201010

TAXPAYER'S COPY

Form (Rev. January 2020) 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 private foundations)

▶ Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.

2019 Open to Public Inspection

OMB No. 1545-0047

<u>A</u>	For the 2019 c	alendar year, or tax year beginning , and ending			
В	Check if applicable:	C Name of organization UNITED METHODIST RENEWAL SERVICES		D Employe	r identification number
	Address change	FELLOWSHIP, INC.			
	Name change	Doing business as ALDERSGATE RENEWAL MINISTRIES, INC. Number and street (or P.O. box if mail is not delivered to street address)			**2015
$\overline{\Box}$	Initial return	121 EAST AVENUE	oom/suite	E Telephon	851-9192
H	Final return/	City or town, state or province, country, and ZIP or foreign postal code		010	001 0102
	terminated	GOODLETTSVILLE TN 37072		G Gross rec	elpts\$ 716,286
	Amended return	F Name and address of principal officer:		0 01033100	
	Application pending	MARK BARROW	H(a) Is this a grou	p return for s	ubordinates? Yes X No
		121 EAST AVE	H(b) Are all subo	rdinates incl	uded? Yes No
		GOODLETTSVILLE TN 37072	If "No," a	attach a list.	(see instructions)
1	Tax-exempt stalus:	X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527			
J	Website: ► W	NEW AT DED COLUET CO.	H(c) Group exem	ption numbe	er D
ĸ	Form of organization:		of formation: 19	AND CALL -	M State of legal domicile: TN
F	Part I Su	mmary			200
-	1 Briefly de	scribe the organization's mission or most significant activities:	N ASSA		
Ģ		QUIP THE LOCAL CHURCH TO MINISTER TO THE WORLD IN TH	E POWER	OF TH	E HOLY
anc	SPIR	155557 157 1171 1555 11551 51 111 1 555155555 1 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	· (§ · · · · · · · · (§)§ ·	553 1656(65)	
E	Tenesasura.				
Governance	2 Check thi	s box I if the organization discontinued its operations or disposed of more than 25% is	of its net asse	ets.	**************
ග න්	3 Number o	f voting members of the governing body (Part VI, line 1a)			30
es	4 Number o	f independent voting members of the governing body (Part VI, line 1b)		4	29
Activities	5 Total num	ber of individuals employed in calendar year 2019 (Part V, line 2a)		5	5
cti	6 Total num	har of valuatoors (actimate if accessors)			0
1		elated business revenue from Part VIII, column (C), line 12		7a	0
	b Net unrela	ated business taxable income from Form 990-T, line 39		7b	0
-			Prior Year		Current Year
ø	8 Contributi	ons and grants (Part VIII, line 1h)	416	,510	471,167
Revenue	9 Program	service revenue (Part VIII, line 2g)	174	,531	126,412
e	10 Investmer	nt income (Part VIII, column (A), lines 3, 4, and 7d)	-12	,276	68,919
œ	11 Other reve	enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		,833	49,788
	12 Total reve	nue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)		,598	716,286
		d similar amounts paid (Part IX, column (A), lines 1–3)			0
	14 Benefits p	aid to or for members (Part IX, column (A), line 4)			0
Ś	15 Salaries, o	other compensation, employee benefits (Part IX, column (A), lines 5–10)	240	,614	239,840
Expenses	16a Profession	nal fundraising fees (Part IX, column (A), line 11e) raising expenses (Part IX, column (D), line 25) ▶ 20,438			0
cbe	b Total fund	raising expenses (Part IX, column (D), line 25) ▶ 20, 438			200
ш	17 Other exp	enses (Part IX, column (A), lines 11a-11d, 11f-24e)	362	,924	414,656
		nses. Add lines 13–17 (must equal Part IX, column (A), line 25)		,538	654,496
	19 Revenue i	ess expenses. Subtract line 18 from line 12		,060	61,790
Net Assets or Fund Balances		Ве	ginning of Curre	nt Year	End of Year
ssets	20 Total asse	ts (Part X, line 16)	1,606		1,662,552
nd B	21 Total liabil	ities (Part X, line 26)		,452	24,668
		or fund balances. Subtract line 21 from line 20	1,577	,991	1,637,884
		nature Block			
Un	nder penalties of pe	erjury, I declare that I have examined this return, including accompanying schedules and statements,	and to the bes	t of my kn	owledge and belief, it is
tru	e, correct, and cor	nplete. Declaration of preparer (other than officer) is based on all information of which preparer has a	any knowledge.		
٠.	-			1	
Sig		nature of officer		Date	
Her		MARK BARROW EXECUTI	VE DIR	ECTOR	
		e or print name and title			
n-··		preparer's name Preparer's signature	Date	Check	X if PTIN
Paid	OW MCMO		02/21/2	self-em	
	parer Firm's name		Firn	n's EIN 🕨	**-***5435
use	Only	641 E MAIN ST			
A	Firm's addre			ne no.	615-824-2724
		this return with the preparer shown above? (see instructions)			X Yes No
		tion Act Notice, see the separate instructions.			Form 990 (2019)

TO TOTAL	403,330	5 000 10010
	penses \$ including grants of \$) (Revenue \$ all program service expenses ► 469,550	1
	er program services (Describe on Schedule O.) penses \$ including grants of \$) (Revenue \$	V.
44 04-	DE BEOGRAM CONTINUE (Decoribe on Cohodula C.)	
69000		
Cresco		
535000 536000		
Situati		
1908		
60.000		
X 14 (4 4 4 4		
500000		
N/A		
4c (Coo	de:) (Expenses \$ including grants of \$) (F	Revenue \$
1900		

2000		
Tiene		

* ***		
N/A		
	ode:) (Expenses \$ including grants of \$) (F	
"wite		
14 (4.4)		
* ***		
313430		
31.000		
S1 1656		
S 144		
V	OIED TO CHRISTIAN EDUCATION.	
DEA	IOUED UO CIIDICULINI EDIIONULON	
4a (Co	ode:)(Expenses \$ 469,550 including grants of \$)(FISTRY/CHURCH LEADERSHIP TRAINING, SUPPORT, AND PLANNI	Revenue \$ 126,412
	460 550	
	total expenses, and revenue, if any, for each program service reported.	
	penses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocation	
	scribe the organization's program service accomplishments for each of its three largest program services, as n	neasured by
	rvices? Yes," describe these changes on Schedule O.	∐ Yes ⊠ No
	I the organization cease conducting, or make significant changes in how it conducts, any program rvices?	Yes X No
	Yes," describe these new services on Schedule O.	
	or Form 990 or 990-EZ?	Yes X No
	the organization undertake any significant program services during the year which were not listed on the	
		E-1551 C1-02379 6429-44243434
THE.	VE OF OUR LORD JESUS CHRIST TO BE FILLED, GIFTED, EMPO E HOLY SPIRIT IN MINISTRY TO THE WORLD.	WERED, AND LED BY
TO	ENCOURAGE INDIVIDUALS AND THEIR CHURCHES BY THE GRACE	OF GOD AND THE
1 Brie	efly describe the organization's mission:	
	Check if Schedule O contains a response or note to any line in this Part III	
Part I		r age a
Form 990	0(2019) UNITED METHODIST RENEWAL SERVICES **-**2015	Page 2

Part IV Checklist of Required Schedules

			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	Χ	
2		2	X	
3	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to		21	
	candidates for public office? If "Voc." camplete Schoolule C. Part I	3		Χ
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
		4		Χ
5	election in effect during the tax year? If "Yes," complete Schedule C, Part II Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	-		
3	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Χ
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	Ť	_	- 21
·	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		Χ
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	Ů		21
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			21
Ü	agreed and Calmanda D. Bart III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			21
3	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 donor-restricted endowments			2.5
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	- 10	2.2	
••	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"		000000000000000000000000000000000000000	(00000000000000000000000000000000000000
<u> </u>	and the Only the D. Bert III	11a	Х	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more	- 1.0		
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Χ
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Χ
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Χ
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial 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	11f		Χ
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Χ	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Χ
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Χ
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			0.047
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		_X_
19	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		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u>X</u>
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		_
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	,		v
_	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

-*2015

Pa	art IV Checklist of Required Schedules (continued)		1	112011
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
22	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
25	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		Χ
24a	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	1 1		
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b	_	X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			17
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these	27		X
	persons? If "Yes," complete Schedule L, Part III	2,1		\sim
28	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): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If		2000200000	800000000
а		28a		X
h	"Yes," complete Schedule L, Part IV A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV			X
b c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
C	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M			X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
00	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Χ
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			AUAN
	or IV, and Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			7.7
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			37
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	00	v	
500	19? Note: All Form 990 filers are required to complete Schedule O.	38	X	
P	Statements Regarding Other IRS Filings and Tax Compliance			
_	Check if Schedule O contains a response or note to any line in this Part V		Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		169	140
1a		-		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and	-		
С	reportable gaming (gambling) winnings to prize winners?	1c	14550555555	X
	reportance demand (Administration) within 30 to have writings	-		

Form 990 (2019) UNITED METHODIST RENEWAL SERVICES

Part V Statements Regarding Other IRS Filings and Tax Company

- F C	Statements Regarding Other IKS Fillings and Tax Compilance (Contains	ucuj			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1 1	165			
	Statements, filed for the calendar year ending with or within the year covered by this return	2a	5	_		ļ
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns			2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	91-0-03	4.	3a	_	X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule			3b		-
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a					***
	a financial account in a foreign country (such as a bank account, securities account, or other financia	l accou	int)?	4a	40000000	X
b	If "Yes," enter the name of the foreign country	2222				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	Accoun	ts (FBAR).			77
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	00000000		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction.	ction?		5b	-	X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			. 5c		-
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			6-		l v
	organization solicit any contributions that were not tax deductible as charitable contributions?		Carrell . Process relates	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons or		6b		
_	gifts were not tax deductible?	355555		- 00		
7	Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for \$150 made partly as a contribution and \$150 made partly as a contribution and \$150 made partly as a contribution and	noode				
а	and any income any ideal to the any and			7a	V	
h	and services provided to the payor? If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
b	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			. 75		
С				7c		
d	required to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit c		?	7e	5	9000000000
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr		SERENT PRODUCTS IN LOUISING	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		99 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintaine					
	sponsoring organization have excess business holdings at any time during the year?	W455	T1000000000000000000000000000000000000	8		
9	Sponsoring organizations maintaining donor advised funds.	113611				
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		SERVED TRANSPORT THE CONTRACT	9b		
10	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a		_	0.000	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		_		
11	Section 501(c)(12) organizations. Enter:	î î				l
а	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources					
	against amounts due or received from them.)	11b				*
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	2000000	?	. 12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		\dashv		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			40		
а				13a		
	Note: See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which	1405				
_	the organization is licensed to issue qualified health plans	13b				
C 140	Enter the amount of reserves on hand	$\overline{}$		14a		Х
14a	Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu				-	1 27
b 15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune			140		1
15				15		X
	excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	t incom	e?	16	#F000000000	X
	If "Yes." complete Form 4720. Schedule O.					

Part VI 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 on Schedule O. See instructions.

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

Sec	ction A. Governing Body and Management				******	1231
	, and the same of				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	30			
	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 on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	29			
2	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?			2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct					
	supervision of officers, directors, trustees, or key employees to a management company or other person?	C40409 809040	F-10-10-10-10-10-10-10-10-10-10-10-10-10-	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed	?	CONTRA 10000 - 1000	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	arrer.		5		X
6	Did the organization have members or stockholders?		24500	6		X
7a	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?			7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,					
	stockholders, or persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar by t	he following:			
а	The governing body?			8a	X	
b	Each committee with authority to act on behalf of the governing body?			8b	X	
9	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 on Schedule O			9		<u> X</u>
Sec	ction B. Policies (This Section B requests information about policies not required by the Inter	nal R	evenue Co	ide.)		
				f	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		* * * * * * * * * * * * * * * * * * *	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,					
			111233 12333111	10b		37
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing	the to	orm? .,112444	11a	000000000	X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			40		v
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	50.50100		12a	_	X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris	e to co	onflicts?	12b		_
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			422		
40	describe in Schedule O how this was done			12c		X
13	Did the organization have a written whistleblower policy?	8851511	1111111111111	14		X
14	Did the organization have a written document retention and destruction policy?	. 175		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			15a	Χ	£000000000
a b				15b	X	
D	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	0.000	*****	100	21	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement					
Tou				16a	*********	Χ
h	with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	a valore				
~	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?		1245512012410	16b	***********	-containing
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed ▶ TN					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (S				*******	ACTUAL TO
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.					
	Own website Another's website X Upon request Other (explain on Schedule O)					
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interesting the state of the	est po	licy, and			
	financial statements available to the public during the tax year.	•				
20	State the name, address, and telephone number of the person who possesses the organization's books and reco	rds 🕨				
MZ	ARK BARROW 121 EAST AVE					

TN 37072

615-851-9192

Form **990** (2019)

GOODLETTSVILLE

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

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

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

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

 $\overline{\mathrm{X}}$ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any	bo	Position (do not check more than one box, unless person is both an officer and a director/trustee)			s both ar	n	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	organization and related organizations
(1) MARK ATTERHOLT	0.00									
BOARD MEMBER (2) TYLER BEST	0.00	Х	_				4	0	0	0
1ST VICE PRESIDENT	0.00	Х		Х				0	0	0
(3) JIM BRITT	0.00									
BOARD MEMBER	0.00	Х						0	0	0
(4) AARON BROWN							1			0
BOARD MEMBER	0.00	X						0	0	0
(5) BOBBY CHANEY	0.00									
BOARD MEMBER	0.00	Χ						0	0	0
(6) GREIG CROWDER										<u>~</u>
PRESIDENT	0.00	Χ		Χ				0	0	0
(7) CATHARINE CWANER BOARD MEMBER	0.00	Х						0	0	0
(8) MARTHA DAIGNEAU	0.00			T			1	0		U
SECRETARY	0.00	Х		Х				0	0	0
(9) JASON DICKERSON	0 00									
BOARD MEMBER (10) RANDALL DILTS	0.00	Х					-	0	0	0
BOARD MEMBER	0.00	Х						0	0	0
(11) KAMI DYER	0.00	21	\neg				+	0	9	
BOARD MEMBER	0.00	Х						0	0	0 50m 990 (2010)

Form 990 (2019) UNITED ME	ETHODIST	RE	ENE	:WA	L	SE:	RV	ICES **-***		Page
Part VII Section A. Officers	, Directors, Tru	stee	s, K	ey E	mpl	oyee	s, a	nd Highest Compensated	Employees (continued)	
(A) Name and title	(B) Average hours per week (list any hours for	bo off	x, unle ficer a	Pos check ess pe nd a d	rson i Iirecto	than cois both	an ee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W 2) 000 miles)	(related organizations
(12) LARRY EDDING:	0.00	X						0	0	0
(13) BOB GILBERG	0.00									
BOARD MEMBER (14) RIC HOLLADAY	0.00	X						0	0	C
BOARD MEMBER (15) JAN JOHNSON	0.00	X						0	0	C
BOARD MEMBER (16) DOUG JONES	0.00	X						0	0	C
TREASURER	0.00	X		X				0	0	C
BOARD MEMBER	0.00	X						0	0	C
(18) DEBBIE LINE-	YENCER 0.00 0.00	X						0	0	
(19) TONYA MARVIN 2ND VICE PRESIDENT	0.00	X		Х				0	0	(
1b Subtotal	ets to Part VII, s	Secti	ion A	1			b b abov			
 3 Did the organization list any for employee on line 1a? If "Yes," 4 For any individual listed on line organization and related organization and related organization individual 5 Did any person listed on line 1 for services rendered to the or Section B. Independent Contractor 	ormer officer, dir "complete Schede e 1a, is the sum nizations greater la receive or acc rganization? If "Y	ector dule of re than	r, tru J for port \$15	suc able 50,00 cens	h ind com 00? I atior	dividu pens f "Ye n fron	alsatio s," c s n an	n and other compensation complete Schedule J for su y unrelated organization o	from the ch r individual	3 X 4 X 5 X
Complete this table for your five compensation from the organical compensation.	ve highest comp ization. Report c	ensa omp	ited i ensa	nder tion	oend for t	lent o	contralend	dar year ending with or with	nin the organization's tax ye	ear.
Name and	(A) business address							Descriț	(B) tion of services	(C) Compensation
2 Total number of independent	contractors (inclu	uding) but	not l	imite	ed to	thos	se listed above) who		
received more than \$100,000	of compensation	fror	n the	org	aniz	ation	>	·	0	Form 990 (201)

