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Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047 Open to Public Inspection

A 1	For th	e 2009 cal	lendar year, or tax year beginning and e	nding		
В	Check If	le Please use IRS	C Name of organization		D Employer identific	cation number
	Addre	ess label or print or	Canterbury Methodist Foundation			
፱	Name	type	Doing Business As		58-1	998029
	Initial retum Termi ated	, , see	D O Boy 120699	loom/surte	E Telephone number (205)871–4695
	Amen	ided tions	City or town, state or country, and ZIP + 4		G Gross receipts \$	3,152,194.
	Apple		Birmingham, AL 35213		H(a) Is this a group re	
	pendi	F Nan	ne and address of principal officer:Warren Nash		for affiliates?	Yes X No
		350	Overbrook Road, Birmingham, AL 352	13	H(b) Are all affiliates inc	
\mathbf{L}	Tax-ex	empt statu	us: X 501(c) (3) ◀ (insert no.)		If "No," attach a	list. (see instructions)
J	Websi	te: ► N/			H(c) Group exemption	-
K	Form o	f organizatio	on Corporation X Trust Association Other	L Year		State of legal domicile AL
	art I	Summa				
-	1	Briefly des	scribe the organization's mission or most significant activities: Relig	ious		
Š						
Activities & Governance	2	Check this	s box If the organization discontinued its operations or dispose	ed of more	than 25% of its net as	sets.
8	3	Number o	of voting members of the governing body (Part VI, line 1a)		3	12
S S	4	Number o	of independent voting members of the governing body (Part VI, line 1b)		4	12
es	5		ber of employees (Part V, line 2a)		5	0
Ę	6	Total num	ber of volunteers (estimate if necessary)		6	0
(cti	7a	Total gros	s unrelated business revenue from Part VIII, column (C), line 12		7a	0.
_	ь	Net unrela	ated business taxable income from Form 990-T, line 34		7b	0.
					Prior Year	Current Year
0	8	Contributi	ions and grants (Part-VIII line Th)		909,756.	955,093.
an.	9	Program s	service reverted Part VIII Hille 2g)		• • • •	
Revenue	10		nt income (Part VIII, column (A), lines 3, 4, and 7d)		264,370.	154,626.
<u> </u>	11		enue (Part VIII, column (AN) files 5, 8d, 8c, 9c, 10c, and 11e)			
	12		nue add lines 8 through 11 (must edual Part VIII, column (A), line 12)		1,174,126.	1,109,719.
	13		d similar amounts pard (Part IX, column (A), lines 1-3)		1,088,062.	1,082,785.
	14		paid to or for herbers (Part IX, column (A), line 4)			
S	15	Salaries, c	other compensation, employee benefits (Part IX, column (A), lines 5-10)			
Expenses			nal fundraising fees (Part IX, column (A), line 11e)			
xpe	Ь	Total fund	Iraising expenses (Part IX, column (D), line 25)			
Ű	17	Other exp	enses (Part IX, column (A), lines 11a-11d, 11f-24f)		55,225.	50,213.
	1		enses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,143,287.	1,132,998.
	19		less expenses. Subtract line 18 from line 12		30,839.	<23,279.>
or Ses				Beg	inning of Current Year	End of Year
sets	20	Total asse	ets (Part X, line 16)		5,988,069.	5,964,790.
A As	21	Total liabil	ities (Part X, line 26)			_
Net Assets or Fund Balances	22		s or fund balances. Subtract line 21 from line 20		5,988,069.	5,964,790.
Pi	art II		ture Block			
		Under penal and compide	Ities of perfury, I declare that I have exampled this return, including accompanying schedules and its declaretion of preparer (other than officer) is based on all information of which preparer has any	statements, a	and to the best of my knowledg	e and belief, it is true, correct,
			Willed Sto Wed	,	all 13	110
Sig	n				0/10	720
Her	e		adure of officer		Date	
			rren Nash, Executive Minister			
_		 	or print name and title	- 1 2:-	.ir	
Paid	i	Preparer's		l catf	_ (see ins	r's identifying number tructions)
_	arer's	signature Firm's name	BARRY W. BROWN 05/12	/ 10 em	ployed 🟲 📖	
	Only	yours if	MODES PHILLIPS TOUNG BRAINON & H.	ENNIN	GER EIN >	
	•	self-employe address, and	d Box office Box 1002,			
		ZIP + 4	BIRMINGHAM, ALABAMA 35243-0627		Phone no	205)972-1215
May	the II	RS discuss	s this return with the preparer shown above? (see instructions)			X Yes No

