost FMV		54	
	55a	Investments-land, buildings, and	,	,			
		equipment: basis	55a				
	b	Less: accumulated depreciation (attach	1				
		schedule)	55b	2 - 2t - 1	7 216	55c	7,316
	56	investments-other (attach schedule)	- 1	See Stmt 4	7,316	56	7,310
		Land, buildings, and equipment: basis	57a	1,917,361			
	b	Less: accumulated depreciation (attach	l	395,926	1,543,217	-7-	1,521,435
		schedule)	57b	393,920	732,408		595,827
	58	Other assets (describe > See Statemen	7327100	36	330,02.		
		Total assets (must equal line 74). Add lines 45 throug	h 68		2,468,980	59	2,342,280
	59				11,557	60	2,944
	60	Accounts payable and accrued expenses				61	
	61 62	Grants payable				62	
	63	Deferred revenue  Loans from officers, directors, trustees, and key emplo	vees (a	tach			
-iabilities	03					63	
E	64a	schedule) Tax-exempt bond liabilities (attach schedule)				64a	
Ľ.	b	Mortgages and other notes payable (attach schedule)		See Worksheet	90,250	64b	
	65	Other liabilities (describe > See Stateme	nt 6	)	69,410	65	53,350
	"	Carlot machinise (accessed to the property of					
	66	Total liabilities, Add lines 60 through 65			171,217	66	56,294
	Orga	nizations that follow SFAS 117, check here 🕨 🗓	and con	nplete lines			
		67 through 69 and lines 73 and 74.					
S	67	Unrestricted			1,457,548		1,542,242
ü	68	Temporarily restricted			110,530		149,861
sala	69	Permanently restricted			729,685	69	593,883
d E	Orga	Permanently restricted	▶ ∐	and			
Ŧ		complete lines 70 through 74.					
9	70					70	
sets	71	Paid-in or capital surplus, or land, building, and equipment			<del></del>	71	
Ass	72	Retained earnings, endowment, accumulated income,				72	
Net Assets or Fund Balances	73	Total net assets or fund balances (add lines 67 thro	ugh 69 (	or lines			
	1	70 through 72;	il line 24	,	2,297,763	73	2,285,986
	i	column (A) must equal line 19; column (B) must equal Total liabilities and net assets/fund balances. Add	ii iiiie 21 Iines se	and 73	2,468,980		2,342,280
	74	total habilities and net assets/fund balances. Add	11103 00	und (O		1	

United Methodist Renewal Services 58-1322015 Page 5 Reconciliation of Revenue per Audited Financial Statements With Revenue per Return (See the instructions.) Total revenue, gains, and other support per audited financial statements 1,075,843 Amounts included on line a but not on Part I, line 12: 1 Net unrealized gains on investments Donated services and use of facilities b2 3 Recoveries of prior year grants b3 4 Other (specify): Add lines b1 through b4 Subtract line b from line a 1,075,843 Amounts included on Part I, line 12, but not on line a: Investment expenses not included on Part I, line 6b d2 Add lines d1 and d2 d Total revenue (Part I, line 12). Add lines c and d 1,075,843 Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return Total expenses and losses per audited financial statements 1,087,620 Amounts included on line a but not Part I, line 17: 1 Donated services and use of facilities 2 Prior year adjustments reported on Part I, line 20 3 Losses reported on Part I, line 20 **b**3 Other (specify): Add lines b1 through b4 b 1,087,620 Subtract line b from line a Amounts included on Part I, line 17, but not on line a: 1 investment expenses not included on Part I, line 6b 2 Other (specify): Add lines d1 and d2 Total expenses (Part I, line 17), Add lines c and d 1,087,620

Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, Part V-A or key employee at any time during the year even if they were not compensated.) (See the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0)	(D) Contrib. to employee benefit plans & deferred compensation plans	(E) Expense account and other sillowances
See Statement 7				

	n 990 (2005) United Methodist Renewal S		3-1322015			F	Page 6
	art V-A Current Officers, Directors, Trustees, and				booxoxio	Yes	No
75a	Enter the total number of officers, directors, and trustees permitted to meetings	o vote on organization bu	siness at board  > 31				
b		990, Part V-A, or highest	compensated				
	employees listed in Schedule A, Part I, or highest compensated profe	essional and other indepe	endent				
	contractors listed in Schedule A, Part II-A or II-B, related to each other	er through family or busin	ess				
	relationships? If "Yes," attach a statement that identifies the individual	als and explains the relation	onship(s)		75b	20. 7 CO.	X
c	Do any officers, directors, trustees, or key employees listed in Form to employees listed in Schedule A, Part I, or highest compensated profecontractors listed in Schedule A, Part II-A or II-B, receive compensate tax exempt or taxable, that are related to this organization through convolve. Related organizations include section 509(a)(3) supporting organizations.	essional and other indepe ion from any other organi ommon supervision or cor	endent zations, whether		75c		х
_ d P;	Former Officers, Directors, Trustees, and (If any former officer, director, trustee, or key employee if the year, list that person below and enter the amount of	nsation arrangements, on.  Key Employees Threceived compensation or	nat Received Co	ompensation or O	75d ther E	X Bene	fits
	instructions.)  (A) Name and address	(B) Loans and Advances	(C) Compensation	(D) Contrib. to employee benefit plans & deterred	accou		other
N/	A			compensation plans	allo	wance	<u>is</u>
P	ort VI Other Information (See the instructions.)		L	<u></u>	1	Yes	No
76	Did the organization engage in any activity not previously reported to	the IRS? If "Yes," attach a	a detailed				
	description of each activity				76		X
77	Were any changes made in the organizing or governing documents b	ut not reported to the IRS	5?		77	3 32 3	X
	If "Yes," attach a conformed copy of the changes.						v
78a	Did the organization have unrelated business gross income of \$1,000				78a 78b		<u>X</u>
b 79	If "Yes." has it filed a tax return on Form 990-T for this year?  Was there a liquidation, dissolution, termination, or substantial contra-	ction during the year? If "			100		
13	a statement			ĺ	79		X
80a	Is the organization related (other than by association with a statewide						
	common membership, governing bodies, trustees, officers, etc., to an	y other exempt or nonexe	_		80a		X
D	in less, enter the name of the organization	and check whether it is	exempt or	nonexempt			
81a	Enter direct and indirect political expenditures. (See line 81 instruction		,				
b	Did the organization file Form 1120-POL for this year?				81b		<u> </u>
DAA					Form	990	(2005)

Form 990 (2005)

Form	990 (2005) United Methodist Renewal Services 58-1322	015		F	age 7
Pa	rt VI Other Information (continued)			Yes	No
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charg	e			
	or at substantially less than fair rental value?		82a		X
b	If "Yes," you may indicate the value of these items here. Do not include this				
	amount as revenue in Part I or as an expense in Part II.	1 1			
	(See instructions in Part III.)	82b	_		İ
83a	Did the organization comply with the public inspection requirements for returns and exemption application	ns?	83a_	X	—
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?			ļ	<del> </del>
84a	Did the organization solicit any contributions or gifts that were not tax deductible?		84a	10000000	X
b	If "Yes." did the organization include with every solicitation an express statement that such contributions	or			
	gifts were not tax deductible?				
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	/-		ļ	├
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		4 85b	100000000000000000000000000000000000000	100000000
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organiza	tion			
	received a waiver for proxy tax owed for the prior year.	1 1			
С	Dues, assessments, and similar amounts from members	85c			
d	Section 162(e) lobbying and political expenditures	85d	-		
е	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	-		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f   NT / 7	_		10000
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		85g	-	<del> </del>
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 8	51		1	
	to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the	N/2	1 055		
	following tax year?		A 85h		<b></b>
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on	l oc - 1			
	line 12	86a	$\dashv$		
b	Gross receipts, included on line 12, for public use of club facilities	86b	$\dashv$		
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders	87a	$\dashv$		
b	•	87b			
20	sources against amounts due or received from them.)	L	-		
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation o				1
	partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7 and 301.7701-3? If "Yes," complete Part IX	701-2	88	04000000000	X
200	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under:				
ОЭА	section 4911   O ; section 4912   O ; section 4955	▶ 0			
ь	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction		.		1000
b	during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attact		Ì	1	
	a statement explaining each transaction		89b		X
r	a statement explaining each transaction  Enter: Amount of tax imposed on the organization managers or disqualified persons during the year				<del></del>
·	sections 4912, 4955, and 4958	>			(
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization	<b>&gt;</b>			
90a	List the states with which a copy of this return is filed  None				
b	Number of employees employed in the pay period that includes March 12, 2005 (See		.,		
		90b			10
91a	instructions.)  The books are in care of ▶ United Methodist Renewal Services	Telephone no.			
	121 East Avenue				
	Located at ▶ Goodlettsville, TN	ZIP+4 ▶ 37072			
b	At any time during the calendar year, did the organization have an interest in or a signature or other auth	ority			
	over a financial account in a foreign country (such as a bank account, securities account, or other financial	ial		Yes	_
	account)?		91b		X
	If "Yes," enter the name of the foreign country		\$50000000000000000000000000000000000000		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Ba	nk			
	and Financial Accounts.				
	At any time during the calendar year, did the organization maintain an office outside of the United States	?	91c		X
С	If "Yes," enter the name of the foreign country				<u>,</u> [
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here and enter the amount of tax-exempt interest received or accrued during the tax year				-
	and enter the amount of tax-exempt interest received or accrued during the tax year	▶  92			