Part VII Section A. Officers	, Directors, Tru	istee	s, K	ey E	mpl	oyee	s, a	nd Highest Compensated	Employees (continued)	
(A) Name and title	(B) Average hours per week (list any	of	x, unle ficer a	Pos check ess pe nd a c	rson lirecto	than cost both	an ee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and
	hours for related organizations below dotted line)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(VV-2/1099-MISC)	related organizations
(20) GARY MOORE BOARD MEMBER	0.00	X						0	0	
(21) HAROLD QUICK	0.00								0	
BOARD MEMBER (22) TINA ROACH	0.00	X						0	0	
BOARD MEMBER (23) BOB STAMPS	0.00	X						0	0	(
BOARD MEMBER (24) CASEY SWADLEY	0.00	X						0	0	(
BOARD MEMBER (25) GARY TODD	0.00	X						0	0	
BOARD MEMBER	0.00	X						0	0	
(26) BOB TUTTLE BOARD MEMBER	0.00	X						0	0	(
(27) DYLAN WHITE	0.00	X						0	0	
BOARD MEMBER 1b Subtotal	0.00	-	I.	i rara	0000		>		O O	
c Total from continuation shee							•			
d Total (add lines 1b and 1c) Total number of individuals (in reportable compensation from	cluding but not l	imite					-	I e) who received more thar	\$100,000 of	L.
 3 Did the organization list any for employee on line 1a? If "Yes," 4 For any individual listed on line organization and related organization and related organization and related organization of line 1 for services rendered to the organization. 	complete Sche e 1a, is the sum nizations greater a receive or acc ganization? If "	dule of re thar thar	J for eport 1 \$15	suc able 50,00 cens	h ind com 00? I	dividu ipens if "Ye n fror	al satio s," c n an	n and other compensation complete Schedule J for su y unrelated organization o	from the uch r individual	3 4 5 5
Section B. Independent Contractor Complete this table for your five compensation from the organic	e highest comp	ensa	ated i	inde	oenc	lent o	contr	ractors that received more	than \$100,000 of	ear
Name and	(A) business address	omp	ensa	illori	101 (ne ca	aleric	Descrip	(B) ption of services	(C) Compensation
2 Total number of independent of	contractors (inclu	uding	but	not	limit	ed to	thos	se listed above) who		
received more than \$100,000	or compensation	i iroi	n the	org	aniz	auon	p.			F QQQ (004

Part VII Section A. Officers	s, Directors, Tru	stee	s, K	ey E	mpl	oyee	s, a	nd Highest Compensated	Employees (continued)	
(A) Name and title	(B) Average hours per week (list any	bo	Position lo not check more lhan one w, unless person is both an ficer and a director/trustee)			s both r/trust	an ee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	organization and related organizations
(28) KERRY WILSON BOARD MEMBER	0.00	X						0	0	0
(29) TED WOOD BOARD MEMBER	0.00	Х						0	0	0
1/323-233311330-08111-0611-0611-0611-0611-0611-0611	*************									
	454420000000000000000000000000000000000									
to tal from continuation she double Total (add lines 1b and 1c) Total number of individuals (in reportable compensation from	ets to Part VII, S	Sect imite	ion A	۹			babov	e) who received more thar	\$100,000 of	Yes No
 3 Did the organization list any form employee on line 1a? If "Yes, 4 For any individual listed on line organization and related organization and related organization. 5 Did any person listed on line for services rendered to the organization. 	" complete Scheduse 1a, is the sum nizations greater	of re thar	J for porta 1 \$15	suc able 50,00	h ind com 00? I	dividu pens f "Ye n fror	ial satio s," c n an	on and other compensation complete Schedule J for survey unrelated organization o	from the och r individual	3
Section B. Independent Contractor 1 Complete this table for your fi	o rs ve highest comp	ensa	ited i	indei	pend	lent o	contr	ractors that received more	than \$100,000 of	
compensation from the organ	ization. Report of (A) business address	omp	ensa	ition	for t	he ca	lend	dar year ending with or with	nin the organization's tax y (B) otion of services	ear. (C) Compensation
Total number of independent received more than \$100,000	contractors (inclu	ıding	g but	not	limite	ed to	thos	se listed above) who		

Pa	art V	Statement of Revenue Check if Schedule O conta	ains a	response or note	to any line in thi	is Part VIII		П
-					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
its	1a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues	1b					= 0
S, G	С	Fundraising events	1c					
Siff	d	Related organizations	1d					
S, C	е	Government grants (contributions)	1e					
ion	f	All other contributions, gifts, grants,						
bul		and similar amounts not included above	1f	471,167		cues .		191
II O	g	Noncash contributions included in lines 1a-1f	1g \$	1				
Se	h	Total. Add lines 1a-1f			471,167			
				Business Code				
e	2a	REGISTRATION		444444	88,336			88,336
Program Service Revenue	b	SALES OF MERCHANDISE		222223	29,815			29,815
n Se	С	CONFERENCE INCOME			8,261			8,261
Rev	d	* *************************************	1111111111111	(1111)				
Pro	е							
==	f	All other program service revenue						
_	g	Total. Add lines 2a–2f			126,412	0000	1	HARAKANA
	3	Investment income (including dividend		· ·				60 010
		other similar amounts)		1413411111111	68,919			68,919
	4	Income from investment of tax-exempt						
	5	Royalties	····					
	١.	(i) Real	-	(ii) Personal				
		Gross rents 6a						
	b	Less: rental expenses 6b						
	C	Rental inc. or (loss) 6c						
	d 7a	Net rental income or (loss) Gross amount from (i) Securities	1	(ii) Olher				
		sales of assets		(II) Other		F-1		
a		other than inventory Less; cost or other				3		94
Other Revenue	"	basis and sales exps. 7b						
eve		Gain or (loss) 7c						
٦ ح		Net gain or (loss)						
the		Gross income from fundraising events	ſΉ					
0	"	(not including \$						
		of contributions reported on line 1c).						
		See Part IV, line 18	8a					
	b	Less: direct expenses	8b					
		Net income or (loss) from fundraising	events .					
		Gross income from gaming activities.						
		See Part IV, line 19	9a					
	b	Less: direct expenses	9b					1
		Net income or (loss) from gaming activ	ities					
	10a	Gross sales of inventory, less						
		returns and allowances	10a					
	b	Less: cost of goods sold	10b		300 SESTEMBER - SES			
		Net income or (loss) from sales of inve	entory					
2				Business Code				
eor E	11a	BUILDING RENT			49,788			49,788
llan	b	******************************		90040000				
Miscellaneous Revenue	С							
ž		All other revenue						
		Total. Add lines 11a-11d			49,788		-	0.15.45.5
	12	Total revenue. See instructions	orana and an a		716,286		0	245,119

Section 501(c)(3) and 501(c)(4) organizations must complete all columns	

	Check if Schedule O contains a respons			(2)	
	not include amounts reported on lines 6b, Bb, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				400000000000000000000000000000000000000
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	161,798	106,463	52,196	3,139
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	65,921	42,638	22,169	1,114 1,091
10	Payroll taxes	12,121	6,666	4,364	1,091
11	Fees for services (nonemployees):			1/	
а	Management				
b	Legal				
	CONTRACTOR	7,605	4,183	2,738	684
d					
е	Professional fundraising services. See Part IV, line 17			10 500 - 51600 - 51600 - 51600 - 51600 - 51600 - 51600 - 51600 - 51600 - 51600 - 51600 - 51600 - 51600 - 51600	
	Investment management fees				
g					
	(A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion	788	433	284	71
13	Office expenses	32,306	17,769	11,630	2,907
14	Information technology	9,810	5,396	3,531	883
15	Royalties				
16	Occupancy	47,211	31,513	13,627	2,071
17	Travel	83,839	46,111	30,182	7,546
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	139,742	139,742		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	55,097	51,245	3,852	
23	Insurance				
24	Other expenses. Itemize expenses not covered	=			
	above (List miscellaneous expenses on line 24e. If				90 (100 H) H
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	EQUIPMENT LEASE	12,422		12,422	
b	PURCHASES	11,622	11,622		
С	BANK CHARGES	6,878		6,259	619
d	CONTRACT SERVICES	3,853	3,853		
е	All other expenses	3,483	1,916	1,254	313
25		654,496	469,550	164,508	20,438
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				
	following SOP 98-2 (ASC 958-720)				
DAA					Form 990 (2019)

Total liabilities and net assets/fund balances

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 147,160 132,548 Cash—non-interest-bearing Savings and temporary cash investments 2 Pledges and grants receivable, net 3 3 Accounts receivable, net 4 4 Loans and other receivables from any current or former officer, director, 5 trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 Notes and loans receivable, net 7 10,003 9,161 Inventories for sale or use 4,500 2,500 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D _______10a 2,068,181 1,044,312 1,075,020 b Less: accumulated depreciation 10b 10c 441,323 Investments—publicly traded securities 402,468 11 11 Investments—other securities. See Part IV, line 11 12 12 Investments—program-related. See Part IV, line 11 13 13 14 Intangible assets 14 Other assets. See Part IV, line 11 15 15 1,662,552 Total assets. Add lines 1 through 15 (must equal line 33) 1,606,443 16 16 28,452 Accounts payable and accrued expenses ______ 17 17 18 Grants payable 18 19 19 Deferred revenue Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 Secured mortgages and notes payable to unrelated third parties 23 23 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 28,452 24,668 26 Total liabilities. Add lines 17 through 25 26 Organizations that follow FASB ASC 958, check here ▶ 🛛 Vet Assets or Fund Balances and complete lines 27, 28, 32, and 33. 1,543,197 1,596,494 Net assets without donor restrictions 27 34,794 41,390 Net assets with donor restrictions Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. Capital stock or trust principal, or current funds 29 29 Paid-in or capital surplus, or land, building, or equipment fund 30 30 Retained earnings, endowment, accumulated income, or other funds 31 31 ,637,884 32 Total net assets or fund balances

Form 990 (2019)

1,662,552

606,443

orm	990 (2019) UNITED METHODIST RENEWAL SERVICES **-***2015				Pa	ge 12
Pa	rt XI Reconciliation of Net Assets					U - K
	Check if Schedule O contains a response or note to any line in this Part XI				STANTA	X
1	Total revenue (must equal Part VIII, column (A), line 12)	1				286
2	Total expenses (must equal Part IX, column (A), line 25)	2		65	4,	496
3	Revenue less expenses. Subtract line 2 from line 1	3		6	51,	<u> 790</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,	57	77,	991
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9			1,	897
0	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10	1,	63	37,	884
Pa	rt XII Financial Statements and Reporting					
1111111	Check if Schedule O contains a response or note to any line in this Part XII				22422	Ш.
			633		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.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a	Χ	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or					
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis		S.			
b	Were the organization's financial statements audited by an independent accountant?	*****		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a					
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of					
	the audit, review, or compilation of its financial statements and selection of an independent accountant?			2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on					
	Schedule O.				w.,)	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Single Audit Act and OMB Circular A-133?		10 K 2 T 2	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the					

required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits

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.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Attach to Form 990 or Form 990-EZ.

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

D METHODIST RENEWAL SERVICES

UNITED METHODIST RENEWAL SERVICES FELLOWSHIP, INC.

Employer identification number **-***2015

Pa	Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.										
	the organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)										
	THE STATE OF THE S										
	4		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)								
2	\dashv			ce organization described in se			i)				
3	-			d in conjunction with a hospital				osnital's name			
4			- · · · · · · · · · · · · · · · · · · ·	a iti conjunction with a nospitar	described	III Section	T T O(D)(T)(A)(III). Enter the	oopital o Hallio,			
_		city, and state			0060000000		vernmental unit described in				
5	Ш	_		of a college or university owned	or operat	eu by a go	vernmental unit described in				
_ 0			b)(1)(A)(iv). (Complete Part		section 17	70/h\/4\/A\	(v)				
6	-	A federal, sta	ate, or local government or g	overnmental unit described in s substantial part of its support fr	Section 11	o(D)(1)(A)	(v): unit or from the general public	•			
7	_		section 170(b)(1)(A)(vi). (C		om a gove	minentai	uriit or iroin the general papik	,			
8				70(b)(1)(A)(vi). (Complete Par							
9		An agricultura	al research organization des	cribed in section 170(b)(1)(A)((ix) operat	ed in conju	inction with a land-grant colle	ge			
		or university university:	or a non-land-grant college o	of agriculture (see instructions).	. Enter the	name, cit	y, and state of the college or				
10		An organizati	ion that normally receives: () more than 33 1/3% of its sup	port from	contributio	ns, membership fees, and gro	oss			
1		receipts from	activities related to its exem	pt functions—subject to certain	n exceptio	ns, and (2)) no more than 33 1/3% of its				
		support from	gross investment income ar	nd unrelated business taxable i	ncome (le	ss section	511 tax) from businesses				
				0, 1975. See section 509(a)(2)							
11	4	An organizati	on organized and operated	exclusively to test for public sat exclusively for the benefit of, to	rety. See s	section 50	of or to carry out the nurne	NCAC			
12		An organizati	on organized and operated (exclusively for the benefit of, to rations described in section 50	i penonii t 19/a1/11 or	section 5	09(a)(2). See section 509(a)	(3).			
		Check the bo	ix in lines 12a through 12d th	nat describes the type of suppo	rting orga	nization an	id complete lines 12e, 12f, an	d 12g.			
	а			erated, supervised, or controlle							
	u	the suppo	orted organization(s) the pov	ver to regularly appoint or elect	a majority	of the dire	ectors or trustees of the				
		supportin	g organization. You must c	omplete Part IV, Sections A a	and B.						
	b	Type II.	A supporting organization su	pervised or controlled in conne	ction with	its suppor	ted organization(s), by having				
				ting organization vested in the	same per	sons that o	control or manage the support	ed			
				Part IV, Sections A and C.	4 %	:	and functionally integrated w	iith			
	С	its suppo	rted organization(s) (see ins	upp <mark>orting</mark> organization operate tructions). You must complet e	e Part IV,	Sections .	A, D, and E.				
	d	Type III r	non-functionally integrated	I. A supporting organization op	erated in o	connection	with its supported organization	on(s)			
		that is no	t functionally integrated. The	e organization generally must s nust complete Part IV, Section	atisty a di	n and Pa	equirement and an attentiven	655			
				eived a written determination for							
	е	functiona	is box if the organization rec illy integrated, or Type III not	n-functionally integrated suppor	rting organ	ization.	a 13601, 136011, 1360111				
	f		nber of supported organizati		02/2008/15/07/07/07						
	g			e supported organization(s).							
(i)	Nam	e of supported	(ii) EIN	(iii) Type of organization		organization	(v) Amount of monetary	(vi) Amount of			
		ganization		(described on lines 1–10		ur governing ment?	support (see instructions)	other support (see instructions)			
				above (see instructions))	Yes	No	mad dedone)	(instructions)			
/A\	_				163	HO I					
(A)											
(B)											
				<u> </u>	-						
(C)											
(D)											
(E)											
otal											