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	_3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and			
	reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	_5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	_6		<u>X</u>
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	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide			
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?			
	If "Yes," complete Schedule D, Part V	10	Х	
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, VIII, IX, or X			
	as applicable	11	ļ	X
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
_	Part VI.			
•	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.			
•	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.			
•	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.			
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12				
	Schedule D, Parts XI, XII, and XIII.	12	•	х
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	1		
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
þ	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Part III	16		<u>X</u>
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	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			17
	1c and 8a? If "Yes," complete Schedule G, Part II	18		_ <u>X</u> _
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			v
00	complete Schedule G, Part III Did the organization operate one or more hospitals? If "Ves " complete Schedule H	19		X
ZU	DIG THE ORGANIZATION OPERATE ONE OF MORE HOSPITAIS / IT "YES." COMPILATE SCREAMILE H	20		

Pa	rt 14 Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	<u> </u>
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,		1	
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current	1		
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			i
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	1		
	Schedule K. If "No", go to line 25	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
þ	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified		}	
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial		ŀ	
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete			
	Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):	ł		
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
þ	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	_	X
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was			
	an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			1
	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			1
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	X	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?			
	If "Yes," complete Schedule R, Part V, line 2	35		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	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	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?			
	Note. All Form 990 filers are required to complete Schedule O.	38	Х	ı

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of	1 1			<u> </u>
	U.S. Information Returns. Enter -0- if not applicable	1a 0			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and r	eportable gaming	1		
	(gambling) winnings to prize winners?		1c		
2a	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 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	ms?	2b	[
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see	instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year covered		3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	-	3ь		
4a	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		Х
ь	If "Yes," enter the name of the foreign country: ▶				
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign	Bank and			
	Financial Accounts.				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		_5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	action?	5b		X
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarders	arding Prohibited			
	Tax Shelter Transaction?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did to	he organization solicit			
	any contributions that were not tax deductible?		6a		<u>X</u>
þ	If "Yes," did the organization include with every solicitation an express statement that such contribution	tions or gifts			1
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	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_		<u>X</u> _
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	•	7b		<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as required			
	to file Form 8282?	1 1	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year	7d			İ
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a plantift and the set of the s	personal			Ì
	benefit contract?		7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit conti		7f		
9	For all contributions of qualified intellectual property, did the organization file Form 8899 as required.		7g		
8	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-0		7h		······
Ū	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting or supporting organization, or a donor advised fund maintained by a sponsoring organization, have exc				
	at any time during the year?	ess business noidings			
9	Sponsoring organizations maintaining donor advised funds.		8		
a	Did the organization make any taxable distributions under section 4966?		9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter:		30		
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:				
	Gross income from members or shareholders	11a			
	Gross income from other sources (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
				990	0000

Form 990 (2009)

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.

