

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2017**  
Open to Public  
Inspection

**A For the 2017 calendar year, or tax year beginning , and ending**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>UNITED METHODIST RENEWAL SERVICES FELLOWSHIP, INC.</b> Doing business as <b>ALDERSGATE RENEWAL MINISTRIES, INC.</b> Number and street (or P.O. box if mail is not delivered to street address) <b>121 EAST AVENUE</b> Room/suite City or town, state or province, country, and ZIP or foreign postal code <b>GOODLETTSVILLE TN 37072</b>	<b>D</b> Employer identification number <b>58-1322015</b> <b>E</b> Telephone number <b>615-851-9192</b> <b>G</b> Gross receipts \$ <b>802,266</b>
<b>F</b> Name and address of principal officer: <b>MARK BARROW</b> <b>121 EAST AVE</b> <b>GOODLETTSVILLE TN 37072</b>		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(c)</b> Group exemption number ▶
<b>J</b> Website: ▶ <b>WWW.ALDERSGATERENEWAL.ORG</b>		
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation: <b>1978</b> <b>M</b> State of legal domicile: <b>TN</b>

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>TO EQUIP THE LOCAL CHURCH TO MINISTER TO THE WORLD IN THE POWER OF THE HOLY SPIRIT.</b>	
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>27</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>27</b>
	<b>5</b> Total number of individuals employed in calendar year 2017 (Part V, line 2a)	<b>8</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>0</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>0</b>
	<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>0</b>
<b>Revenue</b>		
	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>551,870</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>182,822</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>17,991</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>44,620</b>
	<b>12</b> Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>797,303</b>
<b>Expenses</b>		
	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3)	<b>0</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	<b>0</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	<b>379,842</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	<b>0</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>39,365</b>	
	<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	<b>429,979</b>
	<b>18</b> Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	<b>809,821</b>
	<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>-12,518</b>
<b>Net Assets or Fund Balances</b>		
	<b>20</b> Total assets (Part X, line 16)	<b>1,586,098</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>102,518</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>1,483,580</b>

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer <b>MARK BARROW</b> Type or print name and title	Date <b>EXECUTIVE DIRECTOR</b>
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>JW MCMURRAY</b>	Preparer's signature Date <b>03/26/18</b>
	Check <input checked="" type="checkbox"/> if self-employed PTIN <b>P01347450</b>	
	Firm's name ▶ <b>MCMURRAY, FOX &amp; ASSOCIATES, PLLC</b>	Firm's EIN ▶ <b>62-1765435</b>
	Firm's address ▶ <b>641 E MAIN ST HENDERSONVILLE, TN 37075-2606</b>	Phone no. <b>615-824-2724</b>

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

**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	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	X	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		X
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		X
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		X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	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		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	X	
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		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
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		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		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		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)		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		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X

**Part IV Checklist of Required Schedules (continued)**

	Yes	No
<b>20a</b> Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		X
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		X
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J		X
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
<b>b</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		X
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II		X
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III		X
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
<b>33</b> 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		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1		X
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
<b>b</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		
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	X	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response or note to any line in this Part V ☐

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	22
<b>1b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	8
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	X
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	
<b>4a</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)?	4a	X
<b>b</b>	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?	9a	
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	10a	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders	11a	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	12a	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.	13a	
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
<b>c</b>	Enter the amount of reserves on hand	13c	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	

**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 in Schedule O. See instructions.Check if Schedule O contains a response or note to any line in this Part VI ☒**Section A. Governing Body and Management**

	Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year ..... <b>1a</b> 27 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
<b>b</b> Enter the number of voting members included in line 1a, above, who are independent ..... <b>1b</b> 27		
<b>2</b> 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? ..... <b>2</b>		X
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? ..... <b>3</b>		X
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? ..... <b>4</b>		X
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets? ..... <b>5</b>		X
<b>6</b> Did the organization have members or stockholders? ..... <b>6</b>		X
<b>7a</b> 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? ..... <b>7a</b>		X
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? ..... <b>7b</b>		X
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b> The governing body? ..... <b>8a</b>	X	
<b>b</b> Each committee with authority to act on behalf of the governing body? ..... <b>8b</b>	X	
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O ..... <b>9</b>		X

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates? ..... <b>10a</b>		X
<b>b</b> If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? ..... <b>10b</b>		
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? ..... <b>11a</b>		X
<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13 ..... <b>12a</b>		X
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? ..... <b>12b</b>		
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done ..... <b>12c</b>		
<b>13</b> Did the organization have a written whistleblower policy? ..... <b>13</b>		X
<b>14</b> Did the organization have a written document retention and destruction policy? ..... <b>14</b>		X
<b>15</b> 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?		
<b>a</b> The organization's CEO, Executive Director, or top management official ..... <b>15a</b>	X	
<b>b</b> Other officers or key employees of the organization ..... <b>15b</b>	X	
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? ..... <b>16a</b>		X
<b>b</b> If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? ..... <b>16b</b>		

**Section 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 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

**19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

**20** State the name, address, and telephone number of the person who possesses the organization's books and records: ►  
 UNITED METHODIST RENEWAL SERVICES, 121 EAST AVENUE  
 GOODLETTSVILLE TN 37072 615-851-9192

**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.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DOUG JONES	0.00									
TREASURER	0.00	X		X				0	0	0
(2) MARTHA DAIGNEAU	0.00									
SECRETARY	0.00	X		X				0	0	0
(3) HARRY BURGER	0.00									
DIRECTOR	0.00	X						0	0	0
(4) AVA WILLIAMS	0.00									
VICE PRESIDENT	0.00	X		X				0	0	0
(5) JIM BRITT	0.00									
VICE PRESIDENT	0.00	X		X				0	0	0
(6) RIC HOLLADAY	0.00									
DIRECTOR	0.00	X						0	0	0
(7) KERRY WILSON	0.00									
PRESIDENT	0.00	X		X				0	0	0
(8) TONYA MARVIN	0.00									
DIRECTOR	0.00	X						0	0	0
(9) SHARON BAILEY	0.00									
DIRECTOR	0.00	X						0	0	0
(10) CASEY SWADLEY	0.00									
DIRECTOR	0.00	X						0	0	0
(11) KATHY HERSHMAN	0.00									
DIRECTOR	0.00	X						0	0	0



**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)**

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) MARY BOLTON	0.00									
DIRECTOR	0.00	X						0	0	0
(13) BOBBY CHANEY	0.00									
DIRECTOR	0.00	X						0	0	0
(14) ARTIE JOHNSON	0.00									
DIRECTOR	0.00	X						0	0	0
(15) TIM BURDEN	0.00									
DIRECTOR	0.00	X						0	0	0
(16) KATIE GROVER	0.00									
DIRECTOR	0.00	X						0	0	0
(17) JASON EVERSON	0.00									
DIRECTOR	0.00	X						0	0	0
(18) DYLAN WHITE	0.00									
DIRECTOR	0.00	X						0	0	0
(19) IVA O'RYAN	0.00									
DIRECTOR	0.00	X						0	0	0
<b>1b Sub-total</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>										

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0**

- 3** Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3		X
4		X
5		X

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

## Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns .....	<b>1a</b>					
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>					
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions) .....	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	526,240				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$ .....						
	<b>h Total. Add lines 1a-1f</b> .....			526,240			
<b>Program Service Revenue</b>	<b>2a</b> REGISTRATION .....	Busn. Code		131,535			131,535
	<b>b</b> SALES OF MERCHANDISE .....			37,525			37,525
	<b>c</b> CONFERENCE INCOME .....			10,541			10,541
	<b>d</b> .....						
	<b>e</b> .....						
	<b>f</b> All other program service revenue .....						
	<b>g Total. Add lines 2a-2f</b> .....			179,601			
	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....			51,305			51,305
<b>4</b> Income from investment of tax-exempt bond proceeds .....							
<b>5</b> Royalties .....							
<b>Other Revenue</b>	<b>6a</b> Gross rents .....	(i) Real	(ii) Personal				
	<b>b</b> Less: rental exps. ....						
	<b>c</b> Rental inc, or (loss) .....						
	<b>d</b> Net rental income or (loss) .....						
	<b>7a</b> Gross amount from sales of assets other than inventory .....	(i) Securities	(ii) Other				
	<b>b</b> Less: cost or other basis & sales exps. ....						
	<b>c</b> Gain or (loss) .....						
	<b>d</b> Net gain or (loss) .....						
	<b>8a</b> Gross income from fundraising events (not including \$ ..... of contributions reported on line 1c). See Part IV, line 18 .....	<b>a</b>					
	<b>b</b> Less: direct expenses .....	<b>b</b>					
	<b>c</b> Net income or (loss) from fundraising events .....						
	<b>9a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>a</b>					
	<b>b</b> Less: direct expenses .....	<b>b</b>					
	<b>c</b> Net income or (loss) from gaming activities .....						
	<b>10a</b> Gross sales of inventory, less returns and allowances .....	<b>a</b>					
	<b>b</b> Less: cost of goods sold .....	<b>b</b>					
	<b>c</b> Net income or (loss) from sales of inventory .....						
	Miscellaneous Revenue			Busn. Code			
<b>11a</b> BUILDING RENT .....			45,120			45,120	
<b>b</b> .....							
<b>c</b> .....							
<b>d</b> All other revenue .....							
<b>e Total. Add lines 11a-11d</b> .....			45,120				
<b>12 Total revenue. See instructions.</b> .....			802,266	0	0	276,026	



**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees				
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	183,113	100,712	65,921	16,480
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
<b>9</b> Other employee benefits	81,471	44,809	29,330	7,332
<b>10</b> Payroll taxes	10,921	6,006	3,932	983
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management				
<b>b</b> Legal				
<b>c</b> Accounting	7,175	3,946	2,583	646
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
<b>12</b> Advertising and promotion	12,488	6,868	4,496	1,124
<b>13</b> Office expenses	28,293	15,562	10,185	2,546
<b>14</b> Information technology	10,025	5,514	3,609	902
<b>15</b> Royalties				
<b>16</b> Occupancy	49,890	39,868	8,018	2,004
<b>17</b> Travel	70,765	38,921	25,475	6,369
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	177,331	177,331		
<b>20</b> Interest	1,599		1,599	
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	42,714	38,824	3,890	
<b>23</b> Insurance				
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> CONTRACT SERVICES	22,789	22,789		
<b>b</b> EQUIPMENT LEASE	9,175		9,175	
<b>c</b> BANK CHARGES	7,405		6,738	667
<b>d</b> PURCHASES	7,229	7,229		
<b>e</b> All other expenses	4,235	1,906	2,017	312
<b>25</b> Total functional expenses. Add lines 1 through 24e	726,618	510,285	176,968	39,365
<b>26</b> 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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**Check if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
<b>Assets</b>	1 Cash—non-interest bearing	125,203	1	132,923
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	15,945	8	15,722
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,943,399		
	b Less: accumulated depreciation	10b 886,987	1,076,906	10c 1,056,412
	11 Investments—publicly traded securities	368,044	11	413,745
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	1,586,098	16	1,618,802	
<b>Liabilities</b>	17 Accounts payable and accrued expenses	39,518	17	36,698
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	63,000	25	25,000
	26 <b>Total liabilities.</b> Add lines 17 through 25	102,518	26	61,698
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	27 Unrestricted net assets	1,473,943	27	1,548,924
	28 Temporarily restricted net assets	9,637	28	8,180
	29 Permanently restricted net assets		29	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 <b>Total net assets or fund balances</b>	1,483,580	33	1,557,104
34 <b>Total liabilities and net assets/fund balances</b>	1,586,098	34	1,618,802	

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	802,266
2	Total expenses (must equal Part IX, column (A), line 25)	2	726,618
3	Revenue less expenses. Subtract line 2 from line 1	3	75,648
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,483,580
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 in Schedule O)	9	-2,124
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,557,104

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII ☐

- 1 Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.