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

	rait III. II the organization	rails to quality	under the test	noted below, p	neace complet	o r care may	
	tion A. Public Support						
Caler	dar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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)		an and a second				
6	Public support. Subtract line 5 from line 4						
6 Sec	tion B. Total Support			I	k		
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)					Profession	
11	Total support. Add lines 7 through 10			0,000			
12	Gross receipts from related activities, etc.	(see instructions)	COCK - FR - SCH - FRSSCOOK	· 690 · 8 · 800000 · • 000 · 69		12	
13	First five years. If the Form 990 is for the						. —
	organization, check this box and stop her	e					
Sec	tion C. Computation of Public Su						
14	Public support percentage for 2019 (line 6			nn (f))	<u> </u>		%_
15	Public support percentage from 2018 Scho					15	%
16a	33 1/3% support test—2019. If the organ						. .
	box and stop here. The organization quali	fies as a publicly s	upported organiza	ation	600 · · · · · · · · · · · · · · · · · ·		
b	33 1/3% support test—2018. If the organ						▶ □
	this box and stop here . The organization						
17a	10%-facts-and-circumstances test—201						
	10% or more, and if the organization meet						
	Part VI how the organization meets the "fa						▶ □
	organization	I t the executable	an did not obook o	hov on line 12 1	60 16b or 17a ar	nd line	
b	10%-facts-and-circumstances test—201						
	15 is 10% or more, and if the organization Explain in Part VI how the organization me						
							▶ □
40	supported organization Private foundation. If the organization did	d not check a boy s	nn line 13 16a 16	Sh 17a or 17h ch	eck this box and s		
18							▶ □
	instructions	******	***********				

Page 2

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

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

Sec	tion A. Public Support	4						
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	9	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")							
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose							
3	Gross receipts from activities that are not an unrelated trade or business under section 513							
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
5	The value of services or facilities furnished by a governmental unit to the organization without charge							
6	Total. Add lines 1 through 5							
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons							
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year							
с 8	Add lines 7a and 7b Public support. (Subtract line 7c from line 6.)							
Sec	tion B. Total Support							
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 201	9	(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							
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)							
13	Total support. (Add lines 9, 10c, 11, and 12.)							
14	First five years. If the Form 990 is for the	organization's firs	st, second, third, fo	urth, or fifth tax ye	ar as a section 50	1(c)(3)		
	organization, check this box and stop her	•						🕨 🗌
Sec	tion C. Computation of Public Su							
15	Public support percentage for 2019 (line 8			nn (f))		********	15	%
16	Public support percentage from 2018 Scho	edule A, Part III, li	ne 15	*******			16	%
Sec	tion D. Computation of Investme						-	
17	Investment income percentage for 2019 (I	ine 10c, column (f), divided by line 1	3, column (f))			17	%
18	Investment income percentage from 2018	Schedule A, Part	III, line 17	******	*******	******	18	%
19a	33 1/3% support tests—2019. If the orga		eck the box on line	e 14, and line 15 is	s more than 33 1/3	%, and line		. 🗆
	17 is not more than 33 1/3%, check this bo							
b	33 1/3% support tests—2018. If the orga							. 🗆
	line 18 is not more than 33 1/3%, check th							
20	Private foundation. If the organization did	d not check a box	on line 14, 19a, or	19b, check this bo	ox and see instruc	tions	C+ + 0000000	

UNITED METHODIST RENEWAL SERVICES

Supporting Organizations

Schedule A (Form 990 or 990-EZ) 2019

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

Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing 1 documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- Did the organization have any supported organization that does not have an IRS determination of status 2 under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- Substitutions only. Was the substitution the result of an event beyond the organization's control? С
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to 6 anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? 8 If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- Was the organization controlled directly or indirectly at any time during the tax year by one or more 9a disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- Was the organization subject to the excess business holdings rules of section 4943 because of section 10a 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

1	Yes	No
	103	NO.
1		
2		
3a	200000000000000000000000000000000000000	91919191919253003
Ja		0.00000400005
3b		
- OD		X 10 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
3c		
4-	***********	517110000000
4a		
4b	89000033119900	000000000000000000000000000000000000000
4D		
100		
4c		
5a		
800000000000000000000000000000000000000		
5b		
5c		
6		
7		anna anna
8		
9a		
20		
9b		
9c		
9c		
9c		
9c 10a		

Pa	rt IV Supporting Organizations (continued)	W.		
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sect	tion B. Type I Supporting Organizations			
		,	Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the		115	
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sect	ion C. Type II Supporting Organizations	========		
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			fig.
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		000000000000000000000000000000000000000
Sect	tion D. All Type III Supporting Organizations			
000.	John Dirim Type in Guppering Grigatination		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	•		
2	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
		2		
_	the organization maintained a close and continuous working relationship with the supported organization(s).	-		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	3		
<u> </u>	supported organizations played in this regard.	3		
	ion E. Type III Functionally-Integrated Supporting Organizations	-1		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction	S).		
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.	4! 1		
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instru	ictions).		
		ſ	Ver	N-
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b				
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а				
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b				
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Schedule A (Form 990 or 990-EZ) 2019 UNITED METHODIST RENEWAL S.			UID Page 6
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Or	ganizati	ons	
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on N instructions. All other Type III non-functionally integrated supporting organizations m			
Section A - Adjusted Net Income	ust comple	(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other		10100 101000 00100	AMMAN E
factors (explain in detail in Part VI):			
Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			·
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount		* 1	Current Year
Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2	en malifoline militalis s	
Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4	=======================================	
5 Income tax imposed in prior year	5	. Constituti	
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functionally integrate		supporting organization (see
1 offset flore if the deficit year to the diguination of motital a flori factorially integrated	2 12 = 111		

Schedule A (Form 990 or 990-EZ) 2019

instructions).

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)								
Sect	Section D - Distributions							
1	Amounts paid to supported organizations to accomplish exempt purpo	oses						
2	Amounts paid to perform activity that directly furthers exempt purpose	s of supported						
	organizations, in excess of income from activity							
3	Administrative expenses paid to accomplish exempt purposes of supp	orted organizations						
4	Amounts paid to acquire exempt-use assets							
5	Qualified set-aside amounts (prior IRS approval required)							
6	Other distributions (describe in Part VI). See instructions.							
7	Total annual distributions. Add lines 1 through 6.							
8	Distributions to attentive supported organizations to which the organizations are the organizations to which the organizations are the organizations to which the organizations are the organization are the org	ation is responsive						
	(provide details in Part VI). See instructions.							
9	Distributable amount for 2019 from Section C, line 6							
10	Line 8 amount divided by line 9 amount	0	/::\\	/:::\				
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019				
1_	Distributable amount for 2019 from Section C, line 6							
2	Underdistributions, if any, for years prior to 2019							
	(reasonable cause required-explain in Part VI). See instructions.							
3	Excess distributions carryover, if any, to 2019		uit —					
а	From 2014							
b	From 2015							
С	From 2016	- Contraction						
d	From 2017							
е	From 2018	a adamos s	1					
f	Total of lines 3a through e		60.000 \$100.00					
g	Applied to underdistributions of prior years							
h	Applied to 2019 distributable amount	io.						
i	Carryover from 2014 not applied (see instructions)							
j_	Remainder. Subtract lines 3g, 3h, and 3i from 3f.							
4	Distributions for 2019 from	4						
	Section D, line 7:							
	Applied to underdistributions of prior years	, illiense						
	Applied to 2019 distributable amount							
	Remainder. Subtract lines 4a and 4b from 4.							
5	Remaining underdistributions for years prior to 2019, if							
	any. Subtract lines 3g and 4a from line 2. For result							
	greater than zero, explain in Part VI. See instructions.		2000 000 000					
6	Remaining underdistributions for 2019. Subtract lines 3h							
	and 4b from line 1. For result greater than zero, explain in							
	Part VI. See instructions.	in the second se						
7	Excess distributions carryover to 2020. Add lines 3j							
8	and 4c. Breakdown of line 7:							
	Excess from 2015							
	Excess from 2016							
	Excess from 2017							
	Excess from 2018							
			900					
	Excess from 2019		400					

01010							
Schedule A (Form	n 990 or 990-EZ) 2019	UNITED	METHODIST	RENEWAL	SERVICES	**-***2015	Page 8
Part VI	Supplemental Info III, line 12; Part IV, B, lines 1 and 2; Part	ormation. Prov Section A, line art IV, Section , line 1; Part V,	vide the explanaes 1, 2, 3b, 3c, 4 C, line 1; Part IV Section B, line	ations require lb, 4c, 5a, 6, 9 V, Section D, 1e; Part V, Se	d by Part II, line 9a, 9b, 9c, 11a, lines 2 and 3; P ection D, lines 5	a 10; Part II, line 17a o 11b, and 11c; Part IV Part IV, Section E, line 5, 6, and 8; and Part V nstructions.)	r 17b; Part ′, Section s 1c, 2a, 2b,
-							

				343313344343444444		************	****************
i interesseriation							***************
		E	eranan kenatabak terbe				
	*****					***********	***********
		NEWS ZEET PROPERTY.	PROPERTY CONTRACTORS			**************************************	********
t Kasasasasasasas	*******************	•••••					
						ATMINISTRATICATION AND TAXABLE	
* 27/07/19/19/19/19		*****			***********		
o S. easta no no autorio anti-							******
	A		e ese e e e e e e e e e e e e e e e e e				
		ana manana ana ana ana ana ana ana ana a			+ 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		******
t sassassissassis		iense consentationer			****************		
			EEXEKERSES - 8 C. 18 C.		*************		
		ing tipe of the state of the st					
i energenerations							
* *********	************	********		en man iknovem my			*************
• \$1001.5000000000000000000000000000000000	**************			********	AND THE RESERVE OF THE SECOND SECTION		andere and a contract of the c

1 8183878787818181							**************************************
		EKREKA EWAJA CEPA ETA AK	**********				
						***************************************	entra esta esta esta esta esta esta esta est

Schedule B (Form 990, 990-EZ,

or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

UNITED METHODIST RENEWAL SERVICES

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Employer identification number

2019

-*2015 FELLOWSHIP, INC. Organization type (check one): Section: Filers of: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule |X| For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 331/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

PAGE 1 OF 1

Page 2

Name of organization

UNITED METHODIST RENEWAL SERVICES

Employer identification number **-***2015

Part I	Contributors (see instructions). Use duplicate copies of Pa	art I if additional space is nee	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 10,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
. 2		\$ 7,500	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
.3		\$ 10,000	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$ 68,785	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
. 5		\$ 15,000	Person X Payroll Noncash (Complete Part If for noncash contributions.)
(a)	(b)	(c) Total contributions	(d) Type of contribution
No.	Name, address, and ZIP + 4	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

SCHEDULE D (Form 990)

Department of the Treasury internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public

Inspection

Name of the organization		Employer identification number
UNITED METHODIST RENEWAL SERVICES		
FELLOWSHIP, INC.		**-***2015
Part I Organizations Maintaining Donor Advised Fu Complete if the organization answered "Yes" on	nds or Other Similar Funds or A Form 990, Part IV, line 6.	Accounts.
	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that	at the assets held in donor advised	
funds are the organization's property, subject to the organization's exc	lusive legal control?	Yes No
6 Did the organization inform all grantees, donors, and donor advisors in		
only for charitable purposes and not for the benefit of the donor or don		
conferring impermissible private benefit?		Yes No
Part II Conservation Easements.	Farm 000 Dort IV line 7	
Complete if the organization answered "Yes" on		
1 Purpose(s) of conservation easements held by the organization (check		
Preservation of land for public use (for example, recreation or edu		·
Protection of natural habitat	Preservation of a certified hi	storic structure
Preservation of open space		onyation
2 Complete lines 2a through 2d if the organization held a qualified conse easement on the last day of the tax year.	ervation contribution in the form of a cons	Held at the End of the Tax Year
b Total acreage restricted by conservation easementsc Number of conservation easements on a certified historic structure inc		
		20
d Number of conservation easements included in (c) acquired after 7/25 historic structure listed in the National Register	700, and not on a	2d
Number of conservation easements modified, transferred, released, e.	vinguished or terminated by the organiza	—————
tax year	kinguished, or terminated by the organize	
4 Number of states where property subject to conservation easement is	located >	
5 Does the organization have a written policy regarding the periodic mor		
violations, and enforcement of the conservation easements it holds?		Yes No
6 Staff and volunteer hours devoted to monitoring, inspecting, handling		
>		
7 Amount of expenses incurred in monitoring, inspecting, handling of vic	lations, and enforcing conservation ease	ments during the year
▶ \$		
8 Does each conservation easement reported on line 2(d) above satisfy	the requirements of section 170(h)(4)(B)((1)
	43.13.1.123.1234.164.6545.1.0.495.1.1.1.49466988888	Voc No
9 In Part XIII, describe how the organization reports conservation easem		
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.	200	
Part III Organizations Maintaining Collections of Art, Complete if the organization answered "Yes" on	Historical Treasures, or Other	Similar Assets.
		on about works
1a If the organization elected, as permitted under FASB ASC 958, not to		
of art, historical treasures, or other similar assets held for public exhibitence, provide in Part XIII the text of the footnote to its financial state		e or public
b If the organization elected, as permitted under FASB ASC 958, to repo		sheet works of
art, historical treasures, or other similar assets held for public exhibition		
	n, education, or research in fartherance c	n public sci vice,
provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1		> \$
(i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X	00-08-000000000	s and see
2 If the organization received or held works of art, historical treasures, or	r other similar assets for financial gain, pr	rovide the
following amounts required to be reported under FASB ASC 958 relati		
a Revenue included on Form 990, Part VIII, line 1		• \$
b Assets included in Form 990, Part X		
For Paperwork Reduction Act Notice, see the Instructions for Form 990	-	Schedule D (Form 990) 2019

1111-0000	dule D (Form 990) 2019 UNITED MI	C-U-4-1- A	A Uistoriaal Tra	CEO OF		ilar As	eets (c	ontinu		ge =
Pai	rt III Organizations Maintainin	g Collections of Al	n, mistorical fre	doubles, or	cine oiii	co of ite	5013 (0	OT KITTLE	Juj	
3	Using the organization's acquisition, access collection items (check all that apply):	ion, and other records, c	theck any of the follow	wing that make	e significant us	se or its				
а	Public exhibition	d Loa	an or exchange progr	am						
b	Scholarly research	e Oth	ner							
c	Preservation for future generations	-	Establishi Militar Mark Director							
4	Provide a description of the organization's of	collections and explain ho	ow they further the or	ganization's e	xempt purpose	e in Part				
	XIII.		,							
	During the year, did the organization solicit	or receive donations of a	rt, historical treasure	s, or other sim	nilar					
3	assets to be sold to raise funds rather than	to be maintained as part	of the organization's	collection?			212-212-22	Ye	s	No
	H IV Fecrow and Custodial Ar	rangements.								
	Complete if the organizatio 990, Part X, line 21.	n answered "Yes" o	n Form 990, Part	t IV, line 9, o	or reported	an amo	ount on	Form		
4-	Is the organization an agent, trustee, custoo	tian or other intermedian	v for contributions or	other assets r	not					
	included on Form 990, Part X?							Ye	s	No
	If "Yes," explain the arrangement in Part XII	Land complete the follow	ving table:						-	
b	IT Yes, explain the arrangement in Fart An	and complete the lonev	mig table:					Amount		
	D. Continue between					1c				
	Beginning balance					1d				
	Additions during the year					1e				
	Distributions during the year					1f				
f	Ending balance	Farm 000 Port V line 20	for accrow or custo	dial account li	ahility?			Ye	s	No
2a	If "Yes," explain the arrangement in Part XI	Chook here if the evel	anation has been pro	wided on Part	XIII					
		i. Check here if the expi	anauon nas been pro	vided of that	Zuncetwarenen					
Pa	rt V Endowment Funds. Complete if the organization	n answered "Ves" o	n Form 990 Pari	t IV-line 10						
	Complete ii trie organizatio		(b) Prior year	(c) Two years		Three years	back	(e) Four	vears	back
		(a) Current year	413,745		,044		,101		158,	
	Beginning of year balance	402,469	413,743	300	,041	110	7 = 0 =		-	
	Contributions									
С	Net investment earnings, gains, and		10 076	E 1	,201	1 7	,991		-8	846
	losses	68,920	-12,276	51	,201	1.7	, 991		0,	010
	Grants or scholarships									
е	Other expenditures for facilities and				F 0 0	<i>C</i> 2	0.40		26	691
	programs	32,157			,500		,048			
f	Administrative expenses	5,340	5,469		,936		,926			251
g	End of year balance	440,458	402,469		,745	368	,044		413,	TOT
2	Provide the estimated percentage of the cu	rrent year end balance (line 1g, column (a)) h	neld as:						
а	Board designated or quasi-endowment	%								
b	Permanent endowment ▶%									
С	Term endowment ▶ %									
	The percentages on lines 2a, 2b, and 2c sh									
3a	Are there endowment funds not in the poss	ession of the organization	on that are held and a	administered f	or the			i		T
	organization by:							(- m	Yes	
	(i) Unrelated organizations		. (00					3a(i)		X
	(ii) Related organizations		*****************	00.00			.,	3a(ii)		X
b	If "Yes" on line 3a(ii), are the related organi	zations listed as require	d on Schedule R?	-10000000000000000000000000000000000000	er · · n · ementace 8			_3b_		
4	Describe in Part XIII the intended uses of the	ne organization's endow	ment funds.							_
Pa	art VI Land, Buildings, and Equ	uipment.								
200000000	Complete if the organization	on answered "Yes" o	on Form 990, Par	t IV, line 11	a. See For	m 990,	Part X	line 1	0.	
	Description of property	(a) Cost or other bas			(c) Accumul	ated		(d) Book	value	
		(investment)	(othe	r)	depreciati	on		Charle		
1a	Land	200	27	79,718				2	79,	718
	Buildings	I								
	Leasehold improvements			27,801		6,22			21,	580
	Equipment			2,445		2,44				
	Other		1,75	58,217	98	4,49	5		73,	
Tota	II. Add lines 1a through 1e. (Column (d) mus	t equal Form 990, Part X	(, column (B), line 10	c.)			2	1,0	75,	020

