

Form **990**  
Department of the Treasury  
Internal Revenue Service

# Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

**2006**

Open to Public Inspection

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

**A** For the 2006 calendar year, or tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

**B** Check if applicable:  
☐ Address change  
☐ Name change  
☐ Initial return  
☐ Final return  
☐ Amended return  
☐ Application pending

**C** Name of organization  
**United Methodist Renewal Services Fellowship, Inc.**  
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
**PO Box 1205**  
 City or town, state or country, and ZIP + 4  
**Goodlettsville TN 37070**

**D** Employer identification number  
**58-1322015**

**E** Telephone number  
**615-851-9192**

**F** Accounting method: ☐ Cash  
☒ Accrual ☐ Other (specify) \_\_\_\_\_

**G** Website: ▶ **www.aldersgaterenewal.org**

**J** Organization type  
 (check only one) ▶ ☒ 501(c) ( **3** ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

**K** Check here: ☐ if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

**L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **1,075,495**

**H** and are not applicable to section 527 organizations, I  
**H(a)** Is this a group return for affiliates? ☐ Yes ☒ No  
**H(b)** If "Yes," enter number of affiliates ▶  
**H(c)** Are all affiliates included? ☐ Yes ☐ No  
 (If "No," attach a list. See instructions.)  
**H(d)** Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☐ No  
**I** Group Exemption Number ▶  
**M** Check ☒ if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

## Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)

Revenue	1	Contributions, gifts, grants, and similar amounts received:				
	a	Contributions to donor advised funds	1a			
	b	Direct public support (not included on line 1a)	1b	637,935		
	c	Indirect public support (not included on line 1a)	1c	428		
	d	Government contributions (grants) (not included on line 1a)	1d			
	e	Total (add lines 1a through 1d) (cash \$ 637,935 noncash \$ 428 )	1e		638,363	
	2	Program service revenue including government fees and contracts (from Part VII, line 93)	2		208,166	
	3	Membership dues and assessments	3			
	4	Interest on savings and temporary cash investments	4		3,445	
	5	Dividends and interest from securities	5		17,467	
	6a	Gross rents	6a			
	b	Less: rental expenses	6b			
c	Net rental income or (loss). Subtract line 6b from line 6a	6c				
7	Other investment income (describe ▶ See Statement 1 )	7		176,745		
Revenue	8a	Gross amount from sales of assets other than inventory	(A) Securities		(B) Other	
	b	Less: cost or other basis and sales expenses	8a			
	c	Gain or (loss) (attach schedule)	8b	1,267		
	d	Net gain or (loss). Combine line 8c, columns (A) and (B)	8c	-1,267		
	8d				-1,267	
	9	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>				
	a	Gross revenue (not including \$ _____ of contributions reported on line 1b)	9a			
	b	Less: direct expenses other than fundraising expenses	9b			
	c	Net income or (loss) from special events. Subtract line 9b from line 9a	9c			
	10a	Gross sales of inventory, less returns and allowances	10a			
b	Less: cost of goods sold	10b				
c	Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a	10c				
11	Other revenue (from Part VII, line 103)	11		31,309		
12	Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12		1,074,228		
Expenses	13	Program services (from line 44, column (B))	13		842,894	
	14	Management and general (from line 44, column (C))	14		256,408	
	15	Fundraising (from line 44, column (D))	15		101,771	
	16	Payments to affiliates (attach schedule)	16			
	17	Total expenses. Add lines 13 and 14, column (A)	17		1,201,073	
Net Assets	18	Excess or (deficit) for the year. Subtract line 17 from line 12	18		-126,845	
	19	Net assets or fund balances at beginning of year (from line 73, column (A))	19		2,285,986	
	20	Other changes in net assets or fund balances (attach explanation)	20			
	21	Net assets or fund balances at end of year. Combine lines 18, 19, and 20	21		2,159,141	