Form 990 (200				·····	-132201	.5		0 , Page
Part VII	<del></del>	ducing Activitie	es (See the	instructions	.)			
Note: Enter gr	oss amounts unless otherwise		Unrelate	d business income	e Exclu	ded by sec. 5	12, 513, or 514	(E) Related or
ndicated			(A) Business code	(B) Amount	(C)	ion A	(D) .mount	exempt function
•	n service revenue:			<u></u>	cod		47 701	income
	<u>es of Merchandise</u> ference Income	<u> </u>		·	25		47,781	
		<del></del>			7		6,459	
	istration				<del></del>		131,796	
d								
e	(A.A. d'artist and a superior	<del></del>						
f Medicare	e/Medicaid payments							
g Fees and	d contracts from government agenc	ies						<del></del>
	ship dues and assessments				14		1,083	
	on savings and temporary cash inve				14		18,249	
	ts and interest from securities				1-3		10,245	
	al income or (loss) from real estate:							
a debt-ina	inced property							
D not debt-	-financed property					<u> </u>		
	al income or (loss) from personal pr			····	25	1	40,658	· · · · · · · · · · · · · · · · · · ·
99 Other inv	vestment income loss) from sales of assets other tha	n invoctor		<del></del>			-40,030	
								<del></del>
01 Net incor	me or (loss) from special events of inventory							
02 Gross pr 03 Other rev								<del></del>
	er Income	•			25	-	879	
	lding Rent				16	<del></del>	28,490	
	raing kent					-	20, 150	
d						-		
04 Subtatal	(add columns (B), (D), and (E))				0		375,395	
					10.60.00		<b>&gt;</b>	375,39
leter Line 105	dd line 104, columns (B), (D), and (B plus line 1d, Part I, should equal th	e amount on line 12	Part I					3,3,33
Part VIII		es to the Accom	nlishment	of Exempt B	Purposes	(See the	instructions	i.)
Line No.	Explain how each activity for whice							
Tille IVO.	of the organization's exempt purpo	oses (other than by p	roviding funds	for such purpos	es).	and to the t		•
N/A	<u> </u>			·				
14/21								
				<del>- ·</del>				
					· <del>·</del>			
Part IX	Information Regarding	Taxable Subsid	liaries and l	Disregarded	Entities	See the	instructions	.)
	(A)	(B)		(C)		(D	)	(E)
	iress, and EIN of corporation, ship, or disregarded entity	Percentage of ownership interes		ature of activitie	es	Total in	come	End-of-year assets
N/A			%					
			%					
			%					
			%					
Part X	Information Regarding	Transfers Asso	ciated with	Personal B	enefit Cor	tracts (S	See the insti	ructions.)
	e organization, during the year, rece							Yes X No
	e organization, during the year, rese							Yes X No
	es" to (b), file Form 8870 and Form			, <b>p</b> = 1 = 1				
Note. ii i	Under penalties of periory. I declare that	at I have examined this r	eturn, including a	ccompanying sche	edules and state	ments, and to	o the best of my k	nowledge
İ	and belief, it is true, correct, and combi	ete. Declaration of prepa	arer (other than of	ficer) is based on	all information	of which prepared	arer has any knov	vledge.
Please	1 Course	Moore					19/2	5/06
Sign	Signature of officer			/			Date	/
Here	L Garvul M	oon Ex	cectiv	le Dire	ector			
	Type or print name and title.							
		7 //	)	ים	ate / /	Check if		reparer's SSN or PTIN
Paid	Preparer's signature		9-1	73A 10	6/20/0	seif- employe		See Gen. Instr. W)
reparer's	- Comment	David Patz	er, P.C	7//	1000/00	- embloke		62-151818
Jse Only	Firm's name (or yours			•				UN 101010.
-		dlettsvill		37072			Phone > 61	.5-851-272
	3331035, and 211 · 4 GOO	TTECTRATTT	C\ TM	J 1 U 1 Z			no. ▶ 0⊥	0 . 1 4 1 4