	(a) Description of security or category	(b) Book value	ne 11b. See Form 990, Part X, line 12. (c) Method of valuation:
	(including name of security)		Cost or end-of-year market value
) Financial o	derivatives		
) Closely he	eld equity interests	95	
Other		W	
/A\			
(B)			
(ċ)			
(D)			
. (E)		0.7	
(F)		in	
(G)		44 <u>-</u>	
(H)	a (b) must equal Form 000, Bod V and (D) line 12)	: 	
Part VIII	n (b) must equal Form 990, Part X, col. (B) line 12.) Investments – Program Related.		
ait VIII	Complete if the organization answered "Yes" of	on Form 990 Part IV li	ne 11c. See Form 990. Part X. line 13
	(a) Description of investment	(b) Book value	(c) Method of valuation:
	(a) Description of investment	(5) 5551 15155	Cost or end-of-year market value
1)			
2)			
3)			
1)			
5)			
5)			
7)			
3)			
9)	n (b) must equal Form 990, Part X, col. (B) line 13.)	>	
9)	Other Assets.		
9) otal. <i>(Columi</i>			
9) tal. <i>(Columi</i>	Other Assets.		ine 11d. See Form 990, Part X, line 15.
9) ital. (Columi Part IX	Other Assets. Complete if the organization answered "Yes" of		
e) etal. <i>(Columi</i> Part IX	Other Assets. Complete if the organization answered "Yes" of		
9) ptal. (Column Part IX 1) 2)	Other Assets. Complete if the organization answered "Yes" of		
e) tal. (Column Part IX	Other Assets. Complete if the organization answered "Yes" of		
9) tal. (Column Part IX 1) 2) 3) 4)	Other Assets. Complete if the organization answered "Yes" of		
9) otal. (Column Part IX 1) 2) 3) 4) 5)	Other Assets. Complete if the organization answered "Yes" of		
9) ttal. (Column Part IX 1) 2) 3) 4) 5) 6)	Other Assets. Complete if the organization answered "Yes" of		
2) tal. (Column Part IX 1) 2) 3) 4) 5) 7)	Other Assets. Complete if the organization answered "Yes" of		
9) ptal. (Column Part IX 1) 2) 3) 4) 5) 6) 7) 8)	Other Assets. Complete if the organization answered "Yes" (a) Description		
9) tal. (Column Part IX 1) 2) 3) 4) 5) 6) 7) 8) 9) tal. (Column	Other Assets. Complete if the organization answered "Yes" (a) Description (a) Description (b) must equal Form 990, Part X, col. (B) line 15.)		
9) tal. (Column Part IX 1) 2) 3) 4) 5) 6) 7) 8) 9) tal. (Column	Other Assets. Complete if the organization answered "Yes" (a) Description (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities.	on Form 990, Part IV, I	(b) Book value
9) otal. (Column Part IX 1) 2) 3) 4) 5) 6) 7) 8) 9) otal. (Column	Other Assets. Complete if the organization answered "Yes" (a) Description (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" (c)	on Form 990, Part IV, I	(b) Book value
9) otal. (Column Part IX 1) 2) 3) 4) 5) 6) 7) 8) 9) otal. (Column	Other Assets. Complete if the organization answered "Yes" (a) Description (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" (line 25.	on Form 990, Part IV, I	ine 11e or 11f. See Form 990, Part X,
e) tal. (Column Part IX 1) 2) 3) 4) 5) 6) 7) 8) 9) tal. (Column Part X	Other Assets. Complete if the organization answered "Yes" (a) Description (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" (line 25. (a) Description of liability	on Form 990, Part IV, I	(b) Book value
9) otal. (Column Part IX 1) 2) 3) 4) 5) 6) 7) 8) 9) otal. (Column Part X	Other Assets. Complete if the organization answered "Yes" (a) Description (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" (line 25.	on Form 990, Part IV, I	ine 11e or 11f. See Form 990, Part X,
b) tal. (Column Part IX 1) 2) 3) 4) 5) 5) 7) 8) Part X 2) Federal (2)	Other Assets. Complete if the organization answered "Yes" (a) Description (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" (line 25. (a) Description of liability	on Form 990, Part IV, I	ine 11e or 11f. See Form 990, Part X,
tal. (Column Part IX	Other Assets. Complete if the organization answered "Yes" (a) Description (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" (line 25. (a) Description of liability	on Form 990, Part IV, I	ine 11e or 11f. See Form 990, Part X,
p) tal. (Column Part IX 1) 2) 3) 4) 5) 6) 7) 8) 9) tal. (Column Part X 1) Federal (2) 3) 4)	Other Assets. Complete if the organization answered "Yes" (a) Description (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" (line 25. (a) Description of liability	on Form 990, Part IV, I	ine 11e or 11f. See Form 990, Part X,
9) Ital. (Column Part IX 1) 2) 3) 4) 5) 6) 7) 8) 9) Ital. (Column Part X 1) Federal i 2) 3) 4) 5)	Other Assets. Complete if the organization answered "Yes" (a) Description (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" (line 25. (a) Description of liability	on Form 990, Part IV, I	ine 11e or 11f. See Form 990, Part X,
9) otal. (Column Part IX 1) 2) 3) 4) 5) 6) 77) 8) 9) otal. (Column Part X 1) Federal i 2) 3) 4) 5) 6)	Other Assets. Complete if the organization answered "Yes" (a) Description (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" (line 25. (a) Description of liability	on Form 990, Part IV, I	ine 11e or 11f. See Form 990, Part X,
9) otal. (Column Part IX 1) 2) 3) 4) 5) 6) 7) Part X 1) Federal i 2) 3) 4) 5) 6) 7)	Other Assets. Complete if the organization answered "Yes" (a) Description (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" (line 25. (a) Description of liability	on Form 990, Part IV, I	ine 11e or 11f. See Form 990, Part X,
9) otal. (Column Part IX 1) 2) 3) 4) 5) 6) 7) 8) 9) otal. (Column Part X 1) Federal i 2) 3) 4) 5) 6)	Other Assets. Complete if the organization answered "Yes" (a) Description (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" (line 25. (a) Description of liability	on Form 990, Part IV, I	ine 11e or 11f. See Form 990, Part X,

Oliver British				
Pa	Reconciliation of Revenue per Audited Financial St		ue per Return.	
	Complete if the organization answered "Yes" on Form		11	716,286
1	Total revenue, gains, and other support per audited financial statements			710,200
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	2a		
	Net unrealized gains (losses) on investments	SALESTANA		
b	- # # # + + 1 @ - + + 1 @ @ # # # # # # # # # # # # # # # # #	1.3(1.1.3(1.1.5)		
C	8 - Car - Ca	**************************************		
d	C	69.60 (64°) (1)	2e	
	Add lines 2a through 2d		200000000000000000000000000000000000000	716,286
3 4	Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		12233333333	
+ a		4a		
a b				
	Add lines 4a and 4b		4c	
5)	5	716,286
	art XII Reconciliation of Expenses per Audited Financial S	Statements With Expe	nses per Return.	
	Complete if the organization answered "Yes" on Form	990, Part IV, line 12a.	•	
1	Total expenses and losses per audited financial statements		1	656,393
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a		2a		
	Prior year adjustments			
c		20		
d			1,897	
	Add lines 2a through 2d		2e	1,897
3	Subtract line 2e from line 1			654,496
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	Other (Describe in Part XIII.)	4b		
С	Other (Describe in Part XIII.) Add lines 4a and 4b		4c	
С			*********	654,496
ς 5 Ρ ε	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1) art XIII Supplemental Information.	9.)	5	
c 5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1) art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	; Part IV, lines 1b and 2b; P	art V, line 4; Part X, line	
5 Parovi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1) art XIII Supplemental Information. ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 art XI. lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to	; Part IV, lines 1b and 2b; Poprovide any additional inform	art V, line 4; Part X, line nation.	3
5 Parovi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1) art XIII Supplemental Information. ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 art XI. lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to	; Part IV, lines 1b and 2b; Poprovide any additional inform	art V, line 4; Part X, line nation.	3
5 Parovi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1) art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	; Part IV, lines 1b and 2b; Poprovide any additional inform	art V, line 4; Part X, line nation. CIALS - OTH	ER
c 5 Provi 2; Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1) art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to ART XII, LINE 2D - EXPENSE AMOUNTS INC.	; Part IV, lines 1b and 2b; Poprovide any additional inform	art V, line 4; Part X, line nation. CIALS - OTH	ER
c 5 Provi 2; Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1) art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to ART XII, LINE 2D - EXPENSE AMOUNTS INC.	; Part IV, lines 1b and 2b; Poprovide any additional inform	art V, line 4; Part X, line nation. CIALS - OTH	ER
Provi Provi 2; Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1st art XIII Supplemental Information. Finde the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to ART XII, LINE 2D - EXPENSE AMOUNTS INCOME.	; Part IV, lines 1b and 2b; P provide any additional inform LUDED IN FINAN	art V, line 4; Part X, line nation. CIALS - OTH.	ER 1,897
Provi Provi 2; Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1) art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to ART XII, LINE 2D - EXPENSE AMOUNTS INC.	; Part IV, lines 1b and 2b; P provide any additional inform LUDED IN FINAN	art V, line 4; Part X, line nation. CIALS - OTH.	ER 1,897
Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1st art XIII Supplemental Information. Finde the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to ART XII, LINE 2D - EXPENSE AMOUNTS INCOME.	; Part IV, lines 1b and 2b; P provide any additional inform LUDED IN FINAN	art V, line 4; Part X, line nation. CIALS - OTH.	ER 1,897
Provi Provi 2; Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1st art XIII Supplemental Information. Finde the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to ART XII, LINE 2D - EXPENSE AMOUNTS INCOME.	; Part IV, lines 1b and 2b; P provide any additional inform LUDED IN FINAN	art V, line 4; Part X, line nation. CIALS - OTH.	ER 1,897
c 5 Perovi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1st art XIII Supplemental Information. Finde the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to ART XII, LINE 2D - EXPENSE AMOUNTS INCOME.	; Part IV, lines 1b and 2b; P provide any additional inform LUDED IN FINAN	art V, line 4; Part X, line nation. CIALS - OTH	ER 1,897
c 5 Perovi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1) art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to ART XII, LINE 2D - EXPENSE AMOUNTS INCOME. OOK / TAX DEPRECIATION DIFFERENCE	; Part IV, lines 1b and 2b; P provide any additional inform LUDED IN FINAN	art V, line 4; Part X, line nation. CIALS - OTH	ER 1,897
c 5 Perovi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1) art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to ART XII, LINE 2D - EXPENSE AMOUNTS INCOME. OOK / TAX DEPRECIATION DIFFERENCE	; Part IV, lines 1b and 2b; P provide any additional inform LUDED IN FINAN	art V, line 4; Part X, line nation. CIALS - OTH	ER 1,897
c 5 Perovi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1) art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to ART XII, LINE 2D - EXPENSE AMOUNTS INCOME. OOK / TAX DEPRECIATION DIFFERENCE	; Part IV, lines 1b and 2b; P provide any additional inform LUDED IN FINAN	art V, line 4; Part X, line nation. CIALS - OTH	ER 1,897
c 5 Perovi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1) art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to ART XII, LINE 2D - EXPENSE AMOUNTS INCOME. OOK / TAX DEPRECIATION DIFFERENCE	; Part IV, lines 1b and 2b; Part IV, lines 1	art V, line 4; Part X, line nation. CIALS - OTH	ER 1,897
c 5 Perovi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1st art XIII Supplemental Information. Find the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to ART XII, LINE 2D — EXPENSE AMOUNTS INCOME. OOK / TAX DEPRECIATION DIFFERENCE	; Part IV, lines 1b and 2b; Part IV, lines 1	art V, line 4; Part X, line nation. CIALS - OTH	ER 1,897
c 5 Perovi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1st art XIII Supplemental Information. Find the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to ART XII, LINE 2D — EXPENSE AMOUNTS INCOME. OOK / TAX DEPRECIATION DIFFERENCE	; Part IV, lines 1b and 2b; Part IV, lines 1	art V, line 4; Part X, line nation. CIALS - OTH	ER 1,897
c 5 Perovi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1st art XIII Supplemental Information. Find the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to ART XII, LINE 2D — EXPENSE AMOUNTS INCOME. OOK / TAX DEPRECIATION DIFFERENCE	; Part IV, lines 1b and 2b; Part IV, lines 1	art V, line 4; Part X, line nation. CIALS - OTH	ER 1,897
c 5 Perovi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1st art XIII Supplemental Information. Find the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to ART XII, LINE 2D — EXPENSE AMOUNTS INCOME. OOK / TAX DEPRECIATION DIFFERENCE	; Part IV, lines 1b and 2b; Part IV, lines 1	art V, line 4; Part X, line nation. CIALS - OTH	ER 1,897
c 5 Perovi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1st art XIII Supplemental Information. Find the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to ART XII, LINE 2D — EXPENSE AMOUNTS INCOME. OOK / TAX DEPRECIATION DIFFERENCE	; Part IV, lines 1b and 2b; Part IV, lines 1	art V, line 4; Part X, line nation. CIALS - OTH	ER 1,897
c 5 Perovi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1st art XIII Supplemental Information. Find the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to ART XII, LINE 2D — EXPENSE AMOUNTS INCOME. OOK / TAX DEPRECIATION DIFFERENCE	; Part IV, lines 1b and 2b; Poprovide any additional inform	art V, line 4; Part X, line nation. CIALS - OTH	ER 1,897
c 5 Perovi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1) art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to ART XII, LINE 2D - EXPENSE AMOUNTS INC. OOK / TAX DEPRECIATION DIFFERENCE	; Part IV, lines 1b and 2b; Poprovide any additional inform	art V, line 4; Part X, line nation. CIALS - OTH	ER 1,897
c 5 Parovi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1) art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to ART XII, LINE 2D - EXPENSE AMOUNTS INC. OOK / TAX DEPRECIATION DIFFERENCE	; Part IV, lines 1b and 2b; Poprovide any additional inform	art V, line 4; Part X, line nation. CIALS - OTH	ER 1,897
c 5 Perovi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1) art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to ART XII, LINE 2D - EXPENSE AMOUNTS INC. OOK / TAX DEPRECIATION DIFFERENCE	; Part IV, lines 1b and 2b; Poprovide any additional inform	art V, line 4; Part X, line nation. CIALS - OTH	ER 1,897
c 5 Parovice Provide P	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1) art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to ART XII, LINE 2D - EXPENSE AMOUNTS INC. OOK / TAX DEPRECIATION DIFFERENCE	; Part IV, lines 1b and 2b; Poprovide any additional inform	art V, line 4; Part X, line nation. CIALS - OTH	ER 1,897

Schedule D (Form 990) 2019 UNITED METHODIST RENEWAL SERVICES Part XIII Supplemental Information (continued)	**-***2015 Page 5
,	
	271 272 173 1 1 1 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2
•	CO ESCUENZA (LO CERTO EN CONTRAR MONTE MONTE MONTE MONTE MONTE CONTRAR NECESCO (CONTRAR NECESCO).
7 *************************************	

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.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Employer identification number

Name of the organization UNITED METHODIST RENEWAL SERVICES FELLOWSHIP, INC.	Employer identification number **-***2015
FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS	TO REVIEW FORM 990
MANAGEMENT REVIEWS BEFORE ISSUANCE	
FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FO	R TOP OFFICIAL
YES	
FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FO	R OFFICERS
FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISC AVAILABLE UPON REQUEST	LOSURE EXPLANATION
	energen og man en
FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSE	TS EXPLANATION
BOOK / TAX DEPRECIATION DIFFERENCE	\$ -1,897
DIFFERENCE IN DEPRECIATION	\$0
BOOK/TAX DEPRECIATION DIFFERENCE	\$ 0
TOTAL	\$ -1,897
* N. T.	