Sec	tion A. Governing Body and Management					
	man and the second seco	Ι.	I	1.0	Yes	No
1a	Enter the number of voting members of the governing body	1a	 	12		
b	Enter the number of voting members that are independent	_1b	<u> </u>	12		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	p with	any other	1 .		.,
_	officer, director, trustee, or key employee?			2	<u> </u>	<u> X</u>
3	Did the organization delegate control over management duties customarily performed by or under the	e dire	ct supervision			v
_	of officers, directors or trustees, or key employees to a management company or other person?			3		X
4	Did the organization make any significant changes to its organizational documents since the prior Fo		0 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's asset	ts?		5_		X
6	Does the organization have members or stockholders?			6_		Х
7a	Does the organization have members, stockholders, or other persons who may elect one or more me	ember	s of the			v
	governing body?			7a	<u> </u>	X
ь	Are any decisions of the governing body subject to approval by members, stockholders, or other per			_7b_		
8	Did the organization contemporaneously document the meetings held or written actions undertaken	durin	g the year			
	by the following:				v	
a	The governing body?			_8a	X	-
b	Each committee with authority to act on behalf of the governing body?			8ь	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be real	ched	at the		}	
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		<u>X</u>
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal R	evenu	e Code.)		l	· ·
40	Donath and the second of the s				Yes	No
10a			.	10a	<u> </u>	Х
b	If "Yes," does the organization have written policies and procedures governing the activities of such	chapt	ers, affiliates,	\	}	
	and branches to ensure their operations are consistent with those of the organization?			10b	V.	
11	Has the organization provided a copy of this Form 990 to all members of its governing body before fi	iling th	ie form?	11	X	
11A					v	
12a	1 , , , ,			12a	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that course of the contract of	nia div	e rise		v	
	to conflicts?			12b	X	
С		"Yes,	describe		x	
40	In Schedule O how this is done			12c		v
13	Does the organization have a written whistleblower policy?			13		X
14	Does the organization have a written document retention and destruction policy?			14		
15	Did the process for determining compensation of the following persons include a review and approve	•	naepenaent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			4-		х
a	The organization's CEO, Executive Director, or top management official			15a		X
b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			15b		
16-	,		. made =			
108	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger	ment	with a	40-		х
_	taxable entity during the year? If "Yes," has the experience adopted a written policy or precedure requires the exceptration to average the exceptration to average the exceptration to average the exceptration to average the experience to average the exceptration to average the exc	مغمياه	#a ===#i===	16a		Λ
D	If "Yes," has the organization adopted a written policy or procedure requiring the organization to eva in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization.		· ·	'		
	exempt status with respect to such arrangements?	ما۱۱۷۵۱	IOII 5	16b		
Sec	tion C. Disclosure			100		
<u> 17</u>	List the states with which a copy of this Form 990 is required to be filed None			 .		
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-7	(5O1	(0)(3)5 00(4) 000	ulable for		
	public inspection. Indicate how you make these available. Check all that apply.	1001	Onors Only ava	anduic IUI		
	Own website Another's website X Upon request					
10		onflic	of minus = -1	امد ممطقت	noicl	
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, or	OIIIIC	or interest pol	iicy, and tina	uicial	
20	statements available to the public.	l				
20	State the name, physical address, and telephone number of the person who possesses the books at Warren Nash $-205-871-4695$	nu rec	orus of the org	janization: ▶		
	350 Overbrook Road, Birmingham, AL 35213		·			
	55 STOLDIOON NOUGH DILMINGHAM, ALL 35215				990	2000
				rom	990 (2009

932006

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

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

Check this box if the organization did not compensate any current officer, director, or trustee.

- 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. Use Schedule J-2 if additional space is needed.
- 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. 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.

(A)	(B)	(C)						(D)	(E)	(F)		
Name and Title	Average	Position						Reportable	Reportable	Estimated		
	hours	(check all that apply)		compensation	•							
	per	ctor			all that apply)			from	from related	other		
	week	n dire		(all that apply)			the organization	organizations (W-2/1099-MISC)	compensation from the			
		Stee	asta		_	ens:]	(W-2/1099-MISC)	(44-2/1099-141130)	organization		
		lal fru	onalt		ploye	5 g		(** 2 1000 ******************************		and related		
	week officer o				organizations							
Keith Arendall		=	드	٥	3	± 22						
·-		,,			1		1			_		
Trustee		X				<u> </u>		0.	0.	0.		
Bruce Barze										_		
Trustee		X				_		0.	0.	0.		
Bob Bellows										•		
Trustee		X						0.	0.	0.		
Neal Berte							İ			•		
Trustee		X					<u> </u>	0.	0.	0.		
Amy Carter		 								_		
Trustee		X	_			<u> </u>		0.	0.	0.		
Sam Donnell								_	_	_		
Trustee		Х						0.	0.	0.		
Wayne Gillis												
Trustee		X						0.	0.	0.		
Philip Jackson												
Trustee		X						0.	0.	0.		
LaVone Warren												
Trustee		Х						0.	0.	0.		
John Windle												
Trustee		Х						0.	0.	0.		
Harlan Prater												
Co-Chair				X				0.	0.	0.		
Buddy Smith												
Chair				X				0.	0.	0.		
									1			
						<u> </u>	L_					
								<u> </u>				