Use Only

SCHEDULE'A (Form 990 or 990-EZ)

#### Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n),

or 4947(a)(1) Nonexempt Charitable Trust

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Supplementary Information-(See separate instructions.) ▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

Employer identification number Name of the organization United Methodist Renewal Services Fellowship, Inc. 58-1322015 Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees (See page 1 of the instructions. List each one. If there are none, enter "None.") (d) Contrib. to (e) Expense (a) Name and address of each employee paid more (b) Title and average hours empl. ben. plans account & other (c) Comp. than \$50,000 per week devoted to position & deferred comp allowances NONE Total number of other employees paid over \$50,000 Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services (See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.") (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service (c) Compensation NONE Total number of others receiving over \$50,000 for professional services Compensation of the Five Highest Paid Independent Contractors for Other Services Part II-B (List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.) (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service (c) Compensation NONE

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

Total number of other contractors receiving over

\$50,000 for other services

Schedule A (Form 990 or 990-EZ) 2005

Sche	gule A (Form 990 or 990-EZ) 2005 United Methodist Renewal Services 58-1322015		F	ag
P	Statements About Activities (See page 2 of the instructions.)		Yes	٨
1	During the year, has the organization attempted to influence national, state, or local legislation, including any	T		Γ
	attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid			
	or incurred in connection with the lobbying activities > S (Must equal amounts on line 38,			
	Part VI-A, or line i of Part VI-B.)	1		2202
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other			
	organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of			
	the lobbying activities.			
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any			
	substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or			
	with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority			
	owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)			
	transactions.)			
а	Sale. exchange, or leasing of property?	2a	28,8978	i P
a b	Sale, exchange, or leasing of property?  Lending of money or other extension of credit?	2b		_
С	Furnishing of goods, services, or facilities?	2c		
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d		
-				_
е	Transfer of any part of its income or assets?	2e		
a	Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how			
	you determine that recipients qualify to receive payments.)	3a		
b	Do you have a section 403(b) annuity plan for your employees?	36		
С	During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?	3c		
а	Did you maintain any separate account for participating donors where donors have the right to provide advice on			
	the use or distribution of funds?	4a		
b	Do you provide credit counseling, debt management, credit repair, or debt negotiation services?	4b		
6 7 8	A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)  A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).  A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).			
9	A medical research organization operated in conjunction with a hospital. 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. Section 170(b)(1)(A)(iv).  (Also complete the Support Schedule in Part IV-A.)			
1 a	An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)			
1b	A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)			
2	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 charitable, etc., 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). (Also complete the Support Schedule in Part IV-A.)			
3	An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations			
	described in: (1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). Check the box that describes the type of supporting organization:  Type 1  Type 2  Type 3			
	Provide the following information about the supported organizations. (See page 6 of the instructions.)			
	(a) Name(s) of supported organization(s)	Line nur from abo		
				_
				_
				_
	The second secon			