Depreciation and Amortization

(Including Information on Listed Property)

► Attach to your tax return.

Identifying number

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

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

UNITED METHODIST RENEWAL SERVICES

Attachment Sequence No.

OMB No. 1545-0172

	FELLC	WSHIP, INC.				**-	***	2015
Busin	ess or activity to which this form rel							
T	NDIRECT DEPRECIA	ATION						
************		pense Certain Prop	erty Under Sectio	n 179				
0.000		e any listed property	•		omplete Part	Iwo.		
1	Maximum amount (see instruc	7 - 7			200		1	1,020,000
2	Total cost of section 179 prope		e instructions)				2	
3	Threshold cost of section 179						3	2,550,000
4	Reduction in limitation. Subtra-						4	
5	Dollar limitation for tax year. Subtra						5	
6		iption of property		Cost (business use		Elected cost		344000 101
								*
7	Listed property. Enter the amo	unt from line 29	Goldreds		7			
8	Total elected cost of section 1	79 property. Add amount	ts in column (c), lines 6	and 7			8	77000 27 70 7 7 7 7 7 7 7 7 7 7 7 7 7 7
9	Tentative deduction. Enter the						9	
10	Carryover of disallowed deduc	tion from line 13 of your	2018 Form 4562		11	NII O DOSE	10	
11	Business income limitation. Er	nter the smaller of busine	ess income (not less tha	n zero) or line :	5. See instructio	ns	11	
12	Section 179 expense deductio	n. Add lines 9 and 10, bu	ut don't enter more than	line 11			12	
13	Carryover of disallowed deduc			>	13			10011001000
Note	: Don't use Part II or Part III bel							
Pa	ert II Special Deprec	iation Allowance a	nd Other Deprecia	tion (Don't	include listed	proper	y. Se	e instructions.)
14	Special depreciation allowance	e for qualified property (o	ther than listed property) placed in ser	vice			
	during the tax year. See instru			gggaggs			14	
15	Property subject to section 168	B(f)(1) election					15	
16	Other depreciation (including A	ACRS)					16	41,493
Pa	art III MACRS Deprec	iation (Don't includ	le listed property. S	ee instructio	ns.)			
_			Section A					10.001
17	MACRS deductions for assets						17	13,604
18	If you are electing to group any assets pl	laced in service during the tax ye	ear into one or more general ass	et accounts, check	here	▶	4	
	Section B	Assets Placed in Ser		Year Using the	e General Depre	eciation S	ystem	
	(a) Classification of property	(b) Month and year placed in	(c) Basis for depreciation (business/investment use	(d) Recovery	(e) Convention	(f) Met	nod	(g) Depreciation deduction
	A CONSTITUTE ON THE PROPERTY OF	service	only-see instructions)	period			-	
19a	3-year property	_		_			-	
b	5-year property	_		-			_	
c	7-year property	_					-	
	10-year property	_						
-	15-year property	_						
f	20-year property	_		25		S/L		
<u>g</u>				25 yrs.	NANA	S/L		
h	Residential rental			27.5 yrs.	MM	S/L		
_	property			27.5 yrs.	MM	S/L		
i	Nonresidential real			39 yrs.	MM	S/L		
	property	A 1 B) 1: 0 :	D	I laine the				
		-Assets Placed in Serv	ice During 2019 Tax Te	ear Using the	Aiternative Dep	S/L		
20a	Class life	_		12		S/L		
	12-year	77-2-7-11-11-11-11-11-11-11-11-11-11-11-11-1		12 yrs.	D 40.4	S/L		
	30-year			30 yrs.	MM MM	S/L		
	40-year	in the set of the set	L	40 yrs.	IVIIVI	J 5/L		
-	art IV Summary (See						04	
21	Listed property. Enter amount Total. Add amounts from line		inos 10 and 20 in salves	up (a) and line	24. Entor		21	
22	here and on the appropriate lin						22	55,097
23	For assets shown above and p							
	portion of the basis attributable				23			
For F	Paperwork Reduction Act Noti							Form 4562 (2019

201010 UNITED METHODIST RENEWAL SERVICES

-*2015

Federal Asset Report

-*2015

FYE: 12/31/2019

Form 990, Page 1

Asset Description	Date I <u>n Service</u>	Cost_	Bus Sec Basis % 179Bonus for Depr PerConv Meth Prior Current
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 67 PIANO 68 FURNITURE 69 LAPTOP COMPUTERS 70 PRINTER 71 BREWER 72 IMPROVEMENTS 73 SMOKE DETECTORS 78 115 EAST - PAVING 79 115 EAST FURNISHINGS 83 FURNISHINGS 84 COMPUTERS & NETWORK 85 VIDEO EQUIPMENT 86 121 PAVING 87 120 PAVING 88 120 FURNISHINGS 89 121 TABLES, ETC 90 121 OFFICE EQUIPMENT 91 122 EAST AVE FURNISHINGS 96 120 EAST HVAC 101 WATER HEATER - 120 EAST 104 121 EQUIPMENT 105 122 EAST - FURNISHINGS 96 120 EAST HVAC 101 WATER HEATER - 120 EAST 104 121 EQUIPMENT 105 122 EAST - FURNISHINGS 96 120 EAST HVAC 101 WATER HEATER - 120 EAST 104 121 EQUIPMENT 105 122 EAST - FURNISHINGS 96 120 EAST HVAC 101 WATER HEATER - 120 EAST 104 121 EQUIPMENT 105 122 EAST - FURNISHINGS 96 120 EAST HVAC 101 WATER HEATER - 120 EAST 104 121 EQUIPMENT 105 122 EAST - FURNISHINGS 96 120 EAST HVAC 101 WATER HEATER - 120 EAST 104 121 EQUIPMENT 105 122 EAST - FURNISHINGS 96 120 EAST HVAC 101 WATER HEATER - 120 EAST 104 121 EQUIPMENT 116 RECORDING EQUIPMENT 117 RECORDING EQUIPMENT 118 PAGERS - 121 EAST 119 EQUIP & FURN - 121 EAST 119 EQUIP & EVEN - 121 EAST 111 15 EAST - HVAC 121 115 EAST - HVAC	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 10/23/97 6/30/97 4/30/97 4/30/97 1/22/97 11/23/98 10/23/98 10/23/98 12/22/99 8/03/99 11/01/99 11/10/99 11/10/99 11/10/99 11/19/99 11/122/99 12/22/99 7/12/00 5/10/00 6/01/00	336 370 7,032 311 2,270 456 2,480 2,211 2,017 280 280 300 70 620 419 1,77 422,810 3,499 1,064 2,519 1,190 6,400 1,303 7,154 200 5,456 21,946 38,660 17,719 14,070 5,003 2,500 4,097 846 3,311 1,393 3,711 1,393 3,711 4,780 2,582 7,577 7,471 4,780 2,083 4,986 5,828 7,577 7,471 4,780 2,083 409 6,400 1,303 2,500 4,097 8,466 3,311 1,393 3,701 4,986 5,828 7,577 7,471 4,780 2,083 4,097 8,466 3,311 1,393 3,701 4,986 5,828 7,577 7,471 4,780 2,083 4,097 8,468 5,828 7,577 7,471 4,780 2,083 4,097 8,468 5,828 7,577 7,471 4,780 2,083 4,097 8,468 3,311 1,393 3,701 4,986 5,828 7,577 7,471 4,780 2,083 4,097 8,468 3,869 6,528 7,577 7,471 4,780 2,083 4,097 8,468 3,865 2,895 7,845 2,895 7,843 3,438 4,078 2,078 2,078	179Bonus for Depr Per Conv Meth Prior Current
121 115 EAST - HVAC	1/26/05 12/14/05	3,833 4,438	3,833 15 HY 150DB 3,493 227 4,438 15 HY 150DB 4,045 262 2,078 15 HY 150DB 1,894 123 2,187 5 HY 200DB 2,187 0 4,690 5 HY 200DB 4,690 0 8,501 3 HY 200DB 8,501 0 1,360 7 HY 200DB 1,360 0 3,150 15 HY 150DB 2,685 186 1,634 5 HY 200DB 1,634 0 1,319 5 HY 200DB 1,319 0 1,178 5 HY 200DB 1,178 0

FYE: 12/31/2019

201010 UNITED METHODIST RENEWAL SERVICES **-***2015 Federal Asset Report Form 990, Page 1

	Date I <u>n Service</u>	Cost	Bus Sec <u>%</u> 179Bonus		Prior	Current
138 PRINTERS & COMPUTER EQUIP 141 TELEPHONE SYSTEM 142 HVAC - 120 EAST 143 121 EAST ROOF 144 122 EAST ROOF 145 121 EAST SOUND SYSTEM 146 LAPTOP 147 COMPUTERS 148 LAPTOP 149 Water Heater 150 phone system 151 ROOF - 120 EAST WOLC 152 WATER HEATER 153 ELECTRICAL PANEL - 122 EAST 154 GAS - 121 EAST	7/07/07 2/13/08 4/21/09 12/31/10 12/31/10 2/15/11 1/13/11 7/21/11 12/07/11 5/15/12 9/06/12 5/01/13 5/29/13 8/26/13 5/28/14	677 600 11,450 15,600 3,120 2,445 3,921 8,076 2,754 1,376 1,805 9,551 1,333 2,650 10,428	X X X X X X X X X X X	677 5 HY 200DB 300 5 HY 200DB 5,725 15 HY 150DB 15,600 39 MM S/L 3,120 39 MM S/L 0 5 HY 200DB 0 5 HY 200DB 0 5 HY 200DB 0 5 HY 200DB 688 10 HY 200DB 902 10 HY 200DB 4,775 15 HY S/L 666 10 HY 200DB 1,325 15 HY 150DB 5,214 10 HY 200DB	677 600 9,591 3,217 643 2,445 3,921 8,076 2,754 1,218 1,598 6,527 1,136 1,907 8,506 522,443	0 0 338 400 80 0 0 0 45 59 318 44 78 384 13,604
Other Depreciation: 57 LAND 76 115 EAST AVE - HOUSE 77 LAND - 115 EAST AVE HOUSE 80 120 EAST IMPROVEMENTS 81 121 EAST AVE IMPROVEMENTS 91 121 IMPROVEMENTS 91 122 IMPROVEMENTS 95 120 EAST AVE IMPROVEMENTS 97 122 EAST AVE HOUSE 99 122 EAST AVE HOUSE 99 122 EAST IMPROVEMENTS 107 121 EAST IMPROVEMENTS 108 120 EAST IMPROVEMENTS 120 SOFTWARE - 121 EAST 121 115 EAST - GUTTERGUARDS 130 120 EAST IMPROVEMENTS 133 120 EAST - ADD WALL 139 115 EAST ROOF 140 115 EAST - WINDOWS 155 GAS - 120 EAST 156 WATER HEATER 157 HVAC - 121 EAST 160 3 HVAC - 120 EAST 161 4 HVAC Repair 162 HVAC Repair 163 Camera 164 Fire Alarm System 165 120 East Improvements 166 121 East HVAC 167 121 East HVAC 168 HP Laptop - Darlene 169 121 East Equipment Upgrade 170 Worship Center Equip Upgrade 171 Camcorder 172 New Carrier 2.5 Ton AC Unit 173 HVAC Repairs - 8 Zone System Replaceme 174 New Rund 4 Ton 14 Seer Condenser 175 New 2-ton split gas system 176 Supply Line Damper Motor - Conference ro 177 Emergency Exit Fixtures 178 Video Switcher 179 MacBook Pro - Jen 180 Digital Mixing Console 32 Ch. 181 Sound Equipment - P16 182 New backflow 183 12" Digital Static bypass damper 184 2 New toilets - Ladies room 185 Stage Piano 186 Painting - 115 East Ave 187 Painting - 121 East Ave	2/27/18 6/28/18	239,718 85,141 20,000 3,156 491,968 2,831 25,699 85,097 20,000 106,266 8,369 6,976 4,623 2,500 11,062 2,613 4,226 4,200 4,428 1,235 3,970 2,719 5,340 15,846 1,208 1,689 650 1,147 4,595 5,385 8,950 749 1,752 1,218 1,695 4,975 2,319 5,215 4,995 5,215 4,995 887 1,175 1,054 1,999 2,110 6,559 500 868 725 3,698 3,500 3,500		239,718 0 — Land 85,141 27 MO S/L 20,000 0 — Land 3,156 39 MO S/L 491,968 39 MO S/L 2,831 39 MO S/L 25,699 39 MO S/L 85,097 39 MO S/L 20,000 0 — Land 106,266 39 MO S/L 8,369 39 MO S/L 4,623 3 MO S/L 4,623 3 MO S/L 2,500 27 MO S/L 11,062 39 MO S/L 11,062 39 MO S/L 2,613 39 MO S/L 2,613 39 MO S/L 11,062 39 MO S/L 4,226 27 MO S/L 4,226 27 MO S/L 4,226 27 MO S/L 4,235 10 MO S/L 1,235 10 MO S/L 1,235 10 MO S/L 1,235 10 MO S/L 1,235 10 MO S/L 1,236 7 MO S/L 1,5340 7 MO S/L 1,5340 7 MO S/L 1,5846 7 MO S/L 1,5846 7 MO S/L 1,147 5 MO S/L 1,148 7 MO S/L 1,153 10 MO S/L 1,153 10 MO S/L 1,218 7 MO S/L 1,219 10 MO S/L 1,235 10 MO S/L 1,369 7 MO S/L 1,999 3 MO S/L 1,175 10 MO S/L 1,054 7 MO S/L 1,054	0 57,922 0 1,500 233,895 1,286 10,571 35,548 0 42,347 3,335 3,943 4,623 1,208 3,557 796 1,774 1,546 1,993 556 1,588 1,994 2,606 5,659 431 583 271 516 613 718 970 250 480 334 242 0 213 435 250 30 98 125 555 151 469 46 43 18 0 0 0	0 3,096 0 81 12,615 72 659 2,182 0 2,725 215 253 0 91 284 67 153 153 442 123 397 544 763 2,264 173 241 93 230 459 539 895 249 250 174 242 498 231 521 499 88 117 151 667 301 937 50 87 73 528 233 -233