932007 02-04-10

Form 990 (2009)

1 4	Section A. Officers, Directors, T							est						
	(A)	(B)	'' ''						(D)	(E)	(F)			
	Name and title	Average hours	_{(C}				ı app	lv)	Reportable compensation	Reportable compensation		Estimat amount		
		per week	Individual trustae or director	$\overline{}$	Officer	Кеу етріоуее	nsated		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC	,	other ompens from the organiza and rela organizat	ation ne tion ted	
	-													
						_								
					:						-			
-														
							_							
-			-											
				<u> </u>										
1b 2	Total Total number of individuals (including but	not limited to ti	hose	iste	ed al	oove	e) wh	no re	0. eceived more than \$100		0.		0.	
	compensation from the organization										-	Yes	0 No	
3	Did the organization list any former office line 1a? If "Yes," complete Schedule J for			e, ke	y em	plo	yee,	or h	nighest compensated er	nployee on	3		х	
4	For any individual listed on line 1a, is the and related organizations greater than \$1									the organization			х	
5	Did any person listed on line 1a receive or									ces rendered to	4			
Sec	the organization? If "Yes," complete Sche	edule J for such	pers	son		_					5	5	X	
1	Complete this table for your five highest of the organization. NONE	compensated in	depe	ende	ent c	ontr	acto	ors t	hat received more than	\$100,000 of comp	ensatio	on from		
	(A) Name and busines			-				(B) Description of s	ervices	Com	(C) pensatio	on		
					_							<u>.</u>		
			_		-		-:-	-						
											_			
		·				_			·					
2	Total number of independent contractors \$100,000 in compensation from the organ		ot in	mite	d to		se lis)	sted	l above) who received m	ore than				
		<u>-</u>					-				For	m 990	(2009)	

Ps	irt VI	II Statement of Reve	nue				-	
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ats	1 a	Federated campaigns	1a					
Contributions, gifts, grants and other similar amounts	ь	Membership dues	1ь					
S, S	c	Fundraising events .	1c					
<u>a</u> gi	d	Related organizations	10 1	51,933.				
S, Ï	е	Government grants (contribute	tions) 1e					
a sign	f	All other contributions, gifts, gran						
ĕ₹		similar amounts not included abo	ove 1f 8	03,160.				
a g	g	Noncash contributions included in lines	s 1e-1f \$					
<u>~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ </u>	h	Total. Add lines 1a-1f		•	955,093.			
				Business Code				
9	2 a							
e Z	b							
n S	C	·						
Program Service Revenue	d							
5	е	·				_		
ъ	f	с р. с д с с	enue		_			
	9			<u> </u>				
	3	Investment income (including	dividends, intere	est, and				
		other similar amounts)		•	133,316.		·	133,316.
	4	Income from investment of ta	x-exempt bond p	proceeds				
	5	Royalties		<u> </u>				
	_		(i) Real	(ii) Personal				
	6 a							
	b	• • • • • • • • • • • • • • • • • • • •						
	C	, ,		<u> </u>				
		Net rental income or (loss)	6, 0,					
	/ a	Gross amount from sales of assets other than inventory	(i) Securities 2,063,785.	(ii) Other				
		Less: cost or other basis	2,063,783.	·				
	Ų	and sales expenses	2 042 475					
	_	Gain or (loss)	2,042,475.					
		Net gain or (loss)	21/310.		21,310.	21,310.		
_		Gross income from fundraisin	na evente (not		21/310.	21/310.		
Other Revenue	0 4	including \$	of					
eve		contributions reported on line						
ř		Part IV, line 18	a					
the	b	Less: direct expenses	b					
0		Net income or (loss) from fund		•				
		Gross income from gaming a	_					
		Part IV, line 19	а	[
	ь	Less: direct expenses	ь					
	c	Net income or (loss) from gan	ning activities					
	10 a	Gross sales of inventory, less	returns					
		and allowances	а					
	b	Less: cost of goods sold	b					
	c	Net income or (loss) from sale	es of inventory					
		Miscellaneous Revenu	Je	Business Code				
	11 a							
	b							
	c							
	d	• • . • . • . • . • . • . • .		<u>L</u> ,				
		Total. Add lines 11a-11d		>	110055		<u>_</u>	150 212
<u> </u>	12 19	Total revenue. See instructions			1109719.	21,310.	0.	<u> </u>
93200	.in							Form 990 (2009)