Page 3

	: You may use the worksheet in the instruct			•	~	
Caler	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
15	Gifts, grants, and contributions received. (Do					
	not include unusual grants, See line 28.)					
16	Membership fees received					
17	Gross receipts from admissions, merchandise					
	sold or services performed, or furnishing of					
	facilities in any activity that is related to the					
	organization's charitable, etc., purpose					
18	Gross income from interest, dividends,					
	amounts received from payments on securities					
	loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less					
	section 511 taxes) from pusinesses acquired					
	by the organization after June 30, 1975					
19	Net income from unrelated business					
	activities not included in line 18					
20	Tax revenues levied for the organization's					
	benefit and either paid to it or expended on					
	its pehalf					
21	The value of services or facilities furnished to					
	the organization by a governmental unit					
	without charge. Do not include the value of services or facilities generally furnished to the					
	public without charge					
22	Other income, Attach a schedule. Do not					
	include gain or (loss) from sale of capital assets					<u></u>
23	Total of lines 15 through 22					
24	Line 23 minus line 17					
25	Enter 1% of line 23					
26	Organizations described on lines 10 or	11: a Enter 2%	of amount in column (e)	), line 24	▶ 26a	
ά	Prepare a list for your records to show the	name of and amoun	it contributed by each p	erson (other than a		
	governmental unit or publicly supported or	ganization) whose to	ital gifts for 2001 throug	gh 2004 exceeded the		
	amount shown in line 26a. Do not file this					
С	Total support for section 509(a)(1) test: Er	nter line 24, column (	e)		▶ 26c	
d	Add: Amounts from column (e) for lines:	18	19			
		22	26b		▶ 26d	
е	Public support (line 26c minus line 26d total	al)			▶ 26e	<u> </u>
f	Public support percentage (line 26e (nu	merator) divided b	y line 26c (denominat	or))		%
27	Organizations described on line 12:	a For amounts inc	luded in lines 15, 16, ar	nd 17 that were received	from a "disqualified	
	person." prepare a list for your records to s	show the name of, ar	nd total amounts receiv	ed in each year from, ea	ch "disqualified person.	
	Do not file this list with your return. Ent		mounts for each year:			N/A
	(2004)	003)	(200	02)	(2001)	
þ	For any amount included in line 17 that wa	is received from each	h person (other than "di	isqualified persons"), pre	pare a list for your reco	rds to
	show the name of, and amount received for	•			• • • •	
	(Include in the list organizations described					
	the difference between the amount receive	ed and the larger am	ount described in (1) or	(2), enter the sum of the	ese differences (the exc	
	amounts) for each year:					N/A
	(2004)			02)	(2001)	
C	Add: Amounts from column (e) for lines:	15	16	·····	. 1	ı
	17					
d	Add: Line 27a total.	and line 27	7b total		> 27d	
е	Public support (line 27c total minus line 27				> 27e	
f	Total support for section 509(a)(2) test: En					
g	Public support percentage (line 27e (nu					
<u>h</u>	Investment income percentage (line 18,					%
28	Unusual Grants: For an organization desc					
	prepare a list for your records to show, for					
	description of the nature of the grant. Do n	iot file this list with	your return. Do not in	ciude these grants in line	: 15.	

Private School Questionnaire (See page 7 of the instructions.)

Page 4

(To be completed ONLY by schools that checked the box on line 6 in Part IV) Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, Yes No 29 other governing instrument, or in a resolution of its governing body? 29 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its 30 brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? 30 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during 31 the period of solicitation for students, or during the registration period if it has no solicitation program, in a way 31 that makes the policy known to all parts of the general community it serves? If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.) Does the organization maintain the following: Records indicating the racial composition of the student body, faculty, and administrative staff? 32a Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory 32b Copies of ail catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? 32c Copies of all material used by the organization or on its behalf to solicit contributions? 32d If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.) Does the organization discriminate by race in any way with respect to: 33 33a Students' rights or privileges? 33b Admissions policies? Employment of faculty or administrative staff? 33c Scholarships or other financial assistance? 33d 33e Educational policies? Use of facilities? 33g Athletic programs? 33h Other extracurricular activities? If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.) Does the organization receive any financial aid or assistance from a governmental agency? 34b b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement. Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No." attach an explanation