- 2a Were the organization's financial statements compiled or reviewed by an independent accountant? \_\_\_\_\_  
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

- b Were the organization's financial statements audited by an independent accountant? \_\_\_\_\_  
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

- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? \_\_\_\_\_  
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? \_\_\_\_\_

- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits. \_\_\_\_\_

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)**

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(20) GREGORY HELINSKI	0.00									
DIRECTOR	0.00	X						0	0	0
(21) MEESHEL HELINSKI	0.00									
DIRECTOR	0.00	X						0	0	0
(22) NANCY MULFORD	0.00									
DIRECTOR	0.00	X						0	0	0
(23) SKYLAR BAILEY	0.00									
DIRECTOR	0.00	X						0	0	0
(24) AMANDA KIDD	0.00									
DIRECTOR	0.00	X						0	0	0
(25) CHRISTIAN STONE	0.00									
DIRECTOR	0.00	X						0	0	0
(26) LAVERNE STONE	0.00									
DIRECTOR	0.00	X						0	0	0
(27) STEVE MULFORD	0.00									
DIRECTOR	0.00	X						0	0	0
<b>1b Sub-total</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>										

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization

**3** Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

**4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

**5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3		
4		
5		

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

► **Attach to Form 990 or Form 990-EZ.**

► **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2017**

**Open to Public  
Inspection**

Name of the organization **UNITED METHODIST RENEWAL SERVICES  
FELLOWSHIP, INC.**

Employer identification number  
**58-1322015**

**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.)

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						

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

Schedule A (Form 990 or 990-EZ) 2017

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....						
<b>5</b> 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) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>7</b> Amounts from line 4 .....						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10 .....						

**12** Gross receipts from related activities, etc. (see instructions) ..... **12****13 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ..... ► ☐**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	%
<b>15</b> Public support percentage from 2016 Schedule A, Part II, line 14 .....	<b>15</b>	%

**16a 33 1/3% support test—2017.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ..... ► ☐**b 33 1/3% support test—2016.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ..... ► ☐**17a 10%-facts-and-circumstances test—2017.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ..... ► ☐**b 10%-facts-and-circumstances test—2016.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ..... ► ☐**18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ..... ► ☐



**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2016 Schedule A, Part III, line 15	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2016 Schedule A, Part III, line 17	<b>18</b>	%

**19a 33 1/3% support tests—2017.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ☐

**b 33 1/3% support tests—2016.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ☐

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

**Part IV Supporting Organizations**

(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**

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

	Yes	No
1		
2		
3a		
3b		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
10a		
10b		

**Part IV Supporting Organizations (continued)**

- 11 Has the organization accepted a gift or contribution from any of the following persons?
- a 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?
- b A family member of a person described in (a) above?
- c 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.

	Yes	No
11a		
11b		
11c		

**Section B. Type I Supporting Organizations**

- 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 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.
- 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.

	Yes	No
1		
2		

**Section C. Type II Supporting Organizations**

- 1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).

	Yes	No
1		

**Section D. All Type III Supporting Organizations**

- 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?
- 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).
- 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 supported organizations played in this regard.

	Yes	No
1		
2		
3		

**Section E. Type III Functionally-Integrated Supporting Organizations**

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- a ☐ The organization satisfied the Activities Test. Complete line 2 below.
- b ☐ The organization is the parent of each of its supported organizations. Complete line 3 below.
- c ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).

**2 Activities Test. Answer (a) and (b) below.**

- a 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.
- b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer (a) and (b) below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

	Yes	No
2a		
2b		
3a		
3b		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

- 1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4).	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	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 factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 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			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1.	2	
3	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	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** (continued)

Section D - Distributions		Current Year	
1	Amounts paid to supported organizations to accomplish exempt purposes		
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity		
3	Administrative expenses paid to accomplish exempt purposes of supported 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	<b>Total annual distributions.</b> Add lines 1 through 6.		
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.		
9	Distributable amount for 2017 from Section C, line 6		
10	Line 8 amount divided by line 9 amount		

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required-explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2017:			
a			
b From 2013			
c From 2014			
d From 2015			
e From 2016			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2017 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2018. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2013			
b Excess from 2014			
c Excess from 2015			
d Excess from 2016			
e Excess from 2017			

**Part VI**

**Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)



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

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ **Attach to Form 990, Form 990-EZ, or Form 990-PF.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

OMB No. 1545-0047

**2017**

**Name of the organization**

UNITED METHODIST RENEWAL SERVICES  
FELLOWSHIP, INC.

**Employer identification number**

58-1322015

**Organization type (check one):**

**Filers of:**

**Section:**

Form 990 or 990-EZ

☒ 501(c)( 3 ) (enter number) organization

☐ 4947(a)(1) nonexempt charitable trust not treated as a private foundation

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation

☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

- ☒ 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 33 $\frac{1}{3}$ % 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, 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).

Name of organization

UNITED METHODIST RENEWAL SERVICES

Employer identification number

58-1322015

**Part I** Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 74,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 13,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 7,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 6,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

UNITED METHODIST RENEWAL SERVICES

Employer identification number

58-1322015

**Part I** Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 7,000	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (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](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2017**

**Open to Public  
Inspection**

Name of the organization

UNITED METHODIST RENEWAL SERVICES  
FELLOWSHIP, INC.

Employer identification number

58-1322015

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
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 the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

**Part II Conservation Easements.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶

4 Number of states where property subject to conservation easement is located ▶

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 ▶ \$

(ii) Assets included in Form 990, Part X ▶ \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ▶ \$

b Assets included in Form 990, Part X ▶ \$

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a ☐ Public exhibition  
 b ☐ Scholarly research  
 c ☐ Preservation for future generations  
 d ☐ Loan or exchange programs  
 e ☐ Other .....

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

**Part IV Escrow and Custodial Arrangements.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

- c Beginning balance .....  
 d Additions during the year .....  
 e Distributions during the year .....  
 f Ending balance .....

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII ☐ Yes ☐ No

**Part V Endowment Funds.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	368,044	413,101	458,638	467,040	467,154
b Contributions					
c Net investment earnings, gains, and losses	51,201	17,991	-8,846	21,955	43,243
d Grants or scholarships					
e Other expenditures for facilities and programs	8,500	63,048	36,691	30,357	37,839
f Administrative expenses	4,936	4,926	5,251		5,517
g End of year balance	413,745	368,044	413,101	458,638	467,040

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment ▶ %  
 b Permanent endowment ▶ %  
 c Temporarily restricted endowment ▶ %  
 The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations .....  
 (ii) related organizations .....

	Yes	No
3a(i)		X
3a(ii)		X
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? .....

4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		279,718		279,718
b Buildings				
c Leasehold improvements		27,801	4,610	23,191
d Equipment		2,445	2,445	
e Other		1,633,435	879,932	753,503
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				1,056,412

**Part VII Investments—Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

**Part VIII Investments—Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2) LINE OF CREDIT	25,000	
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	25,000	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☐



**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	802,266
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	802,266
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	802,266

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses 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	728,742
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	2,124
e	Add lines 2a through 2d	2e	2,124
3	Subtract line 2e from line 1	3	726,618
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	726,618

**Part XIII Supplemental Information.**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART XII, LINE 2D - EXPENSE AMOUNTS INCLUDED IN FINANCIALS - OTHER

BOOK / TAX DEPRECIATION DIFFERENCE \$ 2,124

## Part XIII Supplemental Information (continued)

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2017**

**Open to Public  
Inspection**

Name of the organization UNITED METHODIST RENEWAL SERVICES  
FELLOWSHIP, INC.

Employer identification number  
58-1322015

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 FOR TOP OFFICIAL  
YES

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS  
YES

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION  
AVAILABLE UPON REQUEST

FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS EXPLANATION  
BOOK / TAX DEPRECIATION DIFFERENCE \$ -2,124

**Depreciation and Amortization**

OMB No. 1545-0172

(Including Information on Listed Property)

**2017**Department of the Treasury  
Internal Revenue Service

(99)

▶ Attach to your tax return.  
▶ Go to [www.irs.gov/Form4562](http://www.irs.gov/Form4562) for instructions and the latest information.Attachment  
Sequence No. **179**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.

<b>1</b>	Maximum amount (see instructions)	<b>1</b>	<b>510,000</b>
<b>2</b>	Total cost of section 179 property placed in service (see instructions)	<b>2</b>	
<b>3</b>	Threshold cost of section 179 property before reduction in limitation (see instructions)	<b>3</b>	<b>2,030,000</b>
<b>4</b>	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	<b>4</b>	
<b>5</b>	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	<b>5</b>	
<b>6</b>	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
<b>7</b>	Listed property. Enter the amount from line 29	<b>7</b>	
<b>8</b>	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	<b>8</b>	
<b>9</b>	Tentative deduction. Enter the <b>smaller</b> of line 5 or line 8	<b>9</b>	
<b>10</b>	Carryover of disallowed deduction from line 13 of your 2016 Form 4562	<b>10</b>	
<b>11</b>	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	<b>11</b>	
<b>12</b>	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	<b>12</b>	
<b>13</b>	Carryover of disallowed deduction to 2018. Add lines 9 and 10, less line 12	<b>13</b>	

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

<b>14</b>	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	<b>14</b>	
<b>15</b>	Property subject to section 168(f)(1) election	<b>15</b>	
<b>16</b>	Other depreciation (including ACRS)	<b>16</b>	<b>28,713</b>

**Part III MACRS Depreciation (Don't include listed property.) (See instructions.)****Section A**

<b>17</b>	MACRS deductions for assets placed in service in tax years beginning before 2017	<b>17</b>	<b>14,001</b>
<b>18</b>	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 2017 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
<b>19a</b> 3-year property						
<b>b</b> 5-year property						
<b>c</b> 7-year property						
<b>d</b> 10-year property						
<b>e</b> 15-year property						
<b>f</b> 20-year property						
<b>g</b> 25-year property			25 yrs.		S/L	
<b>h</b> Residential rental property			27.5 yrs.	MM	S/L	
			27.5 yrs.	MM	S/L	
<b>i</b> Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

**Section C—Assets Placed in Service During 2017 Tax Year Using the Alternative Depreciation System**

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

**Part IV Summary (See instructions.)**

<b>21</b>	Listed property. Enter amount from line 28	<b>21</b>	
<b>22</b>	<b>Total.</b> 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 instructions	<b>22</b>	<b>42,714</b>
<b>23</b>	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	<b>23</b>	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2017)