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

	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D).
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21	1,082,785.	1,082,785.		
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S.				
	See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)		<u> </u>	<u> </u>	
7	Other salaries and wages				
8	Pension plan contributions (include section 401(k)				
_	and section 403(b) employer contributions)		-		
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
а	Management				
Ь	Legal			5 000	
C	Accounting	5,800.		5,800.	
d	Lobbying				
e	Professional fundraising services See Part IV, line 17	44 412		44 412	
f	Investment management fees	44,413.		44,413.	
9	Other				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy .				
17	Travel				
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials	· -			
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates		-		
22	Depreciation, depletion, and amortization				
23 24	Insurance Other expenses Itemize expenses not covered				
24	above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
а					
b					· · · · · · · · · · · · · · · · · · ·
c			·		
d					
e					
f	All other expenses				
25_	Total functional expenses. Add lines 1 through 24f	1,132,998.	1,082,785.	50,213.	0.
26	Joint costs. Check here If following				_
	SOP 98-2 Complete this line only if the organization				
	reported in column (B) joint costs from a combined		!		
_	educational campaign and fundraising solicitation				

932010 02-04-10

Pa	rt X	Balance Sheet				
			-	(A) Beginning of year		(B) End of year
	1	Cash · non-interest-bearing		823.	1	769.
	2	Savings and temporary cash investments		628,303.	2	404,980.
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	5	Receivables from current and former officers, dir	ectors, trustees, key			
		employees, and highest compensated employee	s. Complete Part II			
		of Schedule L			5	
	6	Receivables from other disqualified persons (as	defined under section			
		4958(f)(1)) and persons described in section 495	8(c)(3)(B). Complete			
		Part II of Schedule L			6	
ţ	7	Notes and loans receivable, net			7	<u> </u>
Assets	8	Inventories for sale or use			8	
Ä	9	Prepaid expenses and deferred charges			9	-
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D	10a			
	ь	Less: accumulated depreciation	10b		10c	
	11	Investments · publicly traded securities	· · ·	5,358,943.	11	5,559,041.
	12	Investments · other securities. See Part IV, line 1		12		
	13	Investments - program-related. See Part IV, line 1		13		
	14	Intangible assets		14	 :	
	15	Other assets. See Part IV, line 11			15	
	16	Total assets. Add lines 1 through 15 (must equa	5,988,069.	16	5,964,790.	
	17	Accounts payable and accrued expenses			17	· · · · · · · · · · · · · · · · · ·
	18	Grants payable	·	18		
	19	Deferred revenue		19		
	20	Tax-exempt bond liabilities		20		
S	21	Escrow or custodial account liability. Complete F	art IV of Schedule D		21	
Liabilities	22	Payables to current and former officers, directors	s, trustees, key employees,			
ā		highest compensated employees, and disqualifie	ed persons. Complete Part II			
_		of Schedule L			22	
	23	Secured mortgages and notes payable to unrela	ted third parties		23	
	24	Unsecured notes and loans payable to unrelated	I third parties		24	
	25	Other liabilities. Complete Part X of Schedule D			25	
	26	Total liabilities. Add lines 17 through 25		0.	26	0.
		Organizations that follow SFAS 117, check he	re and complete			
es		lines 27 through 29, and lines 33 and 34.				
Š	27	Unrestricted net assets			27	
3ale	28	Temporanly restricted net assets			28	
Ď	29	Permanently restricted net assets			29	
Ē	ļ	Organizations that do not follow SFAS 117, ch	eck here 🕨 🗓 and			
ō	ĺ	complete lines 30 through 34.				
ets	30	Capital stock or trust principal, or current funds		0.	30	0.
Ass	31	Paid-in or capital surplus, or land, building, or eq	ulpment fund	0.	31	0.
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated inc	come, or other funds	5,988,069.	32	5,964,790.
Z	33	Total net assets or fund balances		5,988,069.	33	5,964,790.
	34	Total liabilities and net assets/fund balances		5,988,069.	34	5,964,790.