**Part II. Statement of Functional Expenses**

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising	
<b>22a</b> Grants paid from donor advised funds (attach schedule) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22a				
<b>22b</b> Other grants and allocations (attach schedule) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22b				
<b>23</b> Specific assistance to individuals (attach schedule)	23				
<b>24</b> Benefits paid to or for members (attach schedule) Stmt 3	24	10,651	10,651		
<b>25a</b> Compensation of current officers, directors, key employees, etc. listed in Part V-A (attach schedule) See Statement 4	25a	98,544	44,345	29,563	24,636
<b>b</b> Compensation of former officers, directors, key employees, etc. listed in Part V-B (attach schedule)	25b				
<b>c</b> Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)	25c				
<b>26</b> Salaries and wages of employees not included on lines 25a, b, and c	26	248,563	165,397	42,771	40,395
<b>27</b> Pension plan contributions not included on lines 25a, b, and c	27	34,040	20,287	7,874	5,879
<b>28</b> Employee benefits not included on lines 25a - 27	28	64,601	39,036	13,462	12,103
<b>29</b> Payroll taxes	29	19,015	11,833	3,759	3,423
<b>30</b> Professional fundraising fees	30				
<b>31</b> Accounting fees	31	8,403	3,500	4,903	
<b>32</b> Legal fees	32				
<b>33</b> Supplies	33	14,340	7,170	7,170	
<b>34</b> Telephone	34	8,296	8,296		
<b>35</b> Postage and shipping	35	32,267	20,974	4,517	6,776
<b>36</b> Occupancy	36	49,825	9,848	39,977	
<b>37</b> Equipment rental and maintenance	37	8,742		8,742	
<b>38</b> Printing and publications	38	36,404	23,663	5,096	7,645
<b>39</b> Travel	39	73,884	73,884		
<b>40</b> Conferences, conventions, and meetings	40	184,463	184,463		
<b>41</b> Interest	41	6,404		6,404	
<b>42</b> Depreciation, depletion, etc. (attach schedule)	42	55,000		55,000	
<b>43</b> Other expenses not covered above (itemize): a See Statement 5 b c d e f g	43a	247,631	219,547	27,170	914
	43b				
	43c				
	43d				
	43e				
	43f				
	43g				
<b>44</b> Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	1,201,073	842,894	256,408	101,771

Joint Costs. Check ☐ if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?

Yes ☐ No ☒

If "Yes," enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_, (ii) the amount allocated to Program services \$ \_\_\_\_\_,

(iii) the amount allocated to Management and general \$ \_\_\_\_\_ and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_



**Part III. Statement of Program Service Accomplishments (See the instructions.)**

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose?

**► Religious Organization/Church**

All organizations must describe their exempt purpose, achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

**Program Service Expenses**

(Required for 501(c)(3) and (4) orgs. and 4947(a)(1) trusts, but optional for others.)

**a Ministry/Church leadership training, support and planning for conferences devoted to christian education.**

(Grants and allocations \$ )

If this amount includes foreign grants, check here ► ☐

803,858

**b Stewardship Development**

(Grants and allocations \$ )

If this amount includes foreign grants, check here ► ☐

39,036

**c**

(Grants and allocations \$ )

If this amount includes foreign grants, check here ► ☐

**d**

(Grants and allocations \$ )

If this amount includes foreign grants, check here ► ☐

**e Other program services (attach schedule)**

(Grants and allocations \$ )

If this amount includes foreign grants, check here ► ☐

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

842,894

Form 990 (2006)