201010 UNITED METHODIST RENEWAL SERVICES

-*2015

Federal Asset Report

-*2015

F١

FYE: 12/31/2019	Form 990, Page

Asset	Description	Date In Service	Cost	Bus Sec <u>%</u> 179Bonu	Basis us for Depr	PerConv Meth	Prior	Current
188 189 190 191 192 193	120 East parking lot sealing Paving 121 East Parking MAC Computer - Donna MAC - Mark AED Plus Sound Equipment	5/22/19 5/22/19 4/20/19 4/28/19 5/29/19 8/26/19 7/06/19	5,000 63,900 2,023 1,670 1,544 4,706 1,860		5,000 63,900 2,023 1,670 1,544 4,706 1,860	10 MO S/L 3 MO S/L 3 MO S/L 5 MO S/L 7 MO S/L	0 0 0 0 0	292 3,728 450 371 180 224 310
194	MAC - ARM presenter laptop Total Other Depreciation	//00/19	1,311,803		1,311,803		426,088	41,493
	Total ACRS and Other Depre	ciation =	1,311,803		1,311,803		426,088	41,493
	Grand Totals Less: Dispositions and Transf Less: Start-up/Org Expense Net Grand Totals	ers :-	2,068,181 0 0 2,068,181		2,009,054 2,009,054	1	948,531 0 0 948,531	55,097 0 0 55,097

201010 UNITED METHODIST RENEWAL SERVICES

-*2015

TN Asset Report

FYE: 12/31/2019

Form 990, Page 1

Asset	Description	Date In Service	Cost	Basis for Depr	TN Prior	TN Current	Federal Current	Difference Fed - TN
Prior	MACRS:							0
3	BOOKCASES	2/16/94	336	336	336 370	0	0	0
9 11	PROJECTORS OTHER FULLY DEPR	1/07/93 2/19/93	370 7,032	370 7,032	7,032	0	0	
27	PRAYER ROOM TABLE	12/31/94	311	311	311	Ö	0	
43	PAGING SYSTEM	7/23/96	2,270	2,270	2,270	0	0	
44	FAX	6/06/96	520	520	520 456	0	0	
45 47	DESKJET PRINTER COMPUTER	8/31/96 6/06/97	456 2,480	456 2,480	2,480	0	0	
48	COMPUTER TOSH	8/01/97	2,211	2,211	2,211	0	0	0
49	COMPUTER GATEWAY	10/23/97	2,017	2,017	2,017	0	0	-
50	BACKUP	10/29/97	280	280	280 280	0	0	
51 52	PRINTER PRINTER	8/29/97 6/30/97	280 300	280 300	300	0	0	_
53	HUTCH	6/30/97	70	70	70	0	0	0
54	DESK	4/30/97	620	620	620	0	0	
55	CHAIR	4/30/97	419	419 177	419 177	0	0	
56 58	STORAGE RACK BUILDING	1/22/97 11/23/98	177 422,810	422,810	214,996	10,841	10,841	ő
59	COMPUTER	10/23/98	3,499	3,499	3,499	0	0	
60	MUSIC EQUIPMENT	12/22/99	1,064	1,064	1,064	0	0	
61 62	COMPUTER COMPUTER	12/22/99 8/03/99	2,519 1,190	2,519 1,190	2,519 1,190	0	0	
67	PIANO	11/01/99	6,400	6,400	6,400	ŏ	ő	
68	FURNITURE	11/10/99	1,303	1,303	1,303	0	0	
69	LAPTOP COMPUTERS	11/19/99	7,154	7,154 200	7,154 200	0	0	
70 71	PRINTER BREWER	12/01/99 10/21/99	200 190	190	190	0	0	
72	IMPROVEMENTS	11/22/99	3,163	3,163	1,532	81	81	0
73	SMOKE DETECTORS	12/22/99	245	245	245	0	0	
78 79	115 EAST - PAVING 115 EAST HOUSE - PAINT & FLOOR	7/12/00 5/10/00	2,200 5,456	2,200 5,456	2,200 5,456	0	0	
82	115 EAST FURNISHINGS	6/01/00	21,946	21,946	21,946	ő	Ő	0
83	FURNISHINGS	6/01/00	38,660	38,660	38,660	0	0	
84	COMPUTERS & NETWORK VIDEO EQUIPMENT	6/01/00 6/01/00	17,719 14,070	17,719 14,070	17,719 14,070	0	0	
85 86	121 PAVING	4/20/01	5,003	5,003	5,003	ő	Ö	
87	120 PAVING	4/20/01	2,500	2,500	2,500	0	0	
88	120 FURNISHINGS	4/20/01	4,097	4,097 846	4,097 846	0	0	
89 90	121 TABLES, ETC 121 OFFICE EQUIPMENT	5/16/01 8/23/01	846 3,311	3,311	3,311	0	0	
93	122 EAST AVE FURNISHINGS	11/15/02	1,393	1,393	1,393	0	0	
96	120 EAST HVAC	12/19/02	3,701	3,701	3,701	0	0	
	WATER HEATER - 120 EAST 121 EQUIPMENT	6/30/02 6/30/03	4,986 5,828	4,986 5,828	4,986 5,828	0	C	•
104	122 EAST - FURNISHINGS & APPLIANC	6/30/03	7,577	7,577	7,577	Ö	C	0
109	COMPUTER EQUIPMENT	9/22/03	7,471	7,471	7,471	0	C	
	RECORDING EQUIPMENT	3/01/04 1/30/04	4,780 2,083	4,780 2,083	4,780 2,083	0	C	
	LAPTOPS VOICE MAIL	4/05/04	400	400	400	ő	Č	
113	RECLINER	4/05/04	198	198	198	0	0	
	121 EAST LANDSCAPING	8/17/04	9,363 920	9,363 920	9,225 920	138	138	
	DVD & CD RECORDERS REFRIGERATOR	8/31/04 2/23/05	652	652	652	ő	C	
	COMPUTER EQUIPMENT - 121 EAST	6/18/05	6,485	6,485	6,485	0	C	
	PAGERS - 121 EAST	5/31/05	2,895	2,895	2,895	0	C	
	EQUIP & FURN - 121 EAST 115 EAST - HVAC	7/25/05 1/26/05	784 3,833	784 3,833	784 3,493	227	227	
	121 EAST - HVAC	12/14/05	4,438	4,438	4,045	262	262	0
124	122 EAST - HVAC	6/23/05	2,078	2,078	1,894	123	123	
	COMPUTER & MUSIC EQUIPMENT COPIER & COMPUTERS	7/31/06 9/18/06	2,187 4,690	2,187 4,690	2,187 4,690	0	0	
	E TAPESTRY	8/15/06	8,501	8,501	8,501	0	C	0
129	PODIUM	6/01/06	1,360	1,360	1,360	0	190	
	121 EAST -HVAC ZONE SYSTEM	6/08/06	3,150	3,150 1,634	2,685 1,634	186 0	186	
	COMPUTER LAPTOPS	4/07/07 6/23/07	1,634 1,319	1,034	1,319	0	C	
136	CAMERA & ACCESSORIES	11/28/07	1,178	1,178	1,178	0	0	
137	LAWN MOWER	11/28/07	1,014	1,014	1,014	0	C	0

201010 UNITED METHODIST RENEWAL SERVICES

-*2015

TN Asset Report

-*2015

FYE: 12/31/2019

Form 990, Page 1

Asset Description	Date In Service	Cost	Basis for Depr	TN Prior	TN Current	Federal Current	Difference Fed - TN
138 PRINTERS & COMPUTER EQUIP 141 TELEPHONE SYSTEM 142 HVAC - 120 EAST 143 121 EAST ROOF 144 122 EAST ROOF 145 121 EAST SOUND SYSTEM 146 LAPTOP 147 COMPUTERS 148 LAPTOP 149 Water Heater 150 phone system 151 ROOF - 120 EAST WOLC 152 WATER HEATER 153 ELECTRICAL PANEL - 122 EAST 154 GAS - 121 EAST	7/07/07 2/13/08 4/21/09 12/31/10 12/31/10 2/15/11 1/13/11 7/21/11 12/07/11 5/15/12 9/06/12 5/01/13 5/29/13 8/26/13 5/28/14	677 600 11,450 15,600 3,120 2,445 3,921 8,076 2,754 1,376 1,805 9,551 1,333 2,650 10,428 756,378	677 600 11,450 15,600 3,120 2,445 3,921 8,076 2,754 1,376 1,805 9,551 1,333 2,650 10,428	677 600 7,252 3,217 643 2,445 3,921 8,076 2,754 1,060 1,391 1,378 940 1,163 6,584 511,728	0 0 763 400 80 0 0 0 91 118 244 87 157 769	0 0 338 400 80 0 0 0 45 59 318 44 78 384	74
Other Depreciation: 57 LAND 76 115 EAST AVE - HOUSE 77 LAND - 115 EAST AVE HOUSE 80 120 EAST IMPROVEMENTS 81 121 EAST AVE IMPROVEMENTS 91 121 IMPROVEMENTS 95 120 EAST AVE IMPROVEMENTS 97 122 EAST AVE IMPROVEMENTS 98 122 EAST AVE HOUSE 99 122 EAST AVE - LAND 106 120 EAST IMPROVEMENTS 107 121 EAST IMPROVEMENTS 108 122 EAST IMPROVEMENTS 108 122 EAST IMPROVEMENTS 109 120 EAST IMPROVEMENTS 110 EAST - GUTTERGUARDS 130 120 EAST IMPROVEMENTS 131 120 EAST - ADD WALL 139 115 EAST ROOF 140 115 EAST - WINDOWS 155 GAS - 120 EAST 156 WATER HEATER 157 HVAC - 121 EAST 158 laptop 159 HVAC - 121 East 160 3 HVAC - 120 EAST 161 Camera 164 Fire Alarm System 165 120 East Improvements 166 121 East HVAC 167 121 East HVAC 168 HP Laptop - Darlene 169 121 East Equipment Upgrade 170 Worship Center Equip Upgrade 171 Camcorder 172 New Carrier 2.5 Ton AC Unit 173 HVAC Repairs - 8 Zone System Replacement 174 New Rund 4 Ton 14 Seer Condenser 175 New 2-ton split gas system 176 Supply Line Damper Motor - Conference received the system of the system 177 Emergency Exit Fixtures 178 Video Switcher 179 MacBook Pro - Jen 180 Digital Mixing Console 32 Ch. 181 Sound Equipment - P16 182 New backflow 183 12" Digital Static bypass damper 184 2 New toilets - Ladies room 185 Stage Piano 186 Painting - 115 East Ave 187 Painting - 121 East Ave	2/27/18 6/28/18	239,718 85,141 20,000 3,156 491,968 2,831 25,699 85,097 20,000 106,266 8,369 6,976 4,623 2,500 11,062 2,613 4,226 4,200 4,428 1,235 3,970 2,719 5,340 15,846 1,208 1,689 650 1,147 4,595 5,385 8,950 749 1,752 1,218 1,695 4,975 2,319 5,215 4,995 887 1,175 1,054 1,999 2,110 6,559 500 868 725 3,698 3,500 3,500	239,718 85,141 20,000 3,156 491,968 2,831 25,699 85,097 20,000 106,266 8,369 6,976 4,623 2,500 11,062 2,613 4,226 4,200 4,428 1,235 3,970 2,719 5,340 15,846 1,208 1,689 650 1,147 4,595 5,385 8,950 7,49 1,752 1,218 1,695 4,975 2,319 5,215 4,995 887 1,175 1,054 1,999 2,110 6,559 500 868 725 3,698 3,500 3,500	0 57,922 0 1,500 233,895 1,286 10,571 35,548 0 42,347 3,335 3,943 4,623 1,208 3,557 796 1,774 1,546 1,993 556 1,588 1,994 2,606 5,659 431 583 271 516 613 718 970 250 480 334 242 0 213 435 250 30 98 125 555 151 469 46 43 43 189 98 125 555 151 469 469 469 469 469 469 469 469 469 469	0 3,096 0 81 12,615 72 659 2,182 253 0 91 284 67 153 153 442 123 397 544 763 2,264 173 241 93 230 459 539 895 249 250 174 242 498 231 521 498 231 521 498 231 521 532 533 643 744 745 745 745 745 745 745 745 745 745	174 242 498 231 521 499 88 117 151 667 300 937 50 87 77	

201010 UNITED METHODIST RENEWAL SERVICES

-*2015

TN Asset Report

FYE: 12/31/2019

Asset	Description	Date In Service	Cost	Basis for Depr	TN Prior	TN Current	Federal Current	Difference Fed - TN
188	120 East parking lot sealing	5/22/19	5,000	5,000	0	292	292	0
189	Paving 121 East Parking	5/22/19	63,900	63,900	0	3,728	3,728	0
190	MAC Computer - Donna	4/20/19	2,023	2,023	0	450	450	0
191	MAC - Mark	4/28/19	1,670	1,670	0	371	371	0
192	AED Plus	5/29/19	1,544	1,544	0	180	180	0
193	Sound Equipment	8/26/19	4,706	4,706	0	224	224	0
194	MAC - ARM presenter laptop	7/06/19	1,860	1,860	0	310	310	0
	Total Other Depreciation	72	1,311,803	1,311,803	426,088	41,493	41,493	0
Total ACRS and Other Depreciation			1,311,803	1,311,803	426,088	41,493	41,493	0
	¥							
	Grand Totals		2,068,181	2,068,181	937,816	56,060	55,097	-963
	Less: Dispositions		0	0	0	0	0	0
	Less: Start-up/Org Expense		0	0	0	0	0	0
	Net Grand Totals	1 2	2,068,181	2,068,181	937,816	56,060	55,097	-963