Paid staff or management (Include compensation in expenses reported on lines through c h.) С Media advertisements Mailings to members, legislators, or the public e Publications, or published or broadcast statements Grants to other organizations for lobbying purposes Direct contact with legislators, their staffs, government officials, or a legislative body Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means Total lobbying expenditures (Add lines through c h.)

if "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

Schedule A (Form 990 or 990-EZ) 2005

b If "Yes." complete the following schedule:	er than section 501(c)(3)) or in section 527?	Yes A No
(a) Name of organization	(b) Type of organization	(c) Description of relationship
N/A		

58-1322015

# **Federal Statements**

FYE: 12/31/2005

### Statement 1 - Form 990, Part I, Line 7 - Other Investment Income

Description		Amount
Realized Gain on Sale of Stoc Unrealized Gains on Investmen	\$	140 650
Total	ς	140,658
	<b>∀</b> =	140,000

58-1322015

**Federal Statements** 

FYE: 12/31/2005

#### Statement 2 - Form 990, Part II, Line 24 - Benefits Paid to or for Members

Description	Amount	
Registration Gifts & Help	\$ 2,8 3	3 6 6 3
Total	\$3,1	99

#### Statement 3 - Form 990, Part II, Line 43 - Other Functional Expenses

Description	Total Expenses	Program Service	Mgt & General	Fund- Raising
	\$	\$	\$	\$
Expenses				
Realized Loss on Stocks	149,338	149,338		
Insurance	2,447		2,447	
Auto Expense	1,402		1,402	
Bank Charges	4,912		4,912	
Computer Software	3,869		3,869	
Contract Services	41,328	41,328		
Continuing Education	2,474		2,474	
Dues & Subscriptions	1,556		1,556	
Grant Seeking	3,814			3,814
Miscellaneous	1,160		1,160	
Moving Expense	1,032		1,032	
Payroll Services	2,021		2,021	
Promotion	1,782		1,782	i
Purchases	29,238	29,238		
Royalties	294		294	
Taxes	1,338	1,338		
Total	\$ 248,005	\$ 221,242	\$ 22,949	\$ 3,814

58-1322015

# Federal Statements

FYE: 12/31/2005

Statement 4 -	Form 990, Part I	V. Line 56 - Other	Investments

Description	Beginning of Year		End of Year		Basis of Valuation	
Jewelry & Other Items	\$	7,316	\$	7,316	Market	
Total	\$	7,316	\$	7,316		

#### Statement 5 - Form 990, Part IV. Line 58 - Other Assets

Description	Beginning of Year	End of Year		
Loan Closing Costs Accumulated Amortization Endowment Fund	\$ 5,444 -2,721 729,685	\$ 5,443 -3,499 593,883		
Total	\$ 732,408	\$ 595,827		

#### Statement 6 - Form 990, Part IV, Line 65 - Other Liabilities

Description	 Beginning of Year	End of Year		
Lines of Credit	\$ 69,410	\$	53,350	
Total	\$ 69,410	\$	53,350	