**Part IV Balance Sheets** (See the instructions.)

		(A) Beginning of year		(B) End of year		
<b>Assets</b>	45 Cash-non-interest-bearing	112,117	45	96,223		
	46 Savings and temporary cash investments		46			
	47a Accounts receivable	47a				
	b Less: allowance for doubtful accounts	47b	47c			
	48a Pledges receivable	48a				
	b Less: allowance for doubtful accounts	48b	48c			
	49 Grants receivable		49			
	50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)		50a			
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (att. schedule)		50b			
	51a Other notes and loans receivable (attach schedule)	51a				
	b Less: allowance for doubtful accounts	51b	51c			
	52 Inventories for sale or use	55,585	52	41,489		
	53 Prepaid expenses and deferred charges		53			
	54a Investments—publicly-traded securities	Cost FMV	54a			
	b Investments—other securities (attach schedule)	Cost FMV	54b			
55a Investments—land, buildings, and equipment: basis	55a					
b Less: accumulated depreciation (attach schedule)	55b	55c				
56 Investments—other (attach schedule)	See Stmt 6	7,316	56	608		
57a Land, buildings, and equipment: basis	57a	1,942,810				
b Less: accumulated depreciation (attach schedule)	See Statement 7	57b	445,916	1,521,435	57c	1,496,894
58 Other assets, including program-related investments (describe ► See Statement 8)		595,827	58	613,113		
59 <b>Total assets</b> (must equal line 74). Add lines 45 through 58		2,342,280	59	2,248,327		
<b>Liabilities</b>	60 Accounts payable and accrued expenses	2,944	60	14,816		
	61 Grants payable		61			
	62 Deferred revenue		62			
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63			
	64a Tax-exempt bond liabilities (attach schedule)		64a			
	b Mortgages and other notes payable (attach schedule)		64b			
	65 Other liabilities (describe ► See Statement 9)		53,350	65	74,370	
66 <b>Total liabilities.</b> Add lines 60 through 65		56,294	66	89,186		
<b>Net Assets or Fund Balances</b>	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.					
	67 Unrestricted	1,542,242	67	1,467,234		
	68 Temporarily restricted	149,861	68	79,961		
	69 Permanently restricted	593,883	69	611,946		
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.					
	70 Capital stock, trust principal, or current funds		70			
	71 Paid-in or capital surplus, or land, building, and equipment fund		71			
	72 Retained earnings, endowment, accumulated income, or other funds		72			
	73 <b>Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)		2,285,986	73	2,159,141	
	74 <b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73		2,342,280	74	2,248,327	







**Part VI Other Information (continued)**

Yes No

82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a		X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)	82b		
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	N/A	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	N/A	
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a	N/A	
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.	85b	N/A	
c	Dues, assessments, and similar amounts from members	85c		
d	Section 162(e) lobbying and political expenditures	85d		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f		
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	N/A	
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A	
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12	86a		
b	Gross receipts, included on line 12, for public use of club facilities	86b		
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders	87a		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b		
88a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88a		X
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI	88b		X
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 <input type="text" value="0"/> section 4912 <input type="text" value="0"/> section 4955 <input type="text" value="0"/>			
b	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b		X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		<input type="text" value="0"/>	
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization		<input type="text" value="0"/>	
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e		X
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f		X
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g		X
90a	List the states with which a copy of this return is filed <input type="text" value="None"/>			
b	Number of employees employed in the pay period that includes March 12, 2006 (See instructions.)	90b		
91a	The books are in care of <input type="text" value="United Methodist Renewal Services"/> Telephone no. <input type="text" value=""/>			
	<input type="text" value="121 East Avenue"/>			
	Located at <input type="text" value="Goodlettsville, TN"/> ZIP + 4 <input type="text" value="37072"/>			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country <input type="text" value=""/>	91b		X
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts			



**Part VI Other Information (continued)**

Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States?

91c

X

If "Yes," enter the name of the foreign country

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here

and enter the amount of tax-exempt interest received or accrued during the tax year

92

**Part VII Analysis of Income-Producing Activities (See the instructions.)**

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a Sales of Merchandise			25	44,045	
b Conference Income			7	17,733	
c Registration			7	146,388	
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	3,445	
96 Dividends and interest from securities			14	17,467	
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income			25	176,745	
100 Gain or (loss) from sales of assets other than inventory					-1,267
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a					
b Other Income			25	339	
c Building Rent			16	30,970	
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0		437,132	-1,267
105 Total (add line 104, columns (B), (D), and (E))					435,865

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)**

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
N/A	

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)**

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)**

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

Yes ☒ No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

Yes ☒ No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).