# Federal Asset Report

## Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
<b>Prior MACRS:</b>									
3	BOOKCASES	2/16/94	336			336	5 HY 200DB	336	0
9	PROJECTORS	1/07/93	370			370	5 HY 200DB	370	0
11	OTHER FULLY DEPR	2/19/93	7,032			7,032	5 HY 200DB	7,032	0
27	PRAYER ROOM TABLE	12/31/94	311			311	5 HY 200DB	311	0
43	PAGING SYSTEM	7/23/96	2,270			2,270	5 HY 200DB	2,270	0
44	FAX	6/06/96	520			520	3 HY 200DB	520	0
45	DESKJET PRINTER	8/31/96	456			456	5 HY 200DB	456	0
47	COMPUTER	6/06/97	2,480			2,480	5 HY 200DB	2,480	0
48	COMPUTER TOSH	8/01/97	2,211			2,211	5 HY 200DB	2,211	0
49	COMPUTER GATEWAY	10/23/97	2,017			2,017	5 HY 200DB	2,017	0
50	BACKUP	10/29/97	280			280	5 HY 200DB	280	0
51	PRINTER	8/29/97	280			280	5 HY 200DB	280	0
52	PRINTER	6/30/97	300			300	5 HY 200DB	300	0
53	HUTCH	6/30/97	70			70	5 HY 200DB	70	0
54	DESK	4/30/97	620			620	5 HY 200DB	620	0
55	CHAIR	4/30/97	419			419	5 HY 200DB	419	0
56	STORAGE RACK	1/22/97	177			177	5 HY 200DB	177	0
58	BUILDING	11/23/98	422,810			422,810	39 MMS/L	193,314	10,841
59	COMPUTER	10/23/98	3,499			3,499	5 HY 200DB	3,499	0
60	MUSIC EQUIPMENT	12/22/99	1,064			1,064	5 HY 200DB	1,064	0
61	COMPUTER	12/22/99	2,519			2,519	5 HY 200DB	2,519	0
62	COMPUTER	8/03/99	1,190			1,190	5 HY 200DB	1,190	0
67	PIANO	11/01/99	6,400			6,400	5 HY 200DB	6,400	0
68	FURNITURE	11/10/99	1,303			1,303	5 HY 200DB	1,303	0
69	LAPTOP COMPUTERS	11/19/99	7,154			7,154	5 HY 200DB	7,154	0
70	PRINTER	12/01/99	200			200	5 HY 200DB	200	0
71	BREWER	10/21/99	190			190	5 HY 200DB	190	0
72	IMPROVEMENTS	11/22/99	3,163			3,163	39 MMS/L	1,370	81
73	SMOKE DETECTORS	12/22/99	245			245	5 HY 200DB	245	0
78	115 EAST - PAVING	7/12/00	2,200			2,200	15 HY 150DB	2,200	0
79	115 EAST HOUSE - PAINT & FLOOR	5/10/00	5,456			5,456	5 HY 200DB	5,456	0
82	115 EAST FURNISHINGS	6/01/00	21,946			21,946	5 HY 200DB	21,946	0
83	FURNISHINGS	6/01/00	38,660			38,660	5 HY 200DB	38,660	0
84	COMPUTERS & NETWORK	6/01/00	17,719			17,719	5 HY 200DB	17,719	0
85	VIDEO EQUIPMENT	6/01/00	14,070			14,070	5 HY 200DB	14,070	0
86	121 PAVING	4/20/01	5,003			5,003	15 HY 150DB	5,003	0
87	120 PAVING	4/20/01	2,500			2,500	15 HY 150DB	2,500	0
88	120 FURNISHINGS	4/20/01	4,097			4,097	7 HY 200DB	4,097	0
89	121 TABLES, ETC	5/16/01	846			846	5 HY 200DB	846	0
90	121 OFFICE EQUIPMENT	8/23/01	3,311			3,311	5 HY 200DB	3,311	0
93	122 EAST AVE FURNISHINGS	11/15/02	1,393		X	975	7 HY 200DB	1,393	0
96	120 EAST HVAC	12/19/02	3,701		X	2,591	7 HY 200DB	3,701	0
101	WATER HEATER - 120 EAST	6/30/02	4,986		X	3,490	10 HY 200DB	4,986	0
104	121 EQUIPMENT	6/30/03	5,828		X	2,914	7 HY 200DB	5,828	0
105	122 EAST - FURNISHINGS & APPLIANC	6/30/03	7,577		X	3,789	7 HY 200DB	7,577	0
109	COMPUTER EQUIPMENT	9/22/03	7,471		X	3,736	5 HY 200DB	7,471	0
110	RECORDING EQUIPMENT	3/01/04	4,780		X	2,390	7 HY 200DB	4,780	0
111	LAPTOPS	1/30/04	2,083		X	1,041	5 HY 200DB	2,083	0
112	VOICE MAIL	4/05/04	400		X	200	5 HY 200DB	400	0
113	RECLINER	4/05/04	198		X	99	7 HY 200DB	198	0
114	121 EAST LANDSCAPING	8/17/04	9,363		X	4,682	15 HY 150DB	8,672	276
115	DVD & CD RECORDERS	8/31/04	920		X	460	5 HY 200DB	920	0
116	REFRIGERATOR	2/23/05	652			652	5 HY 200DB	652	0
117	COMPUTER EQUIPMENT - 121 EAST	6/18/05	6,485			6,485	5 HY 200DB	6,485	0
118	PAGERS - 121 EAST	5/31/05	2,895			2,895	5 HY 200DB	2,895	0
119	EQUIP & FURN - 121 EAST	7/25/05	784			784	7 HY 200DB	784	0
121	115 EAST - HVAC	1/26/05	3,833			3,833	15 HY 150DB	3,041	226
123	121 EAST - HVAC	12/14/05	4,438			4,438	15 HY 150DB	3,521	262
124	122 EAST - HVAC	6/23/05	2,078			2,078	15 HY 150DB	1,649	122
126	COMPUTER & MUSIC EQUIPMENT	7/31/06	2,187			2,187	5 HY 200DB	2,187	0
127	COPIER & COMPUTERS	9/18/06	4,690			4,690	5 HY 200DB	4,690	0
128	E TAPESTRY	8/15/06	8,501			8,501	3 HY 200DB	8,501	0
129	PODIUM	6/01/06	1,360			1,360	7 HY 200DB	1,360	0
131	121 EAST -HVAC ZONE SYSTEM	6/08/06	3,150			3,150	15 HY 150DB	2,313	186
134	COMPUTER	4/07/07	1,634			1,634	5 HY 200DB	1,634	0
135	LAPTOPS	6/23/07	1,319			1,319	5 HY 200DB	1,319	0
136	CAMERA & ACCESSORIES	11/28/07	1,178			1,178	5 HY 200DB	1,178	0
137	LAWN MOWER	11/28/07	1,014			1,014	7 HY 200DB	1,014	0
138	PRINTERS & COMPUTER EQUIP	7/07/07	677			677	5 HY 200DB	677	0
141	TELEPHONE SYSTEM	2/13/08	600		X	300	5 HY 200DB	600	0

# Federal Asset Report

## Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per Conv Meth	Prior	Current
142	HVAC - 120 EAST	4/21/09	11,450			X	5,725	15 HY 150DB	8,915	338
143	121 EAST ROOF	12/31/10	15,600				15,600	39 MMS/L	2,417	400
144	122 EAST ROOF	12/31/10	3,120				3,120	39 MMS/L	483	80
145	121 EAST SOUND SYSTEM	2/15/11	2,445			X	0	5 HY 200DB	2,445	0
146	LAPTOP	1/13/11	3,921			X	0	5 HY 200DB	3,921	0
147	COMPUTERS	7/21/11	8,076			X	0	5 HY 200DB	8,076	0
148	LAPTOP	12/07/11	2,754			X	0	5 HY 200DB	2,754	0
149	Water Heater	5/15/12	1,376			X	688	10 HY 200DB	1,122	51
150	phone system	9/06/12	1,805			X	902	10 HY 200DB	1,472	67
151	ROOF - 120 EAST WOLC	5/01/13	9,551			X	4,775	15 HY S/L	5,890	318
152	WATER HEATER	5/29/13	1,333			X	666	10 HY 200DB	1,026	61
153	ELECTRICAL PANEL - 122 EAST	8/26/13	2,650			X	1,325	15 HY 150DB	1,732	92
154	GAS - 121 EAST	5/28/14	10,428			X	5,214	10 HY 200DB	7,425	600
			<u>756,378</u>				<u>697,251</u>			<u>14,001</u>
									<u>494,592</u>	

**Other Depreciation:**

57	LAND	11/23/98	239,718				239,718	0 -- Land	0	0
76	115 EAST AVE - HOUSE	4/05/00	85,141				85,141	27 MO S/L	51,730	3,096
77	LAND - 115 EAST AVE HOUSE	4/05/00	20,000				20,000	0 -- Land	0	0
80	120 EAST IMPROVEMENTS	6/01/00	3,156				3,156	39 MO S/L	1,339	80
81	121 EAST AVE IMPROVEMENTS	6/01/00	491,968				491,968	39 MO S/L	208,666	12,614
91	121 IMPROVEMENTS	4/09/01	2,831				2,831	39 MO S/L	1,140	73
95	120 EAST AVE IMPROVEMENTS	12/18/02	25,699				25,699	39 MO S/L	9,253	659
97	122 EAST AVE HOUSE	9/26/02	85,097				85,097	39 MO S/L	31,184	2,182
99	122 EAST AVE - LAND	9/26/02	20,000				20,000	0 -- Land	0	0
106	120 EAST IMPROVEMENTS	6/30/03	106,266				106,266	39 MO S/L	36,898	2,725
107	121 EAST IMPROVEMENTS	6/30/03	8,369				8,369	39 MO S/L	2,906	214
108	122 EAST IMPROVEMENTS	6/30/03	6,976				6,976	27 MO S/L	3,435	254
120	SOFTWARE - 121 EAST	12/31/05	4,623				4,623	3 MO S/L	4,623	0
122	115 EAST - GUTTERGUARDS	9/26/05	2,500				2,500	27 MO S/L	1,027	90
130	120 EAST IMPROVEMENTS	6/06/06	11,062				11,062	39 MO S/L	2,990	284
133	120 EAST - ADD WALL	2/17/07	2,613				2,613	39 MO S/L	662	67
139	115 EAST ROOF	6/27/07	4,226				4,226	27 MO S/L	1,466	154
140	115 EAST - WINDOWS	11/04/08	4,200				4,200	27 MO S/L	1,241	153
155	GAS - 120 EAST	6/17/14	4,428				4,428	10 MO S/L	1,107	443
156	WATER HEATER	6/17/14	1,235				1,235	10 MO S/L	309	123
157	HVAC - 120 EAST	12/17/14	3,970				3,970	10 MO S/L	794	397
158	laptop	5/08/15	2,719				2,719	5 MO S/L	906	544
159	HVAC - 121 East	8/06/15	5,340				5,340	7 MO S/L	1,081	763
160	3 HVAC - 120 East Ave	7/09/16	15,846				15,846	7 MO S/L	1,132	2,264
161	HVAC Repair	6/22/16	1,208				1,208	7 MO S/L	86	173
162	HVAC Repair	8/14/16	1,689				1,689	7 MO S/L	101	241
163	Camera	2/10/16	650				650	7 MO S/L	85	93
164	Fire Alarm System	10/14/16	1,147				1,147	5 MO S/L	57	230
165	120 East Improvements	9/08/17	4,595				4,595	10 MO S/L	0	153
166	121 East HVAC	9/14/17	5,385				5,385	10 MO S/L	0	180
167	121 East HVAC	11/17/17	8,950				8,950	10 MO S/L	0	75
168	HP Laptop - Darlene	12/30/17	749				749	3 MO S/L	0	0
169	121 East Equipment Upgrade	2/02/17	1,752				1,752	7 MO S/L	0	229
170	Worship Center Equip Upgrade	2/04/17	1,218				1,218	7 MO S/L	0	160
171	Camcorder	12/17/17	1,695				1,695	7 MO S/L	0	0

**Total Other Depreciation**1,187,0211,187,021364,21828,713**Total ACRS and Other Depreciation**1,187,0211,187,021364,21828,713**Grand Totals**