		Yes	No
Accounting method used to prepare the Form 990: X Cash Accrual Other			
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
Were the organization's financial statements audited by an independent accountant?	2b	Х	
If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit	t,		
review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule C	э.		
If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a	I		
consolidated basis, separate basis, or both:]
Separate basis X Consolidated basis Both consolidated and separate basis			
As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Au	udit	[1
Act and OMB Circular A-133?	3a		Х
If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required au	ıdıt		
or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3ь		

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. ► See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of t	the organizat	ion				_		T	Employer id	lentificati	on numb	юг
			ury Methodis							<u>-1</u> 998	029	
Part I	Reason	for Public Char	ity Status (All organiz	zations mu	ist complet	te this par	t.) See ins	tructions				
The organ	ization is not a	a private foundation	because it is: (For lines	1 through	11, check	only one b	ox.)				-	
1 X	A church, co	nvention of churches	s, or association of chur	ches desc	ribed in se	ction 170	(b)(1)(A)(i)					
2	A school des	cribed in section 17	'0(b)(1)(A)(ii). (Attach So	chedule E.)								
3 🖳	A hospital or	a cooperative hospi	tal service organization	described	ın section	170(b)(1)	(A)(iii).					
4 🔲	A medical re	search organization (operated in conjunction	with a hos	spital desci	nbed in s e	ction 170	(b)(1)(A)(iii). Enter th	e hospital	's name,	
	city, and stat											
5			benefit of a college or u	niversity o	wned or op	perated by	a governi	mental ur	nt describe	d in		
		(b)(1)(A)(iv). (Comple	•									
6 📙			ent or governmental uni									
7 📖		•	eives a substantial part	of its supp	oort from a	governme	ental unit c	r from th	e general p	ublic desc	nbed in	
. —		(b)(1)(A)(vi). (Comple	•									
8 -	☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)											
9 🔲	·-		elves: (1) more than 33		• •				•	-	•	
			nctions - subject to certa							_		∌nt
			axable income (less sec	tion 511 ta	ex) from bu	sinesses a	acquired b	y the org	anization at	ter June 3	0, 1975.	
10 🗀		509(a)(2). (Complete	•	ot for nubl	lio oofatii C	coo oootia	- E00/s\/	11				
11	-		perated exclusively to te perated exclusively for the	•	-			•	m, out the m		of and ar	
	-	•	ations described in secti		•					•		
			organization and compl				.). Ode 3e (, tion 508	(a)(o). One	A THE DOX	llial	
	a Type		- -		e III · Func		tegrated		dГ	Type III - 0	Other	
e 🗀			at the organization is not			•	•	r more di				
			han one or more publich									
f			ten determination from		_							
	supporting o	rganization, check th	nis box									
9	Since Augus	t 17, 2006, has the c	organization accepted ai	ny gift or c	ontribution	from any	of the follo	owing pe	rsons?			
	(i) A perso	n who directly or ind	lirectly controls, either a	lone or tog	jether with	persons o	described	n (ii) and	(iii) below,		Yes N	lo
	the gov	erning body of the si	upported organization?							11g(i)	 	
	(ii) A family	member of a persor	n described in (i) above?	?						11g(ii)	igspace	
		-	person described in (i)							11g(iii)	$oldsymbol{ol}}}}}}}}}}}}}}}}}}$	
h	Provide the f	ollowing information	about the supported or	ganızatıon	(s).							
		1	(iii) Type of	1				T				
	of supported	(ii) EIN	(iii) Type of organization		organization sted in your			i organizat	is the ion in col	(vii) An	nount of	
orga	anization		(described on lines 1-9		document?			(i) organ	ized in the S ?	sup	port	
			above or IRC section (see instructions))	Yes	No	Yes	No	Yes	No			
			(and mondanomy)	1-03		103	140	163	+ ''-			_
								_	+			_
				1							-	
_				İ								
									1			
								ļ				
_										-		
							<u> </u>					
<u>Total</u>				1			<u> </u>					
LHA For F	Privacy Act ar	d Paperwork Redu	ction Act Notice, see t	he Instruc	tions for			Schedu	le A (Form	990 or 99	0-EZ) 20	09

932021 02-08-10

Form 990 or 990-EZ.