201010 UNITED METHODIST RENEWAL SERVICES

-*2015

AMT Asset Report

Form 990, Page 1

Prior MACRS: 3 BOOKCASES 2/16/94 336 336 5 HY 150DB 336 9 PROJECTORS 1/07/93 370 370 5 HY 150DB 370 370 5 HY 150DB 370 370 370 5 HY 150DB 370 370 370 5 HY 150DB 370	AssetDescription	sis Depr <u>PerConv Meth</u> <u>Prior</u> Curren
BOOKCASES 21/6/94 336 336 5 HY ISODB 370	- 3	
COMPUTERS & NETWORK	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 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 FURNITURE 65 LAPTOP COMPUTERS 70 PRINTER 71 BREWER 72 IMPROVEMENTS 73 SMOKE DETECTORS 74 115 EAST FURNISHINGS 75 STORAGE RACK 84 COMPUTERS NETWORK 85 VIDEO EQUIPMENT 86 121 PAVING 87 120 PAVING 88 120 FURNISHINGS 89 121 TABLES, ETC 90 121 OFFICE EQUIPMENT 91 122 EAST AVE FURNISHINGS 96 120 EAST HVAC 101 WATER HEATER - 120 EAST 104 121 EQUIPMENT 105 122 EAST - PURNISHINGS 96 120 EAST HVAC 101 WATER HEATER - 120 EAST 104 121 EQUIPMENT 105 122 EAST - FURNISHINGS 96 120 EAST HVAC 107 WATER HEATER - 120 EAST 104 121 EQUIPMENT 105 122 EAST - FURNISHINGS 107 UNICKNEY 108 120 PAVING 119 ECORDING EQUIPMENT 110 RECORDING EQUIPMENT 111 LAPTOPS 112 COMPUTER EQUIPMENT 112 LAPTOPS 113 EAST - HVAC 114 121 EAST LANDSCAPING 115 EAST - HVAC 116 COMPUTER EQUIPMENT 117 COMPUTER EQUIPMENT 118 PAGERS - 121 EAST 119 EQUIP & FURN - 121 EAST 121 IS EAST - HVAC 122 LAST - HVAC 123 121 EAST - HVAC 124 122 EAST - HVAC 125 COMPUTER & MUSIC EQUIPMENT 127 COPIER & COMPUTERS 129 PODIUM 131 121 EAST - HVAC 142 COMPUTER EQUIPMENT 153 COMPUTER & MUSIC EQUIPMENT 174 COPIER & COMPUTERS 175 LAPTOPS 176 COMPUTER 177 COPIER & COMPUTERS 178 COMPUTER & MUSIC EQUIPMENT 179 COPIER & COMPUTERS 179 PODIUM 170 COPIER & COMPUTERS 170 PODIUM 171 COMPUTER EQUIPMENT 172 COPIER & COMPUTERS 173 COMPUTER & MUSIC EQUIPMENT 174 COMPUTER & MUSIC EQUIPMENT 175 COPIER & COMPUTERS 176 COMPUTER & MUSIC EQUIPMENT 177 COPIER & COMPUTERS 178 COMPUTER & MUSIC EQUIPMENT 179 COMPUTER & MUSIC EQUIPMENT 170 COPIER & COMPUTERS 170 COMPUTER & MUSIC EQUIPMENT 171 COMPUTER & MUSIC EQUIPMENT 172 COPIER & COMPUTERS 175 COMPUTER & MUSIC EQUIPMENT 176 COMPUTER & MUSIC EQUIPMENT 177 CO	336 5 HY 150DB 336 370 5 HY 150DB 370 7,032 7 HY 150DB 7,032 311 5 HY 150DB 7,032 311 5 HY 150DB 2,270 520 3 HY 150DB 520 456 5 HY 150DB 2,280 2,210 5 HY 150DB 2,480 2,211 5 HY 150DB 2,211 2,017 5 HY 150DB 2,211 2,017 5 HY 150DB 2,017 280 5 HY 150DB 280 280 5 HY 150DB 280 280 5 HY 150DB 280 300 5 HY 150DB 300 70 5 HY 150DB 419 177 5 HY 150DB 419 177 5 HY 150DB 419 177 5 HY 150DB 3,499 1,064 5 HY 150DB 1,064 2,519 5 HY 150DB 1,006 4,000 5 HY 150DB 1,000 1,303 5 HY 150DB 1,303 7,154 5 HY 150DB 1,303 7,154 5 HY 150DB 2,200 190 5 HY 150DB 2,500 190 5 HY 150DB 2,200 190 5 HY 150DB 1,00 190 5 HY 150DB 1,00 190 5 HY 150DB 2,200 190 5 HY 150DB 3,466 2,200 15 HY 150DB 2,200 190 5 HY 150DB 2,200 190 5 HY 150DB 3,466 2,1946 5 HY 150DB 3,409 3,163 39 MMS/L 1,551 4,077 7 HY 150DB 3,311 975 7 HY 200DB 4,986 2,1947 HY 200DB 4,986 2,914 7 HY 200DB 1,393 2,591 7 HY 200DB 4,986 2,914 7 HY 200DB 4,986 2,914 7 HY 200DB 1,894 4,682 15 HY 150DB 9,225 4,685 1 HY 150DB 1,894 4,682 15 HY 150DB 1,894 4,682 15 HY 150DB 1,894 4,682 15 HY 150DB 1,894 4,683 15 HY 150DB 1,894 4,683 15 HY 150DB 1,894 4,684 5 HY 150DB 1,894 4,685 15 HY 150DB 1,894 4,686 15 HY 150DB 1,894 4,687 15 HY 150DB 1,894 4,688 15 HY 150DB 1,894 4,689 5 HY 150DB 1,894 4,689 5 HY 150DB 1,894 4,680 5 HY 150DB 1,894 4,681 15 HY 150DB 1,894 4,682 15 HY 150DB 1,894 4,682 15 HY 150DB 1,894 4,682 15 HY 150DB 1,894 4,681 15 HY 150DB 1,894 4,682 15 HY 150DB 1,894 4,681 15 HY 150DB 1,894 4,681 15 HY 150DB 1,894 4,682 15 HY 150DB 1,894 4,681 15 HY 150DB 1,894 4,681 15 HY 150DB 1,894 4,681 15 HY 150DB 1,894

201010 UNITED METHODIST RENEWAL SERVICES

-*2015

FYE: 12/31/2019

AMT Asset Report

Form 990, Page 1

Bus Sec Basis Date Prior Current Cost 179Bonus for Depr PerConv Meth In Service Description Asset 600 5 0 X X HY 200DB 2/13/08 600 300 141 TELEPHONE SYSTEM HY S/L 15 9,351 382 11,450 5,725 4/21/09 142 HVAC - 120 EAST 39 MM S/L 3,217 400 121 EAST ROOF 15,600 12/31/10 15,600 143 39 MM S/L 643 80 122 EAST ROOF 12/31/10 3,120 3,120 144 **HY 200DB** 5 2,445 0 0 121 EAST SOUND SYSTEM 2/15/11 2,445 145 5 3,921 0 **HY 200DB** 0 3,921 XXXXXXXXX 1/13/11 146 LAPTOP HY 200DB 8,076 0 0 147 **COMPUTERS** 7/21/11 8,076 2,754 0 5 HY 200DB 2,754 0 148 12/07/11 LAPTOP 688 10 HY 200DB 1,218 45 149 5/15/12 1,376 Water Heater HY 200DB 1,598 59 902 10 9/06/12 1,805 150 phone system 6,527 318 4,775 15 HY S/L 5/01/13 9,551 151 ROOF - 120 EAST WOLC 666 10 HY 200DB 1.136 44 WATER HEATER 5/29/13 1,333 152 HY 150DB 78 1,907 15 ELECTRICAL PANEL - 122 EAST 1,325 8/26/13 2,650 153 5,214 10 HY 200DB 8,506 384 10,428 154 GAS - 121 EAST 5/28/14 510,951 13,378 688,750 747,877 Other Depreciation: 57 LAND 0 0 0 HY11/23/98 0 0 0 0 4/05/00 0 HY 115 EAST AVE - HOUSE 0 0 0 0 4/05/00 0 HY LAND - 115 EAST AVE HOUSE 0 0 0 0 HY 120 EAST IMPROVEMENTS 6/01/00 80 0 0 0 0 0 HY 6/01/00 81 121 EAST AVE IMPROVEMENTS 0 0 0 0 HY 91 121 IMPROVEMENTS 4/09/01 0 0 0 0 HY 0 95 120 EAST AVE IMPROVEMENTS 12/18/02 0 0 0 0 HY 97 9/26/02 122 EAST AVE HOUSE 0 0 0 9/26/02 0 HY 99 122 EAST AVE - LAND 0 0 0 0 HY 0 106 120 EAST IMPROVEMENTS 6/30/03 0 HY 0 0 0 121 EAST IMPROVEMENTS 6/30/03 107 $_{0}^{0}$ 0 0 HY 0 122 EAST IMPROVEMENTS 0 108 6/30/03 0 0 0 0 HY SOFTWARE - 121 EAST 12/31/05 120 0 0 0 0 0 HY 115 EAST - GUTTERGUARDS 9/26/05 122 ŏ 0 0 0 HY 8/15/06 128 E TAPESTRY 0 0 0 0 HY 6/06/06 130 120 EAST IMPROVEMENTS 0 0 0 0 0 HY 120 EAST - ADD WALL 2/17/07 133 0 0 0 HY 0 139 115 EAST ROOF 6/27/07 0 0 0 0 0 HY 11/04/08 140 115 EAST - WINDOWS 0 0 0 0 0 HY GAS - 120 EAST 6/17/14 155 0 0 0 0 0 HY WATER HEATER 6/17/14 156 0 0 0 0 HY 157 12/17/14 HVAC - 120 EAST 0 0 0 0 0 HY 158 5/08/15 laptop 0 0 0 8/06/15 0 0 HY 159 HVAC - 121 East 0 0 0 0 HY 7/09/16 160 3 HVAC - 120 East Ave 0 0 0 0 **HVAC** Repair 0 HY 161 6/22/16 0 0 0 0 0 HY 8/14/16 162 **HVAC** Repair 0 0 0 0 0 HY 2/10/16 163 Camera 0 0 0 0 0 HY Fire Alarm System 10/14/16 164 10 MO S/L 613 459 4,595 4,595 165 120 East Improvements 9/08/17 0 0 9/14/17 0 0 0 HY 121 East HVAC 166 0 0 0 HY 0 11/17/17 167 121 East HVAC 0 0 0 0 HY HP Laptop - Darlene 12/30/17 0 168 0 0 121 East Equipment Upgrade 2/02/17 0 0 0 HY 169 0 0 0 0 HY 0 170 Worship Center Equip Upgrade 2/04/17 0 0 0 0 HY 171 12/17/17 Camcorder 0 0 0 0 0 HY 12/16/18 172 New Carrier 2.5 Ton AC Unit 0 0 0 0 HVAC Repairs - 8 Zone System Replaceme 1/30/18 0 HY 173 0 0 HY 0 New Ruud 4 Ton 14 Seer Condenser 0 2/27/18 174 0 0 0 0 HY 175 New 2-ton split gas system 6/28/18 0 0 0 Supply Line Damper Motor - Conference ro 8/24/18 0 0 0 HY 176 0 0 HY 0 0 177 Emergency Exit Fixtures 3/15/18 0 0 0 0 HY 178 Video Switcher 2/16/18 0 0 0 0 0 HY 3/09/18 179 MacBook Pro - Jen 0 0 0 O HY 180 Digital Mixing Console 32 Ch. 7/06/18 0 Ŏ 0 0 0 HY Sound Equipment - P16 7/15/18 181 0 0 0 0 0 HY 182 New backflow 2/09/18 0 0 6/21/18 0 0 0 HY 183 12" Digital Static bypass damper Ö 0 0 0 HY 9/19/18 184 2 New toilets - Ladies room 0 N 0 0 HY 185 Stage Piano 12/31/18 0 0 Painting - 115 East Ave 0 0 HY 0 4/18/19 0 186 0 0 HY 0 187 Painting - 121 East Ave 4/24/19

201010 UNITED METHODIST RENEWAL SERVICES

-*2015

AMT Asset Report

FYE: 12/31/2019

Asset 188 189 190 191	Description 120 East parking lot sealing Paving 121 East Parking MAC Computer - Donna MAC - Mark	Date In Service 5/22/19 5/22/19 4/20/19 4/28/19	Cost 0 0 0 0 0	Bus Sec % 179Bonus_	Basis for Depr 0 0 0 0	PerConv Meth 0 HY 0 HY 0 HY 0 HY 0 HY	Prior 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Current 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
192 193 194	AED Plus Sound Equipment MAC - ARM presenter laptop Total Other Depreciation	5/29/19 8/26/19 7/06/19	0 0 0 4,595	-	0 0 0 4,595	0 HY 0 HY 0 HY	0 0 0 613	0 0 0 459
	Total ACRS and Other Depre	ciation =	4,595	=	4,595		613	459
	Grand Totals Less: Dispositions and Transf Net Grand Totals	ers	752,472 0 752,472	-	693,345 693,345		511,564 0 511,564	13,837 0 13,837

201010 UNITED METHODIST RENEWAL SERVICES **-***2015 Bonus Depreciation Report

FYE: 12/31/2019

Asset	Property Description	Date In Service	Tax Cost	Bus Pct	Tax Sec 179 Exp	Current Bonus	Prior Bonus	Tax - Basis for Depr
	122 EAST AVE FURNISHINGS	11/15/02	1,393			0	418	975
93 96	122 EAST AVE FORNISHINGS 120 EAST HVAC	12/19/02	3,701		0	ő	1,110	2,591
101	WATER HEATER - 120 EAST	6/30/02	4,986		0	ŏ	1,496	3,490
101	121 EQUIPMENT	6/30/02	5,828		0	ŏ	2,914	2,914
104	121 EQUIFMENT 122 EAST - FURNISHINGS & APPLIANCE	6/30/03	7,577		Ő	ŏ	3,788	3,789
103	COMPUTER EQUIPMENT	9/22/03	7,471		Ő	ŏ	3,735	3,736
110	RECORDING EQUIPMENT	3/01/04	4,780		Ő	Ŏ	2,390	2,390
	LAPTOPS	1/30/04	2,083		ő	Ŏ	1,042	1,041
111	VOICE MAIL	4/05/04	400		Ö	0	200	200
113	RECLINER	4/05/04	198		0	0	99	99
113	121 EAST LANDSCAPING	8/17/04	9,363		0	0	4,681	4,682
115	DVD & CD RECORDERS	8/31/04	920		0	0	460	460
141	TELEPHONE SYSTEM	2/13/08	600		0	0	300	300
	HVAC - 120 EAST	4/21/09	11,450		0	0	5,725	5,725
145	121 EAST SOUND SYSTEM	2/15/11	2,445		0	0	2,445	0
	LAPTOP	1/13/11	3,921		0	0	3,921	0
147	COMPUTERS	7/21/11	8,076		0	0	8,076	0
	LAPTOP	12/07/11	2,754		0	0	2,754	0
149	Water Heater	5/15/12	1,376		0	0	688	688
150	phone system	9/06/12	1,805		0	0	903	902
151	ROOF - 120 EAST WOLC	5/01/13	9,551		0	0	4,776	4,775
152	WATER HEATER	5/29/13	1,333		0	0	667	666
153	ELECTRICAL PANEL - 122 EAST	8/26/13	2,650		0	0	1,325	1,325
	GAS - 121 EAST	5/28/14	10,428		0	0	5,214	5,214
165	120 East Improvements	9/08/17	4,595		0	0	0	4,595
	1							
	Cu	and Total	109,684			0	59,127	50,557
	Gr	anu Tutai	102,004					

201010 UNITED METHODIST RENEWAL SERVICES

-*2015 Depreciation Adjustment Report

FYE: 12/31/2019 All Business Activities

<u>Form</u>	<u>Unit</u>	Asset	Description	Tax	AMT	AMT Adjustments/ <u>Preferences</u>
MAC	RS Adj	ustments:				
			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 MUSIC EQUIPMENT COMPUTER COMPUTER PIANO FURNITURE LAPTOP COMPUTERS PRINTER BREWER IMPROVEMENTS SMOKE DETECTORS 115 EAST - PAVING 115 EAST + PAVING 115 EAST FURNISHINGS FURNISHINGS COMPUTERS & NETWORK VIDEO EQUIPMENT 121 PAVING 120 FURNISHINGS 121 TABLES, ETC 121 OFFICE EQUIPMENT 122 EAST HVAC WATER HEATER - 120 EAST 121 EQUIPMENT 122 EAST - FURNISHINGS & APPLIANCES COMPUTER EQUIPMENT 122 EAST - FURNISHINGS	Tax 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	Preferences 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
Page I Page I		110 111 112 113 114 115 116 117 118 119 121 123 124 126 127 129 131 134 135 136	RECORDING EQUIPMENT LAPTOPS VOICE MAIL RECLINER 121 EAST LANDSCAPING DVD & CD RECORDERS REFRIGERATOR COMPUTER EQUIPMENT - 121 EAST PAGERS - 121 EAST EQUIP & FURN - 121 EAST 115 EAST - HVAC 121 EAST - HVAC 122 EAST - HVAC COMPUTER & MUSIC EQUIPMENT COPIER & COMPUTERS PODIUM 121 EAST -HVAC ZONE SYSTEM COMPUTER LAPTOPS CAMERA & ACCESSORIES	0 0 0 138 0 0 0 0 0 227 262 123 0 0 0 186	0 0 0 138 0 0 0 0 0 227 262 123 0 0 0 0 186	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0

201010 UNITED METHODIST RENEWAL SERVICES **-***2015 Depreciation Adjustment Report

FYE: 12/31/2019

All Business Activities

						AMT
Form	<u>Unit</u>	Asset	Description	Tax	AMT	Adjustments/ Preferences
Page 1	1	137	LAWN MOWER	0	0	0
Page 1	1	138	PRINTERS & COMPUTER EQUIP	0	0	0
Page 1	1	141	TELEPHONE SYSTEM	0	0	0
Page 1	- 1	142	HVAC - 120 EAST	338	382	-44
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	0	0	0
Page 1	1	146	LAPTOP	0	0	0
Page 1	1	147	COMPUTERS	0	0	0
Page 1	1	148	LAPTOP	0	0	0
Page 1	1	149	Water Heater	45	45	0
Page 1	1	150	phone system	59	59	0
Page 1	1	151	ROOF - 120 EAST WOLC	318	318	0
Page 1	1	152	WATER HEATER	44	44	0
Page 1	1	153	ELECTRICAL PANEL - 122 EAST	78	78	0
Page 1	i	154	GAS - 121 EAST	384	384	<u> </u>
				13,604	13,378	226