**Part XI** Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13).

**106** Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes	No
	<b>X</b>

(A) Name, address, of each controlled entity	(B) Employer ID Number	(C) Description of transfer	(D) Amount of transfer
a			
b			
c			
<b>Totals</b>			

**107** Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes	No
	<b>X</b>

(A) Name, address, of each controlled entity	(B) Employer ID Number	(C) Description of transfer	(D) Amount of transfer
a			
b			
c			
<b>Totals</b>			

**108** Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

Yes	No

Please Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.



Signature of officer

6/29/07

Date

Gary L. Moore, Executive Director

Type or print name and title

Paid Preparer's Use Only

Preparer's signature



6/29/07

Date

Check if self-employed

☐

Preparer's SSN or PTIN (See Gen. Instr. X)

P00185511

Firm's name (or yours if self-employed), address, and ZIP + 4

C. David Pitzer, P.C.  
118 Two Mile Pike  
Goodlettsville, TN 37072

EIN

62-1518181

Phone no.

615-851-2727

**SCHEDULE A**  
**(Form 990 or 990-EZ)**
**Organization Exempt Under Section 501(c)(3)**

 (Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n),  
 or 4947(a)(1) Nonexempt Charitable Trust

OMB No. 1545-0047

**2006**

 Department of the Treasury  
 Internal Revenue Service

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

Name of the organization

**United Methodist Renewal Services Fellowship, Inc.**

Employer identification number

**58-1322015**
**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**  
 (See page 2 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Comp.	(d) Contrib. to empl ben plans & deferred comp.	(e) Expense account & other allowances
NONE				

Total number of other employees paid over \$50,000 ▶

**Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services**

(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of others receiving over \$50,000 for professional services ▶

**Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services**

(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of other contractors receiving over \$50,000 for other services ▶

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

Schedule A (Form 990 or 990-EZ) 2006



**Part III** Statements About Activities (See page 2 of the instructions.)

Yes No

- 1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities. ▶ \$ \_\_\_\_\_ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)

1 X

Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.

- 2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)

a Sale, exchange, or leasing of property?

2a X

b Lending of money or other extension of credit?

2b X

c Furnishing of goods, services, or facilities?

2c X

d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? See Part V, Form 990

2d X

e Transfer of any part of its income or assets?

2e X

- 3a Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)

3a X

b Did the organization have a section 403(b) annuity plan for its employees?

3b X

c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement

3c X

d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?

3d X

- 4a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g

4a X

b Did the organization make any taxable distributions under section 4966?

4b

c Did the organization make a distribution to a donor, donor advisor, or related person?

4c

d Enter the total number of donor advised funds owned at the end of the tax year

▶ \_\_\_\_\_

e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year

▶ \_\_\_\_\_

f Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts

▶ 0

g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year

▶ 0

**Part IV Reason for Non-Private Foundation Status** (See pages 4 through 7 of the instructions.)I certify that the organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5 ☒ A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 ☐ A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 ☐ A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 ☐ A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 ☐ A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state ►
- 10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b ☐ A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions-subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:
- ☐ Type I ☐ Type II ☐ Type III-Functionally Integrated ☐ Type III-Other

## Provide the following information about the supported organizations. (See page 7 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
Total					►

- 14 ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See page 7 of the instructions.)



**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting.**Note:** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)					
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose					
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975					
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22					
24 Line 23 minus line 17					
25 Enter 1% of line 23					

26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24	►	26a	
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2002 through 2005 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts	►	26b	
c Total support for section 509(a)(1) test: Enter line 24, column (e)	►	26c	
d Add: Amounts from column (e) for lines: 18 _____ 19 _____ 22 _____ 26b _____	►	26d	
e Public support (line 26c minus line 26d total)	►	26e	
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))	►	26f	%

27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year.					N/A
(2005)	(2004)	(2003)	(2002)		

b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year.