Sch	edule A'(Form 990 or 990-EZ) 2009						Page 2
Pe	rt # Support Schedule for	-)(b)(1)(A)(iv) an	id 170(b)(1)(A)(v	ri)
	(Complete only if you checked	d the box on line 5	5, 7, or 8 of Part I.)				
Se	ction A. Public Support						
Cal	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ızatıon's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4						
	ction B. Total Support						
Cal	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital	,					
	assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instructi	ions)			12	
13	First five years. If the Form 990 is for	r the organization'	s first, second, the	rd, fourth, or fifth t	tax year as a secti	on 501(c)(3)	_
	organization, check this box and stop	here					▶□
Se	ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2009 (line 6, column (f) c	livided by line 11,	column (f))		14	%
15	Public support percentage from 2008	Schedule A, Part	: II, line 14			15	%
16a	a 33 1/3% support test - 2009.If the o	rganization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or r	more, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	oorted organizatioi	n			ightharpoons
ŧ	33 1/3% support test - 2008. If the o	organization did no	ot check a box on I	ine 13 or 16a, and	d line 15 is 33 1/39	6 or more, check th	ıs box
	and stop here. The organization qual	lifies as a publicly	supported organiz	ation .			▶ □
178	10% -facts-and-circumstances tes	t - 2009.If the org	anization did not d	heck a box on line	e 13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"						ightharpoons
t	10% -facts-and-circumstances tes					17a, and line 15 is	10% or
	more, and if the organization meets the						
	organization meets the "facts-and-circ	cumstances" test.	The organization	qualifies as a publ	licly supported org	ganization	▶□

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	(Complete only if	you checked the	box on line 9 of Part I)
Section A. Public Support					-	
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to						
the organization without charge					- 	
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						
Section B. Total Support		,				
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses acquired after June 30, 1975	;					
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	3					
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12)		<u></u>				
14 First five years. If the Form 990 is f	or the organization's	s first, second, thir	d, fourth, or fifth t	ax year as a section	501(c)(3) organ	ization,
check this box and stop here					<u> </u>	▶ □
Section C. Computation of Pub	olic Support Pe	rcentage				
15 Public support percentage for 2009	(line 8, column (f) d	livided by line 13, o	column (f))	Ŀ	15	%
16 Public support percentage from 200					16	<u>%</u>
Section D. Computation of Inve					· ₁ · .	
17 Investment income percentage for 2	2009 (line 10c, colur	mn (f) divided by lir	ne 13, column (f))	<u> </u>	17	%
18 Investment income percentage from	1 2008 Schedule A,	Part III, line 17		<u>[</u>	18	<u>%</u>
19a 33 1/3% support tests - 2009. If the	-					17 is not
more than 33 1/3%, check this box						▶□
b 33 1/3% support tests - 2008. If th						
line 18 is not more than 33 1/3%, ch						
20 Private foundation. If the organizat	ion did not check a	box on line 14, 19	a, or 19b, check th			90 or 990-EZ) 2009

Schedule D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047 **Open to Public** Inspection

Name of the organization

Mothodist Foundation

Employer identification number

	canterbury methodi		38-1998029
Pa			s or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate 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 advi-	sed funds
	are the organization's property, subject to the organization's	-	Yes No
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor of		•
	impermissible private benefit?	reaction devices, or for any other purpose	Yes No
Pa	rt II Conservation Easements. Complete if the org	ranization answered "Ves" to Form 990	
			rait iv, line 7.
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (e.g., recreation or p	·	storically important land area
	Protection of natural habitat	Preservation of a cer	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied 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
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
c	Number of conservation easements on a certified historic str	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired	• •	2d
3	Number of conservation easements modified, transferred, re		
_	year ▶	is accept on the second of the	o organization during the tax
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the per		
·	violations, and enforcement of the conservation easements i	_ · · · · · · · · · · · · · · · · · · ·	Yes No
6			
	Staff and volunteer hours devoted to monitoring, inspecting,		
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170	
_	and section 170(h)(4)(B)(ii)?		└── Yes
9	In Part XIV, describe how the organization reports conservation		
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describes	the organization's accounting for
	conservation easements.		
Pa	rt 脚 Organizations Maintaining Collections o	f Art, Historical Treasures, or C	other Similar Assets.
	Complete if the organization answered "Yes" to Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116, no	t to report in its revenue statement and b	palance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ea		
	the footnote to its financial statements that describes these	tems.	
ь	If the organization elected, as permitted under SFAS 116, to	report in its revenue statement and balar	nce sheet works of art, historical treasures.
	or other similar assets held for public exhibition, education, of		
	these items:	resource in results of public solvies	o, provide the following amounts relating to
	(i) Revenues included in Form 990, Part VIII, line 1		• •
			► \$ ► \$
•	(ii) Assets included in Form 990, Part X		*
2	If the organization received or held works of art, historical tre		ai gain, provide
	the following amounts required to be reported under SFAS 1	to relating to these items:	. .
a	Revenues included in Form 990, Part VIII, line 1		► \$ ► \$
b	Assets included in Form 990, Part X		> \$