58-1322015

# **Federal Statements**

FYE: 12/31/2005

# Statement 7 - Form 990, Part V-A - List of Officers, Directors, Trustees, and Key Employees

	Name	A	ddress					
	City, State	, Zip	Title		Average Hours	Compensation	Benefits	Expenses
Gary Moore		1592 Campbell Rd	_					
-	Goodlettsville TN 37		Executive I	Di 40		97,999	38,507	0
Joseph Awotwi		1445 N 29th St						
	Baton Rouge LA 70802		Director	0		0	0	0
Larry Baker		254 Rivendell La				_	_	_
	Madison VA 22727	_	Director	0		0	0	0
Marcia Ball		2390 Simmental S						
	Madisonville KY 4243		Director	0		0	0	0
Dick Bayard		520 W Feemster A						
	Visalia CA 93277		Director	0		0	0	0
Sally Beers	G	18349 State Hwy		0		0	0	0
Manuala Dánladadanan	Saegertown PA 16433	and bed cele be	1st Vice Pr	re u		0	0	0
Mark Biebighause	er North Richland Hills	7317 Red Oak Dr	Director	0		0	0	0
Peggi Billman	North Richland Hills	7980 Whites Cree		U		U	U	U
reggi biliman	Joelton TN 37080	7980 WHILES CIEE	Director	0		0	0	n
Nic Billman	DOELCON IN 37080	110 W 11th St	Director	U		U	O	U
NIC BIIIman	Red Hill PA 18076	110 W 11cm Sc	Director	0		0	0	0
Walter Boyd	Red HIII IA 18070	7265 Valley Land		Ü		Ü	v	Ů
warter boya	Cummings GA 30041	7205 Variey Balla	Director	0		0	0	0
Steve Breon	oa21195 OII 50011	3020 Minutemen W				-	_	· ·
500.0 220011	Cape Girardeau MO 63		Director	0		0	0	0
Trudy Brown	511F 5 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	52 W Main St						
	Middleburg PA 17842		Director	0		0	0	0
Charlie Cilley	5	655 Dunhill Lane	<b>:</b>					
,	Carol Stream IL 6018		Director	0		0	0	0
Catherine Cwanel	k	223 S Cornell Ci	rcle					
	Ft Wayne IN 46807		Director	0		0	0	0
Bob Denges	-	7390 Woodyard Rd						
	Hudson OH 44236	_	Director	0		0	0	0
Maryanne Ditter		PO Box 113						
	Woxall PA 18979		Director	0		0	0	0
Dallas Eubanks		1 Equestrian Way						
	Corbin KY 40701		Director	0		0	0	0

FYE: 12/31/2005

# **Federal Statements**

# Statement 7 - Form 990, Part V-A - List of Officers, Directors, Trustees, and Key Employees (continued)

<del> </del>	Name Address						
	City, State	e, Zip	Title	Average Hours	Compensation	Benefits	Expenses
Bill Flatau		104 Hilda Marie					
	Vicksburg MS 39180		Director	0	0	0	0
Dianne Gile		3930 Charter Oa	k Way				
	Columbus OH 43219		Director	0	0	0	0
Craig Green		237 Chestnut Hi	ll Rd				
	Livingston TN 38570		Director	0	0	0	0
Dave Hampton		214 Seysler Rd					
	Franklin PA 16323		Director	0	0	0	0
Doug Jones		1818 North Cleve	eland St				
	Arlington VA 22201		Treasuer	0	0	0	0
Daun Klinger		RR #4 Box 227					
	Middleburg PA 17842		Director	0	0	0	0
Denise Knetter		4365 Telegraph					
	Elkton MD 21921		Director	0	0	0	0
Leslee Pedigo		1550 Trent Blvd	<del></del>				
	Lexington KY 40515		Director	0	0	0	0
Miguel Perez		60 South Lincol					
	Aurora IL 60505		Director	0	0	0	0
Garen Smith		P.O. Box 870					
	Boalsburg PA 16827		President	0	0	0	0
Darryl Todd		3983 Cambridge					
	Broomfield CO 80020		Director	0	0	0	0
Cynthia Wilson		1200 Floral Spr	_				
	Port Orange FL 32129		Director	0	0	0	0
Kerry Wilson		3232 N 8th St					
	Sheboygan WI 53081		2nd Vice Pre	0	0	0	0
Bill Woods		424 J Street					_
	Salt Lake City UT 84	103	Director	0	0	0	0

Form 4562
(Rev. January 2006)
Department of the Treasury

### **Depreciation and Amortization**

#### (Including Information on Listed Property)

➤ See separate instructions. ➤ Attach to your tax return.

2005 Attachment

Name(s) shown on return

United Methodist Renewal Services

Fellowship, Inc.