(2005)	(2004)	(2003)	(2002)				
c Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____	►	27c					
d Add: Line 27a total _____ and line 27b total _____	►	27d					
e Public support (line 27c total minus line 27d total)	►	27e					
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e)	►	27f					
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))	►	27g					%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))	►	27h					%

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

**Part V Private School Questionnaire** (See page 9 of the instructions.)

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

	N/A	Yes	No
29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29		
30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30		
31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain. (If you need more space, attach a separate statement.)	31		
32 Does the organization maintain the following:			
a Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c		
d Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)			
33 Does the organization discriminate by race in any way with respect to:			
a Students' rights or privileges?	33a		
b Admissions policies?	33b		
c Employment of faculty or administrative staff?	33c		
d Scholarships or other financial assistance?	33d		
e Educational policies?	33e		
f Use of facilities?	33f		
g Athletic programs?	33g		
h Other extracurricular activities?	33h		
If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)			
34a Does the organization receive any financial aid or assistance from a governmental agency?	34a		
b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement.	34b		
35 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35		



**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 10 of the instructions.)(To be completed **ONLY** by an eligible organization that filed Form 5768) **N/A**Check **a** if the organization belongs to an affiliated group. Check **b** if you checked "a" and "limited control" provisions apply.**Limits on Lobbying Expenditures**

(The term "expenditures" means amounts paid or incurred.)

	(a) Affiliated group totals	(b) To be completed for all electing organizations
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38 Total lobbying expenditures (add lines 36 and 37)	38	
39 Other exempt purpose expenditures	39	
40 Total exempt purpose expenditures (add lines 38 and 39)	40	
41 Lobbying nontaxable amount. Enter the amount from the following table-		
<b>If the amount on line 40 is-</b>		
Not over \$500,000	20% of the amount on line 40	
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	
Over \$17,000,000	\$1,000,000	
42 Grassroots nontaxable amount (enter 25% of line 41)	42	
43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43	
44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44	

**Caution:** If there is an amount on either line 43 or line 44, you must file Form 4720.**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.)

See the instructions for lines 45 through 50 on page 13 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots nontaxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

**Part VI-B Lobbying Activity by Nonelecting Public Charities**(For reporting only by organizations that did not complete Part VI-A) (See page 13 of the instructions.) **N/A**

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:

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

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

Yes	No	Amount





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

<u>Description</u>	<u>Amount</u>
Realized Gain on Sale of Stoc	\$
Unrealized Gains on Investmen	<u>176,745</u>
Total	<u>\$ 176,745</u>

## Federal Statements

Statement 2 - Form 990, Part I, Line 8c - Sale of Assets Other Than Inventory - Other

Desc		Date Acquired	Date Sold	Sale Price	Cost & Expense	Deprec	Gain/ -Loss
How Rec'd	Whom Sold						
1994 Ford F-150							
Purchase		7/28/03	12/11/06	\$	\$ 5,500	\$ 4,233	\$ -1,267
Total				\$ 0	\$ 5,500	\$ 4,233	\$ -1,267



Statement 3 - Form 990, Part II, Line 24 - Benefits Paid to or for Members

Description	Amount
Registration	\$ 10,651
Total	\$ 10,651

01649 United Methodist Renewal Services  
58-1322015  
FYE: 12/31/2006

## Federal Statements

### Statement 4 - Form 990, Part II, Line 25a - Compensation of Current Officers

<u>Name</u>	<u>Program Services</u>	<u>Management &amp; General</u>	<u>Fundraising</u>
Expenses	\$	\$	\$
Officer & Director Comp Compensation	44,345	29,563	24,636
Total	\$ <u>44,345</u>	\$ <u>29,563</u>	\$ <u>24,636</u>



## Federal Statements

FYE: 12/31/2006

Statement 5 - Form 990, Part II, Line 43 - Other Functional Expenses

Description	Total Expenses	Program Service	Mgt & General	Fund- Raising
	\$	\$	\$	\$
Expenses				
Realized Loss on Stocks	140,469	140,469		
Sale of non cash items	3,008	3,008		
Insurance	2,437		2,437	
Auto Expense	1,553		1,553	
Bank Charges	5,706		5,706	
Computer Software	5,680		5,680	
Contract Services	42,276	42,276		
Continuing Education	849		849	
Dues & Subscriptions	1,668		1,668	
Flowers & Gifts	475	475		
Grant Seeking	914			914
Miscellaneous	1,555		1,555	
Payroll Services	2,244		2,244	
Promotion	5,179		5,179	
Purchases	30,694	30,694		
Royalties	299		299	
Taxes	2,625	2,625		
Total	\$ 247,631	\$ 219,547	\$ 27,170	\$ 914