1,943,399

1,884,272

858,810

42,714

**Less: Dispositions and Transfers**

0

0

0

0

**Less: Start-up/Org Expense**

0

0

0

0

**Net Grand Totals**1,943,3991,884,272858,81042,714



# TN Asset Report

## Form 990, Page 1

Asset	Description	Date In Service	Cost	Basis for Depr	TN Prior	TN Current	Federal Current	Difference Fed - TN
<b>Prior MACRS:</b>								
3	BOOKCASES	2/16/94	336	336	336	0	0	0
9	PROJECTORS	1/07/93	370	370	370	0	0	0
11	OTHER FULLY DEPR	2/19/93	7,032	7,032	7,032	0	0	0
27	PRAYER ROOM TABLE	12/31/94	311	311	311	0	0	0
43	PAGING SYSTEM	7/23/96	2,270	2,270	2,270	0	0	0
44	FAX	6/06/96	520	520	520	0	0	0
45	DESKJET PRINTER	8/31/96	456	456	456	0	0	0
47	COMPUTER	6/06/97	2,480	2,480	2,480	0	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	0
50	BACKUP	10/29/97	280	280	280	0	0	0
51	PRINTER	8/29/97	280	280	280	0	0	0
52	PRINTER	6/30/97	300	300	300	0	0	0
53	HUTCH	6/30/97	70	70	70	0	0	0
54	DESK	4/30/97	620	620	620	0	0	0
55	CHAIR	4/30/97	419	419	419	0	0	0
56	STORAGE RACK	1/22/97	177	177	177	0	0	0
58	BUILDING	11/23/98	422,810	422,810	193,314	10,841	10,841	0
59	COMPUTER	10/23/98	3,499	3,499	3,499	0	0	0
60	MUSIC EQUIPMENT	12/22/99	1,064	1,064	1,064	0	0	0
61	COMPUTER	12/22/99	2,519	2,519	2,519	0	0	0
62	COMPUTER	8/03/99	1,190	1,190	1,190	0	0	0
67	PIANO	11/01/99	6,400	6,400	6,400	0	0	0
68	FURNITURE	11/10/99	1,303	1,303	1,303	0	0	0
69	LAPTOP COMPUTERS	11/19/99	7,154	7,154	7,154	0	0	0
70	PRINTER	12/01/99	200	200	200	0	0	0
71	BREWER	10/21/99	190	190	190	0	0	0
72	IMPROVEMENTS	11/22/99	3,163	3,163	1,370	81	81	0
73	SMOKE DETECTORS	12/22/99	245	245	245	0	0	0
78	115 EAST - PAVING	7/12/00	2,200	2,200	2,200	0	0	0
79	115 EAST HOUSE - PAINT & FLOOR	5/10/00	5,456	5,456	5,456	0	0	0
82	115 EAST FURNISHINGS	6/01/00	21,946	21,946	21,946	0	0	0
83	FURNISHINGS	6/01/00	38,660	38,660	38,660	0	0	0
84	COMPUTERS & NETWORK	6/01/00	17,719	17,719	17,719	0	0	0
85	VIDEO EQUIPMENT	6/01/00	14,070	14,070	14,070	0	0	0
86	121 PAVING	4/20/01	5,003	5,003	5,003	0	0	0
87	120 PAVING	4/20/01	2,500	2,500	2,500	0	0	0
88	120 FURNISHINGS	4/20/01	4,097	4,097	4,097	0	0	0
89	121 TABLES, ETC	5/16/01	846	846	846	0	0	0
90	121 OFFICE EQUIPMENT	8/23/01	3,311	3,311	3,311	0	0	0
93	122 EAST AVE FURNISHINGS	11/15/02	1,393	1,393	1,393	0	0	0
96	120 EAST HVAC	12/19/02	3,701	3,701	3,701	0	0	0
101	WATER HEATER - 120 EAST	6/30/02	4,986	4,986	4,986	0	0	0
104	121 EQUIPMENT	6/30/03	5,828	5,828	5,828	0	0	0
105	122 EAST - FURNISHINGS & APPLIANC	6/30/03	7,577	7,577	7,577	0	0	0
109	COMPUTER EQUIPMENT	9/22/03	7,471	7,471	7,471	0	0	0
110	RECORDING EQUIPMENT	3/01/04	4,780	4,780	4,780	0	0	0
111	LAPTOPS	1/30/04	2,083	2,083	2,083	0	0	0
112	VOICE MAIL	4/05/04	400	400	400	0	0	0
113	RECLINER	4/05/04	198	198	198	0	0	0
114	121 EAST LANDSCAPING	8/17/04	9,363	9,363	8,672	276	276	0
115	DVD & CD RECORDERS	8/31/04	920	920	920	0	0	0
116	REFRIGERATOR	2/23/05	652	652	652	0	0	0
117	COMPUTER EQUIPMENT - 121 EAST	6/18/05	6,485	6,485	6,485	0	0	0
118	PAGERS - 121 EAST	5/31/05	2,895	2,895	2,895	0	0	0
119	EQUIP & FURN - 121 EAST	7/25/05	784	784	784	0	0	0
121	115 EAST - HVAC	1/26/05	3,833	3,833	3,041	226	226	0
123	121 EAST - HVAC	12/14/05	4,438	4,438	3,521	262	262	0
124	122 EAST - HVAC	6/23/05	2,078	2,078	1,649	122	122	0
126	COMPUTER & MUSIC EQUIPMENT	7/31/06	2,187	2,187	2,187	0	0	0
127	COPIER & COMPUTERS	9/18/06	4,690	4,690	4,690	0	0	0
128	E TAPESTRY	8/15/06	8,501	8,501	8,501	0	0	0
129	PODIUM	6/01/06	1,360	1,360	1,360	0	0	0
131	121 EAST -HVAC ZONE SYSTEM	6/08/06	3,150	3,150	2,313	186	186	0
134	COMPUTER	4/07/07	1,634	1,634	1,634	0	0	0
135	LAPTOPS	6/23/07	1,319	1,319	1,319	0	0	0
136	CAMERA & ACCESSORIES	11/28/07	1,178	1,178	1,178	0	0	0
137	LAWN MOWER	11/28/07	1,014	1,014	1,014	0	0	0
138	PRINTERS & COMPUTER EQUIP	7/07/07	677	677	677	0	0	0
141	TELEPHONE SYSTEM	2/13/08	600	600	600	0	0	0

# TN Asset Report

## Form 990, Page 1

Asset	Description	Date In Service	Cost	Basis for Depr	TN Prior	TN Current	Federal Current	Difference Fed - TN
142	HVAC - 120 EAST	4/21/09	11,450	11,450	5,725	763	338	-425
143	121 EAST ROOF	12/31/10	15,600	15,600	2,417	400	400	0
144	122 EAST ROOF	12/31/10	3,120	3,120	483	80	80	0
145	121 EAST SOUND SYSTEM	2/15/11	2,445	2,445	2,445	0	0	0
146	LAPTOP	1/13/11	3,921	3,921	3,921	0	0	0
147	COMPUTERS	7/21/11	8,076	8,076	8,076	0	0	0
148	LAPTOP	12/07/11	2,754	2,754	2,754	0	0	0
149	Water Heater	5/15/12	1,376	1,376	869	101	51	-50
150	phone system	9/06/12	1,805	1,805	1,140	133	67	-66
151	ROOF - 120 EAST WOLC	5/01/13	9,551	9,551	888	245	318	73
152	WATER HEATER	5/29/13	1,333	1,333	719	123	61	-62
153	ELECTRICAL PANEL - 122 EAST	8/26/13	2,650	2,650	815	183	92	-91
154	GAS - 121 EAST	5/28/14	10,428	10,428	4,421	1,202	600	-602
			<u>756,378</u>	<u>756,378</u>	<u>481,587</u>	<u>15,224</u>	<u>14,001</u>	<u>-1,223</u>

**Other Depreciation:**

57	LAND	11/23/98	239,718	239,718	0	0	0	0
76	115 EAST AVE - HOUSE	4/05/00	85,141	85,141	51,730	3,096	3,096	0
77	LAND - 115 EAST AVE HOUSE	4/05/00	20,000	20,000	0	0	0	0
80	120 EAST IMPROVEMENTS	6/01/00	3,156	3,156	1,339	80	80	0
81	121 EAST AVE IMPROVEMENTS	6/01/00	491,968	491,968	208,666	12,614	12,614	0
91	121 IMPROVEMENTS	4/09/01	2,831	2,831	1,140	73	73	0
95	120 EAST AVE IMPROVEMENTS	12/18/02	25,699	25,699	9,253	659	659	0
97	122 EAST AVE HOUSE	9/26/02	85,097	85,097	31,184	2,182	2,182	0
99	122 EAST AVE - LAND	9/26/02	20,000	20,000	0	0	0	0
106	120 EAST IMPROVEMENTS	6/30/03	106,266	106,266	36,898	2,725	2,725	0
107	121 EAST IMPROVEMENTS	6/30/03	8,369	8,369	2,906	214	214	0
108	122 EAST IMPROVEMENTS	6/30/03	6,976	6,976	3,435	254	254	0
120	SOFTWARE - 121 EAST	12/31/05	4,623	4,623	4,623	0	0	0
122	115 EAST - GUTTERGUARDS	9/26/05	2,500	2,500	1,027	90	90	0
130	120 EAST IMPROVEMENTS	6/06/06	11,062	11,062	2,990	284	284	0
133	120 EAST - ADD WALL	2/17/07	2,613	2,613	662	67	67	0
139	115 EAST ROOF	6/27/07	4,226	4,226	1,466	154	154	0
140	115 EAST - WINDOWS	11/04/08	4,200	4,200	1,241	153	153	0
155	GAS - 120 EAST	6/17/14	4,428	4,428	1,107	443	443	0
156	WATER HEATER	6/17/14	1,235	1,235	309	123	123	0
157	HVAC - 120 EAST	12/17/14	3,970	3,970	794	397	397	0
158	laptop	5/08/15	2,719	2,719	906	544	544	0
159	HVAC - 121 East	8/06/15	5,340	5,340	1,081	763	763	0
160	3 HVAC - 120 East Ave	7/09/16	15,846	15,846	1,132	2,264	2,264	0
161	HVAC Repair	6/22/16	1,208	1,208	86	173	173	0
162	HVAC Repair	8/14/16	1,689	1,689	101	241	241	0
163	Camera	2/10/16	650	650	85	93	93	0
164	Fire Alarm System	10/14/16	1,147	1,147	57	230	230	0
165	120 East Improvements	9/08/17	4,595	4,595	0	153	153	0
166	121 East HVAC	9/14/17	5,385	5,385	0	180	180	0
167	121 East HVAC	11/17/17	8,950	8,950	0	75	75	0
168	HP Laptop - Darlene	12/30/17	749	749	0	0	0	0
169	121 East Equipment Upgrade	2/02/17	1,752	1,752	0	229	229	0
170	Worship Center Equip Upgrade	2/04/17	1,218	1,218	0	160	160	0
171	Camcorder	12/17/17	1,695	1,695	0	0	0	0

**Total Other Depreciation**

<u>1,187,021</u>	<u>1,187,021</u>	<u>364,218</u>	<u>28,713</u>	<u>28,713</u>	<u>0</u>
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**Total ACRS and Other Depreciation**

<u>1,187,021</u>	<u>1,187,021</u>	<u>364,218</u>	<u>28,713</u>	<u>28,713</u>	<u>0</u>
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**Grand Totals**

1,943,399	1,943,399	845,805	43,937	42,714	-1,223
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**Less: Dispositions**

0	0	0	0	0	0
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**Less: Start-up/Org Expense**

0	0	0	0	0	0
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**Net Grand Totals**

<u>1,943,399</u>	<u>1,943,399</u>	<u>845,805</u>	<u>43,937</u>	<u>42,714</u>	<u>-1,223</u>
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# AMT Asset Report

## Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per Conv Meth	Prior	Current
<b>Prior MACRS:</b>										
3	BOOKCASES	2/16/94	336				336	5 HY 150DB	336	0
9	PROJECTORS	1/07/93	370				370	5 HY 150DB	370	0
11	OTHER FULLY DEPR	2/19/93	7,032				7,032	7 HY 150DB	7,032	0
27	PRAYER ROOM TABLE	12/31/94	311				311	5 HY 150DB	311	0
43	PAGING SYSTEM	7/23/96	2,270				2,270	5 HY 150DB	2,270	0
44	FAX	6/06/96	520				520	3 HY 150DB	520	0
45	DESKJET PRINTER	8/31/96	456				456	5 HY 150DB	456	0
47	COMPUTER	6/06/97	2,480				2,480	5 HY 150DB	2,480	0
48	COMPUTER TOSH	8/01/97	2,211				2,211	5 HY 150DB	2,211	0
49	COMPUTER GATEWAY	10/23/97	2,017				2,017	5 HY 150DB	2,017	0
50	BACKUP	10/29/97	280				280	5 HY 150DB	280	0
51	PRINTER	8/29/97	280				280	5 HY 150DB	280	0
52	PRINTER	6/30/97	300				300	5 HY 150DB	300	0
53	HUTCH	6/30/97	70				70	5 HY 150DB	70	0
54	DESK	4/30/97	620				620	5 HY 150DB	620	0
55	CHAIR	4/30/97	419				419	5 HY 150DB	419	0
56	STORAGE RACK	1/22/97	177				177	5 HY 150DB	177	0
58	BUILDING	11/23/98	422,810				422,810	40 MMS/L	191,586	10,570
59	COMPUTER	10/23/98	3,499				3,499	5 HY 150DB	3,499	0
60	MUSIC EQUIPMENT	12/22/99	1,064				1,064	5 HY 150DB	1,064	0
61	COMPUTER	12/22/99	2,519				2,519	5 HY 150DB	2,519	0
62	COMPUTER	8/03/99	1,190				1,190	5 HY 150DB	1,190	0
67	PIANO	11/01/99	6,400				6,400	5 HY 150DB	6,400	0
68	FURNITURE	11/10/99	1,303				1,303	5 HY 150DB	1,303	0
69	LAPTOP COMPUTERS	11/19/99	7,154				7,154	5 HY 150DB	7,154	0
70	PRINTER	12/01/99	200				200	5 HY 150DB	200	0
71	BREWER	10/21/99	190				190	5 HY 150DB	190	0
72	IMPROVEMENTS	11/22/99	3,163				3,163	39 MMS/L	1,389	81
73	SMOKE DETECTORS	12/22/99	245				245	5 HY 150DB	245	0
78	115 EAST - PAVING	7/12/00	2,200				2,200	15 HY 150DB	2,200	0
79	115 EAST HOUSE - PAINT & FLOOR	5/10/00	5,456				5,456	5 HY 150DB	5,456	0
82	115 EAST FURNISHINGS	6/01/00	21,946				21,946	5 HY 150DB	21,946	0
83	FURNISHINGS	6/01/00	38,660				38,660	5 HY 150DB	38,660	0
84	COMPUTERS & NETWORK	6/01/00	17,719				17,719	5 HY 150DB	17,719	0
85	VIDEO EQUIPMENT	6/01/00	14,070				14,070	5 HY 150DB	14,070	0
86	121 PAVING	4/20/01	5,003				5,003	15 HY 150DB	5,003	0
87	120 PAVING	4/20/01	2,500				2,500	15 HY 150DB	2,500	0
88	120 FURNISHINGS	4/20/01	4,097				4,097	7 HY 150DB	4,097	0
89	121 TABLES, ETC	5/16/01	846				846	5 HY 150DB	846	0
90	121 OFFICE EQUIPMENT	8/23/01	3,311				3,311	5 HY 150DB	3,311	0
93	122 EAST AVE FURNISHINGS	11/15/02	1,393			X	975	7 HY 200DB	1,393	0
96	120 EAST HVAC	12/19/02	3,701			X	2,591	7 HY 200DB	3,701	0
101	WATER HEATER - 120 EAST	6/30/02	4,986			X	3,490	10 HY 200DB	4,986	0
104	121 EQUIPMENT	6/30/03	5,828			X	2,914	7 HY 200DB	5,828	0
105	122 EAST - FURNISHINGS & APPLIANC	6/30/03	7,577			X	3,789	7 HY 200DB	7,577	0
109	COMPUTER EQUIPMENT	9/22/03	7,471			X	3,736	5 HY 200DB	6,971	0
110	RECORDING EQUIPMENT	3/01/04	4,780			X	2,390	7 HY 200DB	4,780	0
111	LAPTOPS	1/30/04	2,083			X	1,041	5 HY 200DB	2,083	0
112	VOICE MAIL	4/05/04	400			X	200	5 HY 200DB	400	0
113	RECLINER	4/05/04	198			X	99	7 HY 200DB	198	0
114	121 EAST LANDSCAPING	8/17/04	9,363			X	4,682	15 HY 150DB	8,672	276
115	DVD & CD RECORDERS	8/31/04	920			X	460	5 HY 200DB	920	0
116	REFRIGERATOR	2/23/05	652				652	5 HY 150DB	652	0
117	COMPUTER EQUIPMENT - 121 EAST	6/18/05	6,485				6,485	5 HY 150DB	6,485	0
118	PAGERS - 121 EAST	5/31/05	2,895				2,895	5 HY 150DB	2,895	0
119	EQUIP & FURN - 121 EAST	7/25/05	784				784	7 HY 150DB	784	0
121	115 EAST - HVAC	1/26/05	3,833				3,833	15 HY 150DB	3,041	226
123	121 EAST - HVAC	12/14/05	4,438				4,438	15 HY 150DB	3,521	262
124	122 EAST - HVAC	6/23/05	2,078				2,078	15 HY 150DB	1,649	122
126	COMPUTER & MUSIC EQUIPMENT	7/31/06	2,187				2,187	5 HY 150DB	2,187	0
127	COPIER & COMPUTERS	9/18/06	4,690				4,690	5 HY 150DB	4,690	0
129	PODIUM	6/01/06	1,360				1,360	7 HY 150DB	1,360	0
131	121 EAST -HVAC ZONE SYSTEM	6/08/06	3,150				3,150	15 HY 150DB	2,313	186
134	COMPUTER	4/07/07	1,634				1,634	5 HY 150DB	1,634	0
135	LAPTOPS	6/23/07	1,319				1,319	5 HY 150DB	1,319	0
136	CAMERA & ACCESSORIES	11/28/07	1,178				1,178	5 HY 150DB	1,178	0
137	LAWN MOWER	11/28/07	1,014				1,014	7 HY 150DB	1,014	0
138	PRINTERS & COMPUTER EQUIP	7/07/07	677				677	5 HY 150DB	677	0
141	TELEPHONE SYSTEM	2/13/08	600			X	300	5 HY 200DB	600	0
142	HVAC - 120 EAST	4/21/09	11,450			X	5,725	15 HY S/L	8,588	381

# AMT Asset Report

## Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per Conv Meth	Prior	Current
143	121 EAST ROOF	12/31/10	15,600				15,600	39 MM S/L	2,417	400
144	122 EAST ROOF	12/31/10	3,120				3,120	39 MM S/L	483	80
145	121 EAST SOUND SYSTEM	2/15/11	2,445			X	0	5 HY 200DB	2,445	0
146	LAPTOP	1/13/11	3,921			X	0	5 HY 200DB	3,921	0
147	COMPUTERS	7/21/11	8,076			X	0	5 HY 200DB	8,076	0
148	LAPTOP	12/07/11	2,754			X	0	5 HY 200DB	2,754	0
149	Water Heater	5/15/12	1,376			X	688	10 HY 200DB	1,122	51
150	phone system	9/06/12	1,805			X	902	10 HY 200DB	1,472	67
151	ROOF - 120 EAST WOLC	5/01/13	9,551			X	4,775	15 HY S/L	5,890	318
152	WATER HEATER	5/29/13	1,333			X	666	10 HY 200DB	1,026	61
153	ELECTRICAL PANEL - 122 EAST	8/26/13	2,650			X	1,325	15 HY 150DB	1,732	92
154	GAS - 121 EAST	5/28/14	10,428			X	5,214	10 HY 200DB	7,425	600
			747,877				688,750		483,555	13,773

**Other Depreciation:**

57	LAND	11/23/98	0			0	0	HY	0	0
76	115 EAST AVE - HOUSE	4/05/00	0			0	0	HY	0	0
77	LAND - 115 EAST AVE HOUSE	4/05/00	0			0	0	HY	0	0
80	120 EAST IMPROVEMENTS	6/01/00	0			0	0	HY	0	0
81	121 EAST AVE IMPROVEMENTS	6/01/00	0			0	0	HY	0	0
91	121 IMPROVEMENTS	4/09/01	0			0	0	HY	0	0
95	120 EAST AVE IMPROVEMENTS	12/18/02	0			0	0	HY	0	0
97	122 EAST AVE HOUSE	9/26/02	0			0	0	HY	0	0
99	122 EAST AVE - LAND	9/26/02	0			0	0	HY	0	0
106	120 EAST IMPROVEMENTS	6/30/03	0			0	0	HY	0	0
107	121 EAST IMPROVEMENTS	6/30/03	0			0	0	HY	0	0
108	122 EAST IMPROVEMENTS	6/30/03	0			0	0	HY	0	0
120	SOFTWARE - 121 EAST	12/31/05	0			0	0	HY	0	0
122	115 EAST - GUTTERGUARDS	9/26/05	0			0	0	HY	0	0
128	E TAPESTRY	8/15/06	0			0	0	HY	0	0
130	120 EAST IMPROVEMENTS	6/06/06	0			0	0	HY	0	0
133	120 EAST - ADD WALL	2/17/07	0			0	0	HY	0	0
139	115 EAST ROOF	6/27/07	0			0	0	HY	0	0
140	115 EAST - WINDOWS	11/04/08	0			0	0	HY	0	0
155	GAS - 120 EAST	6/17/14	0			0	0	HY	0	0
156	WATER HEATER	6/17/14	0			0	0	HY	0	0
157	HVAC - 120 EAST	12/17/14	0			0	0	HY	0	0
158	laptop	5/08/15	0			0	0	HY	0	0
159	HVAC - 121 East	8/06/15	0			0	0	HY	0	0
160	3 HVAC - 120 East Ave	7/09/16	0			0	0	HY	0	0
161	HVAC Repair	6/22/16	0			0	0	HY	0	0
162	HVAC Repair	8/14/16	0			0	0	HY	0	0
163	Camera	2/10/16	0			0	0	HY	0	0
164	Fire Alarm System	10/14/16	0			0	0	HY	0	0
165	120 East Improvements	9/08/17	4,595			4,595	10	MO S/L	0	153
166	121 East HVAC	9/14/17	0			0	0	HY	0	0
167	121 East HVAC	11/17/17	0			0	0	HY	0	0
168	HP Laptop - Darlene	12/30/17	0			0	0	HY	0	0
169	121 East Equipment Upgrade	2/02/17	0			0	0	HY	0	0
170	Worship Center Equip Upgrade	2/04/17	0			0	0	HY	0	0
171	Camcorder	12/17/17	0			0	0	HY	0	0
Total Other Depreciation			4,595			4,595			0	153
Total ACRS and Other Depreciation			4,595			4,595			0	153
Grand Totals			752,472			693,345			483,555	13,926
Less: Dispositions and Transfers			0			0			0	0
Net Grand Totals			752,472			693,345			483,555	13,926

# Bonus Depreciation Report

Asset	Property Description	Date In Service	Tax Cost	Bus Pct	Tax Sec 179 Exp	Current Bonus	Prior Bonus	Tax - Basis for Depr
<b>Activity: Form 990, Page 1</b>								
151	ROOF - 120 EAST WOLC	5/01/13	9,551		0	0	4,776	4,775
165	120 East Improvements	9/08/17	4,595		0	0	0	4,595
93	122 EAST AVE FURNISHINGS	11/15/02	1,393		0	0	418	975
96	120 EAST HVAC	12/19/02	3,701		0	0	1,110	2,591
101	WATER HEATER - 120 EAST	6/30/02	4,986		0	0	1,496	3,490
104	121 EQUIPMENT	6/30/03	5,828		0	0	2,914	2,914
105	122 EAST - FURNISHINGS & APPLIANCE	6/30/03	7,577		0	0	3,788	3,789
109	COMPUTER EQUIPMENT	9/22/03	7,471		0	0	3,735	3,736
110	RECORDING EQUIPMENT	3/01/04	4,780		0	0	2,390	2,390
111	LAPTOPS	1/30/04	2,083		0	0	1,042	1,041
112	VOICE MAIL	4/05/04	400		0	0	200	200
113	RECLINER	4/05/04	198		0	0	99	99
114	121 EAST LANDSCAPING	8/17/04	9,363		0	0	4,681	4,682
115	DVD & CD RECORDERS	8/31/04	920		0	0	460	460
141	TELEPHONE SYSTEM	2/13/08	600		0	0	300	300
142	HVAC - 120 EAST	4/21/09	11,450		0	0	5,725	5,725
145	121 EAST SOUND SYSTEM	2/15/11	2,445		0	0	2,445	0
146	LAPTOP	1/13/11	3,921		0	0	3,921	0
147	COMPUTERS	7/21/11	8,076		0	0	8,076	0
148	LAPTOP	12/07/11	2,754		0	0	2,754	0
149	Water Heater	5/15/12	1,376		0	0	688	688
150	phone system	9/06/12	1,805		0	0	903	902
152	WATER HEATER	5/29/13	1,333		0	0	667	666
153	ELECTRICAL PANEL - 122 EAST	8/26/13	2,650		0	0	1,325	1,325
154	GAS - 121 EAST	5/28/14	10,428		0	0	5,214	5,214
<b>Form 990, Page 1</b>			<u>109,684</u>		<u>0</u>	<u>0</u>	<u>59,127</u>	<u>50,557</u>
<b>Grand Total</b>			<u>109,684</u>		<u>0</u>	<u>0</u>	<u>59,127</u>	<u>50,557</u>