Identifying number 58-1322015

Business or activity to which this form relates Indirect Depreciation Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I. 105,000 Maximum amount. See the instructions for a higher limit for certain businesses 2 Total cost of section 179 property placed in service (see instructions) 2 420,000 Threshold cost of section 179 property before reduction in limitation 3 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-4 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instr. 5 (a) Description of property (b) Cost (business use only) 6 7 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 q Tentative deduction. Enter the smaller of line 5 or line 8 9 10 Carryover of disallowed deduction from line 13 of your 2004 Form 4562 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 12 12 Carryover of disallowed deduction to 2006. Add lines 9 and 10, less line 12 13 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 allowance for certain aircraft, certain property with a long production period, and qualified NYL or GO Zone property (other than listed property) placed in service during the tax year (see instructions) 14 Property subject to section 168(f)(1) election 15 15 Other depreciation (including ACRS) 10,571 16 MACRS Depreciation (Do not include listed property.) (See instructions.) Part III Section A 39,198 MACRS deductions for assets placed in service in tax years beginning before 2005 17 18 If you are electing to group any assets piaced in service during the tax year into one or more general asset accounts, check here Section B-Assets Placed in Service During 2005 Tax Year Using the General Depreciation System (b) Month and (c) Basis for depreciation (d) Recovery (a) Classification of property year placed in (business/investment use (e) Convention (f) Method (g) Depreciation deduction period service only-see instructions) 19a 3-year property 2,006 10,032 HY 200DB 5-year property 7.0 784 200DB HY 7-year property 10-year property 14,469 15.0 HY 150DB 724 15-year property 20-year property S/L 25-year property 25 yrs. 9/26/05 2,500 27 S/L Residential rental 27.5 yrs MM property S/L 27.5 yrs MM MM 39 yrs. S/L Nonresidential real property MM Section C-Assets Placed in Service During 2005 Tax Year Using the Alternative Depreciation System Class life b 12-year 12 yrs. S/I MM S/L 40-year 40 yrs. Part IV Summary (see instructions) 1,550 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. 54,188 Enter here and on the appropriate lines of your return. Partnerships and S corporations-see instr. For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs 23

United Methodist Renewal Services 58-1322015 Form 4562 (2005) (Rev. 1-2006) Page 2 Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.) Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable. Section A-Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles. X Yes No X Yes 24b If "Yes," is the evidence written? No 24a Do you have evidence to support the business/investment use claimed? (a) (b) (d) (e) (f) (g)(h) (i) Business/ Date placed in Basis for depreciation Method/ Type of property Cost or other Recovery Depreciation Eiected nvestment (list venicles (business/investment section 179 service period Convention deduction use first) percentace use only) cost 25 Special allowance for certain aircraft, certain property with a long production period, and qualified NYL or GO Zone property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) 25 Property used more than 50% in a qualified business use: 1994 Chrysler 9/29/00 100.00% 8,575 8,575 200DBHY 494 5.0 Ford F-150 5,500 200DBHY 7/28/03 100.00% 5,500 5.0 1,056 Property used 50% or less in a qualified business use S/L-S/L-1,550 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 28 28 29 Acd amounts in column (i), line 26. Enter here and on line 7, page 1 29 Section B-Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles. 30 Total business/investment miles driven (a) (b) (c) (d) (e) (f) Vehicle 1 Vehicle 2 Vehicle 3 Vehicle 4 Vehicle 5 Vehicle 6 during the year (do not include commuting rniles) Total commuting miles driven during the year 31 32 Total other personal (noncommuting) miles driven 33 Total miles driven during the year. Add lines 30 through 32 Yes Was the vehicle available for personal Yes Yes Yes Yes 34 No Yes No No No No No use during off-duty hours? 35 Was the vehicle used primarily by a more than 5% owner or related person? Is another vehicle available for personal use? 36 Section C-Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions). Yes No Х 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners 39 Do you treat all use of vehicles by employees as personal use? 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.) Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles. Part VI Amortization

	(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortizat period c percenta	or	(f) Amortization for this year
42	Amortization of costs that begins during you	our 2005 tax year (see instr	uctions):				
43	Amortization of costs that began before yo	ur 2005 tax year			. [	43	777
44						44	777