## Federal Statements

FYE: 12/31/2006

Statement 6 - Form 990, Part IV, Line 56 - Other Investments

Description	Beginning of Year	End of Year	Basis of Valuation
Jewelry & Other Items	\$ 7,316	\$ 608	Market
Total	<u>\$ 7,316</u>	<u>\$ 608</u>	

Statement 7 - Form 990, Part IV, Line 57 - Land, Buildings, and Equipment

Description	Beginning of Year	Accum Deprec	End of Year	Accum Deprec
	\$ 1,610,910	\$ 395,926	\$ 1,636,359	\$ 445,916
	306,451		306,451	
Total	<u>\$ 1,917,361</u>	<u>\$ 395,926</u>	<u>\$ 1,942,810</u>	<u>\$ 445,916</u>

Statement 8 - Form 990, Part IV, Line 58 - Other Assets

Description	Beginning of Year	End of Year
Loan Closing Costs	\$ 5,443	\$ 5,443
Accumulated Amortization	-3,499	-4,276
Endowment Fund	593,883	611,946
Total	<u>\$ 595,827</u>	<u>\$ 613,113</u>

Statement 9 - Form 990, Part IV, Line 65 - Other Liabilities

Description	Beginning of Year	End of Year
Lines of Credit	\$ 53,350	\$ 62,832
Accrued Pension		11,538
Total	<u>\$ 53,350</u>	<u>\$ 74,370</u>



## Federal Statements

### Statement 10 - Form 990, Part V-A - List of Officers, Directors, Trustees, and Key Employees

<u>Name and Address</u>	<u>Title</u>	<u>Average Hours</u>	<u>Compensation</u>	<u>Benefits</u>	<u>Expenses</u>
Gary Moore 1592 Campbell Rd Goodlettsville TN 37072	Executive Di	40	98,544	2,778	0
Joseph Awotwi 1445 N 29th St Baton Rouge LA 70802	2nd Vice Pre	0	0	0	0
Larry Baker 254 Rivendell Lane Madison VA 22727	Director	0	0	0	0
Marcia Ball 2390 Simmental St Madisonville KY 42431	Director	0	0	0	0
Nic Billman 110 W 11th St Red Hill PA 18076	Director	0	0	0	0
Walter Boyd 7265 Valley Landing Ct Cummings GA 30041	Director	0	0	0	0
Steve Breon 3020 Minutemen Way Cape Girardeau MO 63701	Director	0	0	0	0
Trudy Brown 52 W Main St Middleburg PA 17842	Director	0	0	0	0
Charlie Cilley 654 Dunhill Lane Carol Stream IL 60188	Director	0	0	0	0

## Federal Statements

### Statement 10 - Form 990, Part V-A - List of Officers, Directors, Trustees, and Key Employees (continued)

<u>Name and Address</u>	<u>Title</u>	<u>Average Hours</u>	<u>Compensation</u>	<u>Benefits</u>	<u>Expenses</u>
Catherine Cwanek 223 S Cornell Circle Ft Wayne IN 46807	Director	0	0	0	0
Bob Denges 7390 Woodyard Rd Hudson OH 44236	Pres Elect	0	0	0	0
Maryanne Ditter PO Box 113 Woxall PA 18979	Director	0	0	0	0
Dallas Eubanks 1 Equestrian Way Corbin KY 40701	Director	0	0	0	0
Dianne Gile 3930 Charter Oak Way Columbus OH 43219	Director	0	0	0	0
Craig Green 237 Chestnut Hill Rd Livingston TN 38570	Director	0	0	0	0
Dave Hampton 214 Seysler Rd Franklin PA 16323	Director	0	0	0	0
Daun Klinger RR #4 Box 227 Middleburg PA 17842	Director	0	0	0	0
Denise Knetter 4365 Telegraph Rd Elkton MD 21921	Director	0	0	0	0