# Depreciation Adjustment Report

## All Business Activities

Form	Unit	Asset	Description	Tax	AMT	AMT Adjustments/ Preferences
<b>MACRS Adjustments:</b>						
Page 1	1	3	BOOKCASES	0	0	0
Page 1	1	9	PROJECTORS	0	0	0
Page 1	1	11	OTHER FULLY DEPR	0	0	0
Page 1	1	27	PRAYER ROOM TABLE	0	0	0
Page 1	1	43	PAGING SYSTEM	0	0	0
Page 1	1	44	FAX	0	0	0
Page 1	1	45	DESKJET PRINTER	0	0	0
Page 1	1	47	COMPUTER	0	0	0
Page 1	1	48	COMPUTER TOSH	0	0	0
Page 1	1	49	COMPUTER GATEWAY	0	0	0
Page 1	1	50	BACKUP	0	0	0
Page 1	1	51	PRINTER	0	0	0
Page 1	1	52	PRINTER	0	0	0
Page 1	1	53	HUTCH	0	0	0
Page 1	1	54	DESK	0	0	0
Page 1	1	55	CHAIR	0	0	0
Page 1	1	56	STORAGE RACK	0	0	0
Page 1	1	58	BUILDING	10,841	10,570	271
Page 1	1	59	COMPUTER	0	0	0
Page 1	1	60	MUSIC EQUIPMENT	0	0	0
Page 1	1	61	COMPUTER	0	0	0
Page 1	1	62	COMPUTER	0	0	0
Page 1	1	67	PIANO	0	0	0
Page 1	1	68	FURNITURE	0	0	0
Page 1	1	69	LAPTOP COMPUTERS	0	0	0
Page 1	1	70	PRINTER	0	0	0
Page 1	1	71	BREWER	0	0	0
Page 1	1	72	IMPROVEMENTS	81	81	0
Page 1	1	73	SMOKE DETECTORS	0	0	0
Page 1	1	78	115 EAST - PAVING	0	0	0
Page 1	1	79	115 EAST HOUSE - PAINT & FLOOR	0	0	0
Page 1	1	82	115 EAST FURNISHINGS	0	0	0
Page 1	1	83	FURNISHINGS	0	0	0
Page 1	1	84	COMPUTERS & NETWORK	0	0	0
Page 1	1	85	VIDEO EQUIPMENT	0	0	0
Page 1	1	86	121 PAVING	0	0	0
Page 1	1	87	120 PAVING	0	0	0
Page 1	1	88	120 FURNISHINGS	0	0	0
Page 1	1	89	121 TABLES, ETC	0	0	0
Page 1	1	90	121 OFFICE EQUIPMENT	0	0	0
Page 1	1	93	122 EAST AVE FURNISHINGS	0	0	0
Page 1	1	96	120 EAST HVAC	0	0	0
Page 1	1	101	WATER HEATER - 120 EAST	0	0	0
Page 1	1	104	121 EQUIPMENT	0	0	0
Page 1	1	105	122 EAST - FURNISHINGS & APPLIANCES	0	0	0
Page 1	1	109	COMPUTER EQUIPMENT	0	0	0
Page 1	1	110	RECORDING EQUIPMENT	0	0	0
Page 1	1	111	LAPTOPS	0	0	0
Page 1	1	112	VOICE MAIL	0	0	0
Page 1	1	113	RECLINER	0	0	0
Page 1	1	114	121 EAST LANDSCAPING	276	276	0
Page 1	1	115	DVD & CD RECORDERS	0	0	0
Page 1	1	116	REFRIGERATOR	0	0	0
Page 1	1	117	COMPUTER EQUIPMENT - 121 EAST	0	0	0
Page 1	1	118	PAGERS - 121 EAST	0	0	0
Page 1	1	119	EQUIP & FURN - 121 EAST	0	0	0
Page 1	1	121	115 EAST - HVAC	226	226	0
Page 1	1	123	121 EAST - HVAC	262	262	0
Page 1	1	124	122 EAST - HVAC	122	122	0
Page 1	1	126	COMPUTER & MUSIC EQUIPMENT	0	0	0
Page 1	1	127	COPIER & COMPUTERS	0	0	0
Page 1	1	129	PODIUM	0	0	0
Page 1	1	131	121 EAST -HVAC ZONE SYSTEM	186	186	0
Page 1	1	134	COMPUTER	0	0	0
Page 1	1	135	LAPTOPS	0	0	0
Page 1	1	136	CAMERA & ACCESSORIES	0	0	0
Page 1	1	137	LAWN MOWER	0	0	0

# Depreciation Adjustment Report

## All Business Activities

Form	Unit	Asset	Description	Tax	AMT	AMT Adjustments/ Preferences
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	381	-43
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	51	51	0
Page 1	1	150	phone system	67	67	0
Page 1	1	151	ROOF - 120 EAST WOLC	318	318	0
Page 1	1	152	WATER HEATER	61	61	0
Page 1	1	153	ELECTRICAL PANEL - 122 EAST	92	92	0
Page 1	1	154	GAS - 121 EAST	600	600	0
				<u>14,001</u>	<u>13,773</u>	<u>228</u>



# Future Depreciation Report    FYE: 12/31/18

## Form 990, Page 1

Asset	Description	Date In Service	Cost	Tax	AMT
<b>Prior MACRS:</b>					
3	BOOKCASES	2/16/94	336	0	0
9	PROJECTORS	1/07/93	370	0	0
11	OTHER FULLY DEPR	2/19/93	7,032	0	0
27	PRAYER ROOM TABLE	12/31/94	311	0	0
43	PAGING SYSTEM	7/23/96	2,270	0	0
44	FAX	6/06/96	520	0	0
45	DESKJET PRINTER	8/31/96	456	0	0
47	COMPUTER	6/06/97	2,480	0	0
48	COMPUTER TOSH	8/01/97	2,211	0	0
49	COMPUTER GATEWAY	10/23/97	2,017	0	0
50	BACKUP	10/29/97	280	0	0
51	PRINTER	8/29/97	280	0	0
52	PRINTER	6/30/97	300	0	0
53	HUTCH	6/30/97	70	0	0
54	DESK	4/30/97	620	0	0
55	CHAIR	4/30/97	419	0	0
56	STORAGE RACK	1/22/97	177	0	0
58	BUILDING	11/23/98	422,810	10,841	10,570
59	COMPUTER	10/23/98	3,499	0	0
60	MUSIC EQUIPMENT	12/22/99	1,064	0	0
61	COMPUTER	12/22/99	2,519	0	0
62	COMPUTER	8/03/99	1,190	0	0
67	PIANO	11/01/99	6,400	0	0
68	FURNITURE	11/10/99	1,303	0	0
69	LAPTOP COMPUTERS	11/19/99	7,154	0	0
70	PRINTER	12/01/99	200	0	0
71	BREWER	10/21/99	190	0	0
72	IMPROVEMENTS	11/22/99	3,163	81	81
73	SMOKE DETECTORS	12/22/99	245	0	0
78	115 EAST - PAVING	7/12/00	2,200	0	0
79	115 EAST HOUSE - PAINT & FLOOR	5/10/00	5,456	0	0
82	115 EAST FURNISHINGS	6/01/00	21,946	0	0
83	FURNISHINGS	6/01/00	38,660	0	0
84	COMPUTERS & NETWORK	6/01/00	17,719	0	0
85	VIDEO EQUIPMENT	6/01/00	14,070	0	0
86	121 PAVING	4/20/01	5,003	0	0
87	120 PAVING	4/20/01	2,500	0	0
88	120 FURNISHINGS	4/20/01	4,097	0	0
89	121 TABLES, ETC	5/16/01	846	0	0
90	121 OFFICE EQUIPMENT	8/23/01	3,311	0	0
93	122 EAST AVE FURNISHINGS	11/15/02	1,393	0	0
96	120 EAST HVAC	12/19/02	3,701	0	0
101	WATER HEATER - 120 EAST	6/30/02	4,986	0	0
104	121 EQUIPMENT	6/30/03	5,828	0	0
105	122 EAST - FURNISHINGS & APPLIANCES	6/30/03	7,577	0	0
109	COMPUTER EQUIPMENT	9/22/03	7,471	0	0
110	RECORDING EQUIPMENT	3/01/04	4,780	0	0
111	LAPTOPS	1/30/04	2,083	0	0
112	VOICE MAIL	4/05/04	400	0	0
113	RECLINER	4/05/04	198	0	0
114	121 EAST LANDSCAPING	8/17/04	9,363	277	277
115	DVD & CD RECORDERS	8/31/04	920	0	0
116	REFRIGERATOR	2/23/05	652	0	0
117	COMPUTER EQUIPMENT - 121 EAST	6/18/05	6,485	0	0
118	PAGERS - 121 EAST	5/31/05	2,895	0	0
119	EQUIP & FURN - 121 EAST	7/25/05	784	0	0
121	115 EAST - HVAC	1/26/05	3,833	226	226
123	121 EAST - HVAC	12/14/05	4,438	262	262
124	122 EAST - HVAC	6/23/05	2,078	123	123
126	COMPUTER & MUSIC EQUIPMENT	7/31/06	2,187	0	0
127	COPIER & COMPUTERS	9/18/06	4,690	0	0
128	E TAPESTRY	8/15/06	8,501	0	0
129	PODIUM	6/01/06	1,360	0	0
131	121 EAST -HVAC ZONE SYSTEM	6/08/06	3,150	186	186
134	COMPUTER	4/07/07	1,634	0	0
135	LAPTOPS	6/23/07	1,319	0	0
136	CAMERA & ACCESSORIES	11/28/07	1,178	0	0
137	LAWN MOWER	11/28/07	1,014	0	0

# Future Depreciation Report      FYE: 12/31/18

## Form 990, Page 1

Asset	Description	Date In Service	Cost	Tax	AMT
138	PRINTERS & COMPUTER EQUIP	7/07/07	677	0	0
141	TELEPHONE SYSTEM	2/13/08	600	0	0
142	HVAC - 120 EAST	4/21/09	11,450	338	382
143	121 EAST ROOF	12/31/10	15,600	400	400
144	122 EAST ROOF	12/31/10	3,120	80	80
145	121 EAST SOUND SYSTEM	2/15/11	2,445	0	0
146	LAPTOP	1/13/11	3,921	0	0
147	COMPUTERS	7/21/11	8,076	0	0
148	LAPTOP	12/07/11	2,754	0	0
149	Water Heater	5/15/12	1,376	45	45
150	phone system	9/06/12	1,805	59	59
151	ROOF - 120 EAST WOLC	5/01/13	9,551	319	319
152	WATER HEATER	5/29/13	1,333	49	49
153	ELECTRICAL PANEL - 122 EAST	8/26/13	2,650	83	83
154	GAS - 121 EAST	5/28/14	10,428	481	481
			<u>756,378</u>	<u>13,850</u>	<u>13,623</u>