201010 UNITED METHODIST RENEWAL SERVICES

-*2015 Future Depreciation Report FYE: 12/31/20

FYE: 12/31/2019

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	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
	82 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0

201010 UNITED METHODIST RENEWAL SERVICES

-*2015 Future Depreciation Report FYE: 12/31/20

FYE: 12/31/2019

Asset	Description	Date In Service	Cost	Tax	AMT
137	LAWN MOWER	11/28/07	1,014	0	0
138	PRINTERS & COMPUTER EQUIP TELEPHONE SYSTEM	7/07/07 2/13/08	677 600	0	0
141 142	HVAC - 120 EAST	4/21/09	11,450	338	381
143	121 EAST ROOF 122 EAST ROOF	12/31/10 12/31/10	15,600 3,120	400 80	400 80
144 145	122 EAST ROOF 121 EAST SOUND SYSTEM	2/15/11	2,445	0	0
146	LAPTOP	1/13/11 7/21/11	3,921 8,076	0	0
147 148	COMPUTERS LAPTOP	12/07/11	2,754	0	0
149	Water Heater	5/15/12 9/06/12	1,376 1,805	45 59	45 59
150 151	phone system ROOF - 120 EAST WOLC	5/01/13	9,551	318	318
152 153	WATER HEATER ELECTRICAL PANEL - 122 EAST	5/29/13 8/26/13	1,333 2,650	44 78	44 78
154	GAS - 121 EAST	5/28/14	10,428	342	342
			756,378	13,119	12,889
-	Depreciation:	11/02/09	220.719	۸	0
57 76	LAND 115 EAST AVE - HOUSE	11/23/98 4/05/00	239,718 85,141	0 3,096	0
77	LAND - 115 EAST AVE HOUSE	4/05/00	20,000	0 81	0
80 81	120 EAST IMPROVEMENTS 121 EAST AVE IMPROVEMENTS	6/01/00 6/01/00	3,156 491,968	12,614	0
91	121 IMPROVEMENTS	4/09/01	2,831 25,699	73 659	0
95 97	120 EAST AVE IMPROVEMENTS 122 EAST AVE HOUSE	12/18/02 9/26/02	85,097	2,182	0
99	122 EAST AVE - LAND	9/26/02 6/30/03	20,000 106,266	0 2,725	0
106 107	120 EAST IMPROVEMENTS 121 EAST IMPROVEMENTS	6/30/03	8,369	214	0
108	122 EAST IMPROVEMENTS SOFTWARE - 121 EAST	6/30/03 12/31/05	6,976 4,623	254 0	0
120 122	115 EAST - GUTTERGUARDS	9/26/05	2,500	91	0
130	120 EAST IMPROVEMENTS 120 EAST - ADD WALL	6/06/06 2/17/07	11,062 2,613	284 66	0
133 139	115 EAST ROOF	6/27/07	4,226	154	0
140 155	115 EAST - WINDOWS GAS - 120 EAST	11/04/08 6/17/14	4,200 4,428	153 443	0
156	WATER HEATER	6/17/14	1,235	124	0
157 158	HVAC - 120 EAST laptop	12/17/14 5/08/15	3,970 2,719	397 181	0
159	HVAC - 121 East	8/06/15	5,340	763	0
160 161	3 HVAC - 120 East Ave HVAC Repair	7/09/16 6/22/16	15,846 1,208	2,264 173	0
162	HVAC Repair	8/14/16	1,689	242	0
163 164	Camera Fire Alarm System	2/10/16 10/14/16	650 1,147	93 229	0
165	120 East Improvements	9/08/17	4,595	460	460
166 167	121 East HVAC 121 East HVAC	9/14/17 11/17/17	5,385 8,950	538 895	0
168	HP Laptop - Darlene	12/30/17	749	250	0
169 170	121 East Équipment Upgrade Worship Center Equip Upgrade	2/02/17 2/04/17	1,752 1,218	250 174	0
171	Camcorder	12/17/17	1,695	243	0
172 173	New Carrier 2.5 Ton AC Unit HVAC Repairs - 8 Zone System Replacement	12/16/18 1/30/18	4,975 2,319	497 232	0
174	New Ruud 4 Ton 14 Seer Condenser	2/27/18	5,215	522	0
175 176	New 2-ton split gas system Supply Line Damper Motor - Conference room	6/28/18 8/24/18	4,995 887	500 89	0
177	Emergency Exit Fixtures	3/15/18	1,175	118	0
178 179	Video Switcher MacBook Pro - Jen	2/16/18 3/09/18	1,054 1,999	151 666	0
180	Digital Mixing Console 32 Ch.	7/06/18	2,110	302	0
181 182	Sound Equipment - P16 New backflow	7/15/18 2/09/18	6,559 500	937 50	0
183	12" Digital Static bypass damper	6/21/18	868	87 72	0
184 185	2 New toilets - Ladies room Stage Piano	9/19/18 12/31/18	725 3,698	529	0

201010 UNITED METHODIST RENEWAL SERVICES

-*2015 Future Depreciation Report FYE: 12/31/20

FYE: 12/31/2019

Asset	Description	Date In Service	Cost	Tax	AMT
186	Painting - 115 East Ave	4/18/19	3,500	350	0
187	Painting - 121 East Ave	4/24/19	3,500	350	0
188	120 East parking lot sealing	5/22/19	5,000	500	0
189	Paving 121 East Parking	5/22/19	63,900	6,390	0
190	MAC Computer - Donna	4/20/19	2,023	674	0
191	MAC - Mark	4/28/19	1,670	557	0
192	AED Plus	5/29/19	1,544	309	0
193	Sound Equipment	8/26/19	4,706	672	0
194	MAC - ARM presenter laptop	7/06/19	1,860	620	0
	Total Other Depreciation		1,311,803	45,539	460
	Total ACRS and Other Depreciation		1,311,803	45,539	460
	Grand Totals		2,068,181	58,658	13,349

201010 UNITED METHODIST RENEWAL SERVICES

-*2015 TN Future Depreciation Report

FYE: 12/31/2019 Form 990, Page 1

201010 UNITED METHODIST RENEWAL SERVICES

-*2015 TN Future Depreciation Report

FYE: 12/31/2019

Form 990, Page 1

A = = = 4	Description	Date In	Cost	TN
137 138 141 142 143 144 145 146 147 148 149 150 151 152 153	Description LAWN MOWER PRINTERS & COMPUTER EQUIP TELEPHONE SYSTEM HVAC - 120 EAST 121 EAST ROOF 122 EAST ROOF 121 EAST SOUND SYSTEM LAPTOP COMPUTERS LAPTOP Water Heater phone system ROOF - 120 EAST WOLC WATER HEATER ELECTRICAL PANEL - 122 EAST GAS - 121 EAST	Service 11/28/07 7/07/07 2/13/08 4/21/09 12/31/10 12/31/10 2/15/11 1/13/11 7/21/11 12/07/11 5/15/12 9/06/12 5/01/13 5/29/13 8/26/13 5/28/14	1,014 677 600 11,450 15,600 3,120 2,445 3,921 8,076 2,754 1,376 1,805 9,551 1,333 2,650 10,428 756,378	0 0 0 763 400 80 0 0 0 0 90 119 245 88 156 683
Other I	Depreciation:			
57 76 77 80 81 91 95 97 99 106 107 108 120 122 130 133 139 140 155 156 157 158 159 160 161 162 163 164 165 166 167 168 169 170 171 172 173 174 175 176 177 178 179 180 181 182 183 183 184 185 186 186 186 187 187 188 188 189 189 189 189 189 189 189 189	LAND 115 EAST AVE - HOUSE LAND - 115 EAST AVE HOUSE 120 EAST IMPROVEMENTS 121 EAST AVE IMPROVEMENTS 121 IMPROVEMENTS 120 EAST AVE IMPROVEMENTS 120 EAST AVE IMPROVEMENTS 121 EAST AVE HOUSE 122 EAST AVE - LAND 120 EAST IMPROVEMENTS 121 EAST IMPROVEMENTS 121 EAST IMPROVEMENTS 122 EAST IMPROVEMENTS 120 EAST IMPROVEMENTS 120 EAST - GUTTERGUARDS 120 EAST IMPROVEMENTS 120 EAST - ADD WALL 115 EAST - WINDOWS GAS - 120 EAST WATER HEATER HVAC - 120 EAST laptop HVAC - 121 East 3 HVAC - 120 East Ave HVAC Repair Camera Fire Alarm System 120 East Improvements 121 East HVAC 121 East HVAC HP Laptop - Darlene 121 East Equipment Upgrade Worship Center Equip Upgrade Camcorder New Carrier 2.5 Ton AC Unit HVAC Repairs - 8 Zone System Replacement New Ruud 4 Ton 14 Seer Condenser New 2-ton split gas system Supply Line Damper Motor - Conference room Emergency Exit Fixtures Video Switcher MacBook Pro - Jen Digital Mixing Console 32 Ch. Sound Equipment - P16 New backflow 12" Digital Static bypass damper 2 New toilets - Ladies room Stage Piano	11/23/98 4/05/00 4/05/00 6/01/00 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 6/17/14 12/17/14 12/17/14 5/08/15 8/06/15 7/09/16 6/22/16 8/14/16 2/10/16 10/14/16 9/08/17 9/14/17 11/17/17 12/30/17 2/02/17 2/04/17 12/17/17 12/16/18 1/30/18 2/27/18 6/28/18 8/24/18 3/15/18 2/16/18 3/09/18 7/16/18 7/06/18 7/15/18 6/21/18 8/21/18 8/21/18 8/21/18 8/21/18 8/21/18 8/21/18 8/21/18 8/21/18 8/21/18 8/21/18 8/21/18 8/21/18 8/21/18 8/21/18 8/21/18 8/21/18	239,718 85,141 20,000 3,156 491,968 2,831 25,699 85,097 20,000 106,266 8,369 6,976 4,623 2,500 11,062 2,613 4,226 4,200 4,428 1,235 3,970 2,719 5,340 15,846 1,208 1,689 650 1,147 4,595 5,385 8,950 749 1,752 1,218 1,695 4,975 2,319 5,215 4,995 887 1,175 1,054 1,999 2,110 6,559 500 868 725 3,698	0 3,096 0 81 12,614 73 659 2,182 0 2,725 214 254 0 91 284 66 154 153 443 124 397 181 763 2,264 173 242 93 229 460 538 895 250 250 174 243 497 232 522 500 89 118 151 666 302 937 50 87 72 529

201010 UNITED METHODIST RENEWAL SERVICES

-*2015

TN Future Depreciation Report

FYE: 12/31/2019

Form 990, Page 1

Asset	Description	Date In Service	Cost	TN
186	Painting - 115 East Ave	4/18/19	3,500	350
187	Painting - 121 East Ave	4/24/19	3,500	350
188	120 East parking lot sealing	5/22/19	5,000	500
189	Paying 121 East Parking	5/22/19	63,900	6,390
190	MAC Computer - Donna	4/20/19	2,023	674
191	MAC - Mark	4/28/19	1,670	557
192	AED Plus	5/29/19	1,544	309
193	Sound Equipment	8/26/19	4,706	672
194	MAC - ARM presenter laptop	7/06/19	1,860	620
	Total Other Depreciation		1,311,803	45,539
	Total ACRS and Other Depreciation		1,311,803	45,539
	Grand Totals		2,068,181	59,578

Name

Form **990**

Two Year Comparison Report

2018 & 2019

For calendar year 2019, or tax year beginning

UNITED METHODIST RENEWAL SERVICES

	Taxpayer Identification Number
1	

I	FELLOWSHIP, INC.			**_**>	2015
			2018	2019	Differences
	1. Contributions, gifts, grants	1,	416,510	471,167	54,657
	2. Membership dues and assessments	2.			
	3. Government contributions and grants	3.			
n e	4 Decarem contino revenue	4.	174,531	126,412	-48,119
_	5. Investment income	5.	-12,276	68,919	81,195
~	6. Proceeds from tax exempt bonds	6.			
S.	7. Net gain or (loss) from sale of assets other than inventory				
	8. Net income or (loss) from fundraising events	8.			
	9. Net income or (loss) from gaming	9.			
	10. Net gain or (loss) on sales of inventory	10.			****
	11. Other revenue	11.	47,833	49,788	1,955
	12. Total revenue. Add lines 1 through 11	12.	626,598	716,286	89,688
	13. Grants and similar amounts paid	13.			
	14. Benefits paid to or for members	14.			
S	13. Compensation of officers, directors, trustees, etc.				
s	16. Salaries, other compensation, and employee benefits	16.	240,614	239,840	-774
e n	17. Professional fundraising fees	17.			
х	18. Other professional fees	18.	7,251	7,605	354
ш	19. Occupancy, rent, utilities, and maintenance	19.	46,722	47,211	489
	20. Depreciation and Depletion	20.	47,007	55,097	8,090
	21. Other expenses	21.	261,944	304,743	42,799
	22. Total expenses. Add lines 13 through 21	22.	603,538	654,496	50,958
	23. Excess or (Deficit). Subtract line 22 from line 12	23.	23,060	61,790	38,730
	24. Total exempt revenue	24.	626,598	716,286	89,688
_	25. Total unrelated revenue	25.			25 224
io	26. Total excludable revenue	26.	210,088	245,119	35,031
mal	27. Total assets	27.	1,606,443	1,662,552	56,109
for	28. Total liabilities	28.	28,452	24,668	-3,784
Other Information	29. Retained earnings	29.	1,577,991	1,637,884	59,893
the	30. Number of voting members of governing body	30.	16	30	·
0	31. Number of independent voting members of governing body		16	29	9 9900
	32. Number of employees	32.	6	5	
	33. Number of volunteers	33.			

Form 990		Tax Re	Tax Return History			2019
Name UNITED MET FELLOWSHIP	METHODIST RENEWAL	SERVICES			Employer I	Employer Identification Number
ı	2015	2016	2017	2018	2019	2020
Contributions, gifts, grants	507,863	551,870	526,240	416,510	471,167	
Program service revenue	214,123	182,822	179,601	174,531	126,412	
Capital gain or loss	-8.846	17.991	51 - 305	-12.276	68.919	
Fundraising revenue (income/loss)						
Other revenue	38,991	44,620	45,120	47,833	49,788	
Total revenue	752,131	h 1	INI	ெ	, 28	
Grants and similar amounts paid Benefits paid to or for members						
Compensation of officers, etc.		0	n	0	0	
Professional fees	6,851	9,074	7, 175	7,251	7,605	
Occupancy costs	51, 495	42,583	49,890	46,722	- 1	
Depreciation and depletion	-		h 1	7,	55,097	
Other expenses	386, 497	337, 512	1 w	261, 944	304,743	
Excess or (Deficit)	-118,872	-12,518	75,648	23,060		
Total exempt revenue	752,131	797,303	802,266	626, 598	716,286	
Total unrelated revenue Total excludable revenue	244, 268	245,433	276,026	210,088	245,119	
Total Assets	-	h 1	1,618,802	06,4	1,662,552	
ו טומו בומטוווופט	70/10	1 102 500	1 557 101	00	7 . 8	

201010 UNITED METHODIST RENEWAL SERVICES **-***2015 Federal Statements							
FYE: 12/31/2019							
Taxable Interest on Investments							
Description	Textorial filtrations of the filtration of the f						
Везоприон	Unrelated Exclusion Postal Acquired after US Amount Business Code Code 6/30/75 Obs (\$ or %)						
IRS INTEREST							
TOTAL	\$1 \$0						
Tax-Exempt Dividends from Securities							
Description							
	Unrelated Exclusion Postal Acquired after InState Amount Business Code Code 6/30/75 Muni (\$ or %)						
ENDOWMENT							
TOTAL	\$68,919 \$68,919						

Fund Raising s Management & General 1,254 1,254 Form 990, Part IX, Line 24e - All Other Expenses 1,916 1,916 Program Service 201010 UNITED METHODIST RENEWAL SERVICES

Federal Statements €\$ 3,483 3,483 Expenses Total €\$-Description **_***2015 FYE: 12/31/2019 TOTAL TELEPHONE