## Federal Statements

## Statement 10 - Form 990, Part V-A - List of Officers, Directors, Trustees, and Key Employees (continued)

<u>Name and Address</u>	<u>Title</u>	<u>Average Hours</u>	<u>Compensation</u>	<u>Benefits</u>	<u>Expenses</u>
Leslee Pedigo 1550 Trent Blvd Apt 810 Lexington KY 40515	Director	0	0	0	0
Miguel Perez 60 South Lincoln Ave Aurora IL 60505	Director	0	0	0	0
Garen Smith P.O. Box 870 Boalsburg PA 16827	President	0	0	0	0
Darryl Todd 3983 Cambridge Ave Broomfield CO 80020	Director	0	0	0	0
Kerry Wilson 3232 N 8th St Sheboygan WI 53081	1st Vice Pre	0	0	0	0
Bill Woods 424 J Street Salt Lake City UT 84103	Director	0	0	0	0
Candy Hallett 131 Locust Lane Needham MA 02492	Treasurer	0	0	0	0
Arlene Johnson 507 Old Stone Rd. Bolingbrook IL 60440	Secretary	0	0	0	0
Mary Bolton 5500 Kester Brooke Blvd Knoxville TN 37918	Director	0	0	0	0

**Depreciation and Amortization**  
 (Including Information on Listed Property)

OMB No. 1545-0172

**2006**Attachment  
Sequence No. **67**

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

Name(s) shown on return **United Methodist Renewal Services  
Fellowship, Inc.**

Identifying number  
**58-1322015**

Business or activity to which this form relates

**Indirect Depreciation****Part I Election To Expense Certain Property Under Section 179****Note:** If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount. See the instructions for a higher limit for certain businesses	1	108,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	430,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	

(a) Description of property	(b) Cost (business use only)	(c) Elected cost	
6			
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2005 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2007. Add lines 9 and 10, less line 12	13	

**Note:** Do not use Part II or Part III below for listed property. Instead, use Part V.**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)**

14	Special allowance for qualified New York Liberty or Gulf Opportunity Zone property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	13,292

**Part III MACRS Depreciation (Do not include listed property.) (See instructions.)****Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2006	17	38,732
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

**Section B-Assets Placed in Service During 2006 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only-see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property		6,877	5.0	HY	200DB	1,375
c 7-year property		1,360	7.0	HY	200DB	194
d 10-year property						
e 15-year property		3,150	15.0	HY	150DB	158
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
			27.5 yrs.	MM	S/L	
i Nonresidential real property	6/06/06	11,062	39 yrs.	MM	S/L	154
				MM	S/L	

**Section C-Assets Placed in Service During 2006 Tax Year Using the Alternative Depreciation System**

20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

**Part IV Summary (see instructions)**

21	Listed property. Enter amount from line 28	21	317
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations-see instr.	22	54,222
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2006)



**Part V Listed Property** (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

**Section A-Depreciation and Other Information** (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					24b If "Yes," is the evidence written? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost	
25 Special allowance for qualified New York Liberty or Gulf Opportunity Zone property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)									
								25	
26 Property used more than 50% in a qualified business use:									
1994 Ford F-150	7/28/03	100.00%	5,500	5,500	5.0	200DBHY	317		
		%							
27 Property used 50% or less in a qualified business use:									
		%				S/L-			
		%				S/L-			
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1								28 317	
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1								29	

**Section B-Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person.

If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
30 Total business/investment miles driven during the year (do not include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

**Section C-Questions for Employers Who Provide Vehicles for Use by Their Employees**

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions).

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		X
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		X
39 Do you treat all use of vehicles by employees as personal use?		X
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		X
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.)		X

**Note:** If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

**Part VI Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2006 tax year (see instructions):					
43 Amortization of costs that began before your 2006 tax year					43 778
44 Total. Add amounts in column (f). See the instructions for where to report					44 778



Form 990, Part I, Line 1c - Indirect Public Support

<u>Description</u>	<u>Cash</u>	<u>Noncash</u>	<u>Total</u>
In Kind Gifts	\$	\$ 428	\$ 428
Total	\$ 0	\$ 428	\$ 428