**Other Depreciation:**

57	LAND	11/23/98	239,718	0	0
76	115 EAST AVE - HOUSE	4/05/00	85,141	3,096	0
77	LAND - 115 EAST AVE HOUSE	4/05/00	20,000	0	0
80	120 EAST IMPROVEMENTS	6/01/00	3,156	81	0
81	121 EAST AVE IMPROVEMENTS	6/01/00	491,968	12,615	0
91	121 IMPROVEMENTS	4/09/01	2,831	73	0
95	120 EAST AVE IMPROVEMENTS	12/18/02	25,699	659	0
97	122 EAST AVE HOUSE	9/26/02	85,097	2,182	0
99	122 EAST AVE - LAND	9/26/02	20,000	0	0
106	120 EAST IMPROVEMENTS	6/30/03	106,266	2,724	0
107	121 EAST IMPROVEMENTS	6/30/03	8,369	215	0
108	122 EAST IMPROVEMENTS	6/30/03	6,976	254	0
120	SOFTWARE - 121 EAST	12/31/05	4,623	0	0
122	115 EAST - GUTTERGUARDS	9/26/05	2,500	91	0
130	120 EAST IMPROVEMENTS	6/06/06	11,062	283	0
133	120 EAST - ADD WALL	2/17/07	2,613	67	0
139	115 EAST ROOF	6/27/07	4,226	154	0
140	115 EAST - WINDOWS	11/04/08	4,200	152	0
155	GAS - 120 EAST	6/17/14	4,428	443	0
156	WATER HEATER	6/17/14	1,235	124	0
157	HVAC - 120 EAST	12/17/14	3,970	397	0
158	laptop	5/08/15	2,719	544	0
159	HVAC - 121 East	8/06/15	5,340	762	0
160	3 HVAC - 120 East Ave	7/09/16	15,846	2,263	0
161	HVAC Repair	6/22/16	1,208	172	0
162	HVAC Repair	8/14/16	1,689	241	0
163	Camera	2/10/16	650	93	0
164	Fire Alarm System	10/14/16	1,147	229	0
165	120 East Improvements	9/08/17	4,595	460	460
166	121 East HVAC	9/14/17	5,385	538	0
167	121 East HVAC	11/17/17	8,950	895	0
168	HP Laptop - Darlene	12/30/17	749	250	0
169	121 East Equipment Upgrade	2/02/17	1,752	251	0
170	Worship Center Equip Upgrade	2/04/17	1,218	174	0
171	Camcorder	12/17/17	1,695	242	0

**Total Other Depreciation**

<u>1,187,021</u>	<u>30,724</u>	<u>460</u>
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**Total ACRS and Other Depreciation**

<u>1,187,021</u>	<u>30,724</u>	<u>460</u>
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**Grand Totals**

<u>1,943,399</u>	<u>44,574</u>	<u>14,083</u>
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# TN Future Depreciation Report

## Form 990, Page 1

FYE: 12/31/18

Asset	Description	Date In Service	Cost	TN
<b>Prior MACRS:</b>				
3	BOOKCASES	2/16/94	336	0
9	PROJECTORS	1/07/93	370	0
11	OTHER FULLY DEPR	2/19/93	7,032	0
27	PRAYER ROOM TABLE	12/31/94	311	0
43	PAGING SYSTEM	7/23/96	2,270	0
44	FAX	6/06/96	520	0
45	DESKJET PRINTER	8/31/96	456	0
47	COMPUTER	6/06/97	2,480	0
48	COMPUTER TOSH	8/01/97	2,211	0
49	COMPUTER GATEWAY	10/23/97	2,017	0
50	BACKUP	10/29/97	280	0
51	PRINTER	8/29/97	280	0
52	PRINTER	6/30/97	300	0
53	HUTCH	6/30/97	70	0
54	DESK	4/30/97	620	0
55	CHAIR	4/30/97	419	0
56	STORAGE RACK	1/22/97	177	0
58	BUILDING	11/23/98	422,810	10,841
59	COMPUTER	10/23/98	3,499	0
60	MUSIC EQUIPMENT	12/22/99	1,064	0
61	COMPUTER	12/22/99	2,519	0
62	COMPUTER	8/03/99	1,190	0
67	PIANO	11/01/99	6,400	0
68	FURNITURE	11/10/99	1,303	0
69	LAPTOP COMPUTERS	11/19/99	7,154	0
70	PRINTER	12/01/99	200	0
71	BREWER	10/21/99	190	0
72	IMPROVEMENTS	11/22/99	3,163	81
73	SMOKE DETECTORS	12/22/99	245	0
78	115 EAST - PAVING	7/12/00	2,200	0
79	115 EAST HOUSE - PAINT & FLOOR	5/10/00	5,456	0
82	115 EAST FURNISHINGS	6/01/00	21,946	0
83	FURNISHINGS	6/01/00	38,660	0
84	COMPUTERS & NETWORK	6/01/00	17,719	0
85	VIDEO EQUIPMENT	6/01/00	14,070	0
86	121 PAVING	4/20/01	5,003	0
87	120 PAVING	4/20/01	2,500	0
88	120 FURNISHINGS	4/20/01	4,097	0
89	121 TABLES, ETC	5/16/01	846	0
90	121 OFFICE EQUIPMENT	8/23/01	3,311	0
93	122 EAST AVE FURNISHINGS	11/15/02	1,393	0
96	120 EAST HVAC	12/19/02	3,701	0
101	WATER HEATER - 120 EAST	6/30/02	4,986	0
104	121 EQUIPMENT	6/30/03	5,828	0
105	122 EAST - FURNISHINGS & APPLIANCES	6/30/03	7,577	0
109	COMPUTER EQUIPMENT	9/22/03	7,471	0
110	RECORDING EQUIPMENT	3/01/04	4,780	0
111	LAPTOPS	1/30/04	2,083	0
112	VOICE MAIL	4/05/04	400	0
113	RECLINER	4/05/04	198	0
114	121 EAST LANDSCAPING	8/17/04	9,363	277
115	DVD & CD RECORDERS	8/31/04	920	0
116	REFRIGERATOR	2/23/05	652	0
117	COMPUTER EQUIPMENT - 121 EAST	6/18/05	6,485	0
118	PAGERS - 121 EAST	5/31/05	2,895	0
119	EQUIP & FURN - 121 EAST	7/25/05	784	0
121	115 EAST - HVAC	1/26/05	3,833	226
123	121 EAST - HVAC	12/14/05	4,438	262
124	122 EAST - HVAC	6/23/05	2,078	123
126	COMPUTER & MUSIC EQUIPMENT	7/31/06	2,187	0
127	COPIER & COMPUTERS	9/18/06	4,690	0
128	E TAPESTRY	8/15/06	8,501	0
129	PODIUM	6/01/06	1,360	0
131	121 EAST -HVAC ZONE SYSTEM	6/08/06	3,150	186
134	COMPUTER	4/07/07	1,634	0
135	LAPTOPS	6/23/07	1,319	0
136	CAMERA & ACCESSORIES	11/28/07	1,178	0
137	LAWN MOWER	11/28/07	1,014	0

# TN Future Depreciation Report

## Form 990, Page 1

FYE: 12/31/18

Asset	Description	Date In Service	Cost	TN
138	PRINTERS & COMPUTER EQUIP	7/07/07	677	0
141	TELEPHONE SYSTEM	2/13/08	600	0
142	HVAC - 120 EAST	4/21/09	11,450	764
143	121 EAST ROOF	12/31/10	15,600	400
144	122 EAST ROOF	12/31/10	3,120	80
145	121 EAST SOUND SYSTEM	2/15/11	2,445	0
146	LAPTOP	1/13/11	3,921	0
147	COMPUTERS	7/21/11	8,076	0
148	LAPTOP	12/07/11	2,754	0
149	Water Heater	5/15/12	1,376	90
150	phone system	9/06/12	1,805	118
151	ROOF - 120 EAST WOLC	5/01/13	9,551	245
152	WATER HEATER	5/29/13	1,333	98
153	ELECTRICAL PANEL - 122 EAST	8/26/13	2,650	165
154	GAS - 121 EAST	5/28/14	10,428	961
			<u>756,378</u>	<u>14,917</u>

**Other Depreciation:**

57	LAND	11/23/98	239,718	0
76	115 EAST AVE - HOUSE	4/05/00	85,141	3,096
77	LAND - 115 EAST AVE HOUSE	4/05/00	20,000	0
80	120 EAST IMPROVEMENTS	6/01/00	3,156	81
81	121 EAST AVE IMPROVEMENTS	6/01/00	491,968	12,615
91	121 IMPROVEMENTS	4/09/01	2,831	73
95	120 EAST AVE IMPROVEMENTS	12/18/02	25,699	659
97	122 EAST AVE HOUSE	9/26/02	85,097	2,182
99	122 EAST AVE - LAND	9/26/02	20,000	0
106	120 EAST IMPROVEMENTS	6/30/03	106,266	2,724
107	121 EAST IMPROVEMENTS	6/30/03	8,369	215
108	122 EAST IMPROVEMENTS	6/30/03	6,976	254
120	SOFTWARE - 121 EAST	12/31/05	4,623	0
122	115 EAST - GUTTERGUARDS	9/26/05	2,500	91
130	120 EAST IMPROVEMENTS	6/06/06	11,062	283
133	120 EAST - ADD WALL	2/17/07	2,613	67
139	115 EAST ROOF	6/27/07	4,226	154
140	115 EAST - WINDOWS	11/04/08	4,200	152
155	GAS - 120 EAST	6/17/14	4,428	443
156	WATER HEATER	6/17/14	1,235	124
157	HVAC - 120 EAST	12/17/14	3,970	397
158	laptop	5/08/15	2,719	544
159	HVAC - 121 East	8/06/15	5,340	762
160	3 HVAC - 120 East Ave	7/09/16	15,846	2,263
161	HVAC Repair	6/22/16	1,208	172
162	HVAC Repair	8/14/16	1,689	241
163	Camera	2/10/16	650	93
164	Fire Alarm System	10/14/16	1,147	229
165	120 East Improvements	9/08/17	4,595	460
166	121 East HVAC	9/14/17	5,385	538
167	121 East HVAC	11/17/17	8,950	895
168	HP Laptop - Darlene	12/30/17	749	250
169	121 East Equipment Upgrade	2/02/17	1,752	251
170	Worship Center Equip Upgrade	2/04/17	1,218	174
171	Camcorder	12/17/17	1,695	242

**Total Other Depreciation**

<u>1,187,021</u>	<u>30,724</u>
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**Total ACRS and Other Depreciation**

<u>1,187,021</u>	<u>30,724</u>
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**Grand Totals**

<u>1,943,399</u>	<u>45,641</u>
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Form **990****Two Year Comparison Report****2016 & 2017**

For calendar year 2017, or tax year beginning

, ending

Name

Taxpayer Identification Number

UNITED METHODIST RENEWAL SERVICES  
FELLOWSHIP, INC.

58-1322015

		2016	2017	Differences
<b>Revenue</b>	1. Contributions, gifts, grants	551,870	526,240	-25,630
	2. Membership dues and assessments			
	3. Government contributions and grants			
	4. Program service revenue	182,822	179,601	-3,221
	5. Investment income	17,991	51,305	33,314
	6. Proceeds from tax exempt bonds			
	7. Net gain or (loss) from sale of assets other than inventory			
	8. Net income or (loss) from fundraising events			
	9. Net income or (loss) from gaming			
	10. Net gain or (loss) on sales of inventory			
	11. Other revenue	44,620	45,120	500
	12. <b>Total revenue.</b> Add lines 1 through 11	797,303	802,266	4,963
<b>Expenses</b>	13. Grants and similar amounts paid			
	14. Benefits paid to or for members			
	15. Compensation of officers, directors, trustees, etc.			
	16. Salaries, other compensation, and employee benefits	379,842	275,505	-104,337
	17. Professional fundraising fees			
	18. Other professional fees	9,074	7,175	-1,899
	19. Occupancy, rent, utilities, and maintenance	42,583	49,890	7,307
	20. Depreciation and Depletion	40,810	42,714	1,904
	21. Other expenses	337,512	351,334	13,822
	22. <b>Total expenses.</b> Add lines 13 through 21	809,821	726,618	-83,203
	23. <b>Excess or (Deficit).</b> Subtract line 22 from line 12	-12,518	75,648	88,166
<b>Other Information</b>	24. Total exempt revenue	797,303	802,266	4,963
	25. Total unrelated revenue			
	26. Total excludable revenue	245,433	276,026	30,593
	27. Total assets	1,586,098	1,618,802	32,704
	28. Total liabilities	102,518	61,698	-40,820
	29. Retained earnings	1,483,580	1,557,104	73,524
	30. Number of voting members of governing body	27	27	
	31. Number of independent voting members of governing body	27	27	
	32. Number of employees	8	8	
	33. Number of volunteers			

Form **990****Tax Return History****2017**Name UNITED METHODIST RENEWAL SERVICES  
FELLOWSHIP, INC.Employer Identification Number  
58-1322015

	2013	2014	2015	2016	2017	2018
Contributions, gifts, grants	478,899	525,025	507,863	551,870	526,240	
Membership dues						
Program service revenue	263,562	255,828	214,123	182,822	179,601	
Capital gain or loss	28,267					
Investment income	43,243	21,966	-8,846	17,991	51,305	
Fundraising revenue (income/loss)						
Gaming revenue (income/loss)						
Other revenue	36,121	39,270	38,991	44,620	45,120	
<b>Total revenue</b>	<b>850,092</b>	<b>842,089</b>	<b>752,131</b>	<b>797,303</b>	<b>802,266</b>	
Grants and similar amounts paid						
Benefits paid to or for members						
Compensation of officers, etc.						
Other compensation	354,093	359,773	386,900	379,842	275,505	
Professional fees	6,200	6,680	6,851	9,074	7,175	
Occupancy costs	143,370	54,744	51,495	42,583	49,890	
Depreciation and depletion	43,624	42,908	39,260	40,810	42,714	
Other expenses	324,946	350,777	386,497	337,512	351,334	
<b>Total expenses</b>	<b>872,233</b>	<b>814,882</b>	<b>871,003</b>	<b>809,821</b>	<b>726,618</b>	
<b>Excess or (Deficit)</b>	<b>-22,141</b>	<b>27,207</b>	<b>-118,872</b>	<b>-12,518</b>	<b>75,648</b>	
Total exempt revenue	850,092	842,089	752,131	797,303	802,266	
Total unrelated revenue						
Total excludable revenue	371,193	317,064	244,268	245,433	276,026	
Total Assets	1,716,066	1,704,329	1,591,484	1,586,098	1,618,802	
Total Liabilities	126,560	84,643	92,984	102,518	61,698	
Net Fund Balances	1,589,506	1,619,686	1,498,500	1,483,580	1,557,104	

Form 990T

## Tax Return History

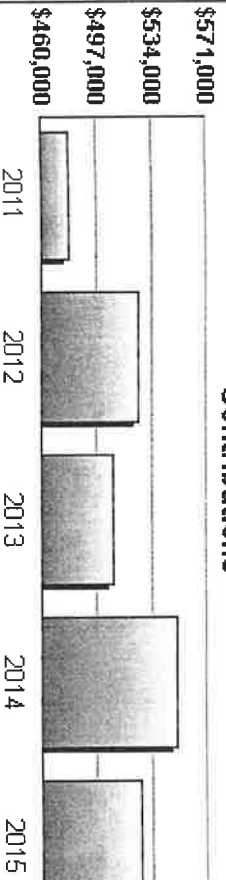
2017

Name

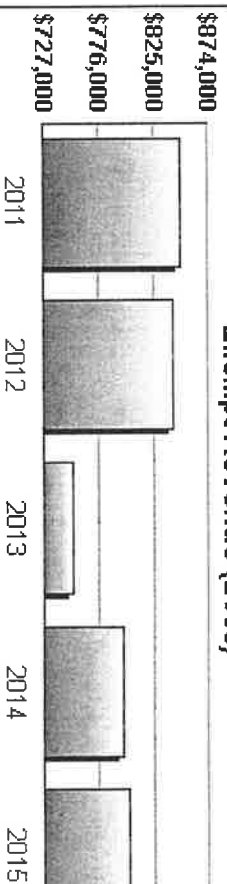
UNITED METHODIST RENEWAL SERVICES  
FELLOWSHIP, INC.Employer Identification Number  
58-1322015

	2013	2014	2015	2016	2017	2018
Business activity profit/loss						
Capital gains/losses						
Partner and S Corp gain/loss						
Rental income*						
Debt-financed income*						
Controlled organizations income/interest*						
Investment income, specific organizations*						
Exploited exempt activity income*						
Other income						
<b>Total trade or business income.</b>						
Compensation of officers, ect.						
Other salaries and wages						
Repairs and maintenance						
Bad debts						
Interest						
Taxes and licenses						
Charitable contributions						
Depreciation and Depletion						
Deferred compensation plans						
Employee benefit programs						

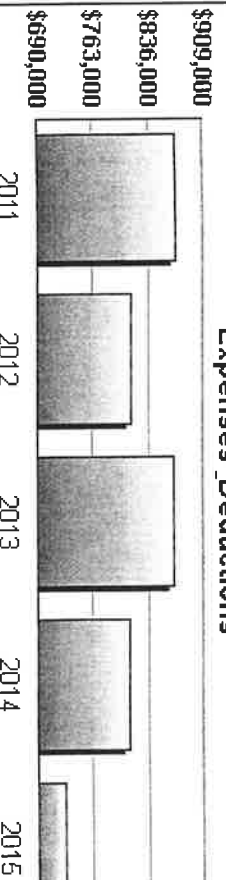
## Contributions



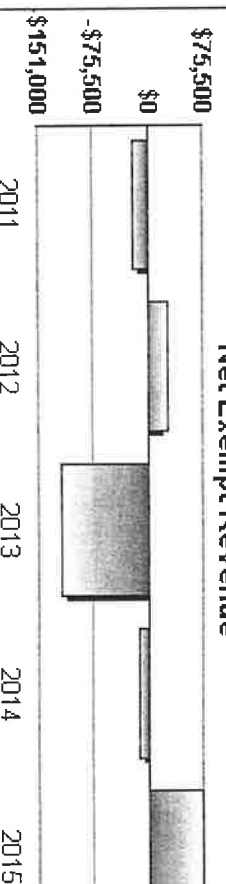
## Exempt Revenue (Loss)



## Expenses Deductions



## Net Exempt Revenue





Form 990T

## Tax Return History

2017

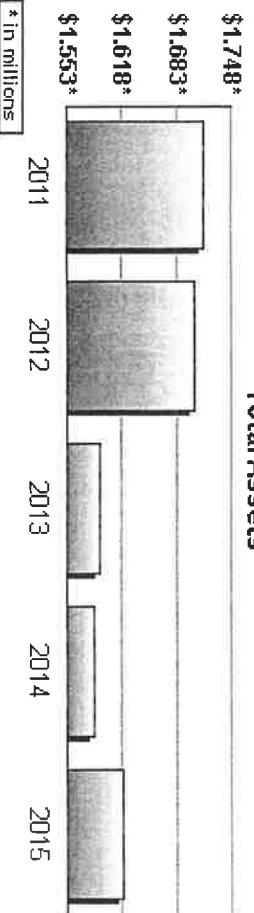
Name UNITED METHODIST RENEWAL SERVICES  
FELLOWSHIP, INC.

Employer Identification Number  
58-1322015

	2013	2014	2015	2016	2017	2018
Other deductions						
Net operating loss deduction						
Specific deduction	1,000					
Income after expense and deductions	-1,000					
Income tax (corporate or trust)						
Other taxes						
Total taxes						
General business credit						
Other credits						
Net tax after credits						
Estimated tax payments						
Other payments						
Balance due/Overpayment						

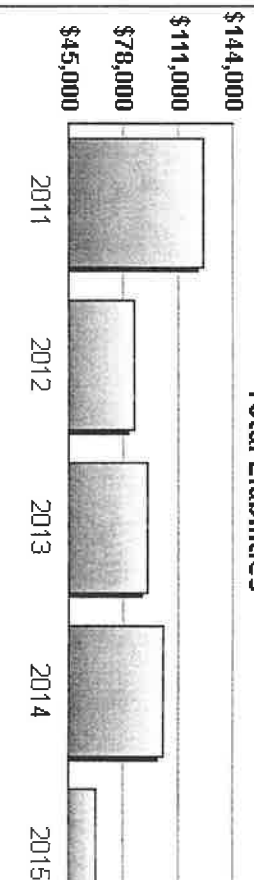
\* Income shown net of expenses

## Total Assets

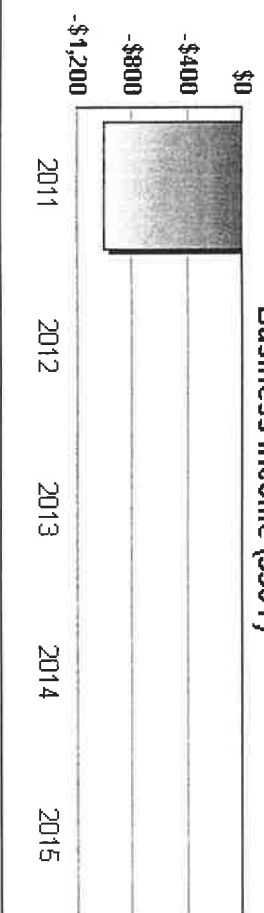


\* In millions

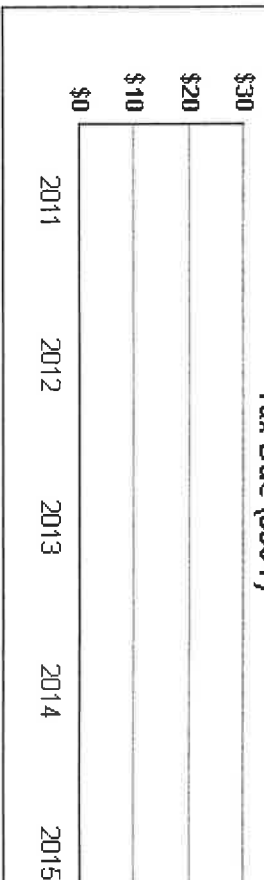
## Total Liabilities



## Business Income (990T)



## Tax Due (990T)



**Taxable Interest on Investments**

Description				
Amount	Business Code	Unrelated Exclusion Code	Postal Code	Acquired after 6/30/75
US				Obs (\$ or %)

## Federal Statements

Form 990, Part IX, Line 24e - All Other Expenses

Description	Total Expenses	Program Service	Management & General	Fund Raising
TELEPHONE	\$ 3,465	\$ 1,906	\$ 1,247	\$ 312
STAFF DEVELOPMENT	770		770	
TOTAL	<u>\$ 4,235</u>	<u>\$ 1,906</u>	<u>\$ 2,017</u>	<u>\$ 312</u>

# Forms 990 / 990-EZ Return Summary

For calendar year 2017, or tax year beginning

, and ending

UNITED METHODIST RENEWAL SERVICES  
FELLOWSHIP, INC.

58-1322015

Net Asset / Fund Balance at Beginning of Year

1,483,580

## Revenue

Contributions	<u>526,240</u>
Program service revenue	<u>179,601</u>
Investment income	<u>51,305</u>
Capital gain / loss	
Fundraising / Gaming:	
Gross revenue	
Direct expenses	
Net income	
Other income	<u>45,120</u>

Total revenue

802,266

## Expenses

Program services	<u>510,285</u>
Management and general	<u>176,968</u>
Fundraising	<u>39,365</u>

Total expenses

726,618

Excess / (deficit)

75,648

Changes

-2,124

Net Asset / Fund Balance at End of Year

1,557,104

## Reconciliation of Revenue

Total revenue per financial statements 802,266

Less:

Unrealized gains	
Donated services	
Recoveries	
Other	

Plus:

Investment expenses	
Other	

Total revenue per return

802,266

## Reconciliation of Expenses

Total expenses per financial statements 728,742

Less:

Donated services	
Prior year adjustments	
Losses	
Other	

Plus:

Investment expenses	
Other	

Total expenses per return

726,618

## Balance Sheet

	Beginning	Ending	Differences
Assets	<u>1,586,098</u>	<u>1,618,802</u>	
Liabilities	<u>102,518</u>	<u>61,698</u>	
Net assets	<u><u>1,483,580</u></u>	<u><u>1,557,104</u></u>	<u>73,524</u>

## Miscellaneous Information

Amended return

Return / extended due date

05/15/18

Failure to file penalty