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Schedule D (Form 990) 2009

Schedule D (Form 990) 2009

Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)

2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

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•	dule D'(Form 990) 2009 Canterbury Methodist Fou			<u> 58-19980</u>	29 Page 4
Par	t XI Reconciliation of Change in Net Assets from Form 990	to Audited Fina	ancial Sta	tements	
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1		
2	Total expenses (Form 990, Part IX, column (A), line 25)		2		
3	Excess or (deficit) for the year. Subtract line 2 from line 1		3		
4	Net unrealized gains (losses) on investments		4		
5	Donated services and use of facilities		5		
6	Investment expenses		6		
7	Prior period adjustments		7		
8	Other (Describe in Part XIV.)		8		
9	Total adjustments (net). Add lines 4 through 8		9		
10	Excess or (deficit) for the year per audited financial statements. Combine lines	3 and 9	10		
Par	XII Reconciliation of Revenue per Audited Financial State		enue per	Return	
1	Total revenue, gains, and other support per audited financial statements	-		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
đ	Other (Describe in Part XIV.)	2d			
е	Add lines 2a through 2d				
3	Subtract line 2e from line 1			3	
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			
ь	Other (Describe in Part XIV.)	4b			
	Add lines 4a and 4b	10			
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	
	t XIII Reconciliation of Expenses per Audited Financial Stat	ements With Ex	nenses ne		
1	Total expenses and losses per audited financial statements	OTHER CALL	periodo pe	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			-	
a	Donated services and use of facilities	2a			
a h	Prior year adjustments	2b		\dashv \mid	
•	Other losses			\dashv \mid	
ن د		2c		\dashv \mid	
d	Other (Describe in Part XIV.) Add lines 2a through 2d	2d		\dashv	
_	•			2e	
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1.1			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		-	
b	Other (Describe in Part XIV.)	4b		_	
	Add lines 4a and 4b			4c	
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			5	
Par	t XIV Supplemental Information				
	olete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also c				
					
			<u> </u>		
					
				Schedule D (For	m 990) 2009

SCHEDULE (Form 990) Department of the Treasury

Internal Revenue Service

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. ▶ Attach to Form 990.

•	+
2009	Open to Public

OMB No 1545-0047

Inspection

Employer identification number ž 58-1998029 Other Religious Programs (h) Purpose of grant or assistance X Yes recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed (if) Method of ame and address of organization (below).

If applicable are an address of organization if applicable assistance or government assistance or government assistance or government of a signature assistance or government assistance or government assistance or government or government assistance or government assistance or government or government or government or government assistance or government or g Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any Building Fund Mission Fund **Ministries** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection 0 0 ö 0 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. 166,047. 83,500. 8,400. 12,000 3 Enter total number of other organizations
LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Foundation Enter total number of section 501(c)(3) and government organizations Canterbury Methodist 63-0329624 63-0329624 General Information on Grants and Assistance criteria used to award the grants or assistance? Canterbury United Methodist Church Canterbury United Methodist Church 1 (a) Name and address of organization 107 Walter Davis Drive 4022 4th Avenue South Birmingham, AL 35209 Birmingham, AL 35213 Birmingham, AL 35213 United Way Food Bank Birmingham, AL 35222 Name of the organization 350 Overbrook Road 350 Overbrook Road M-Power Part # Parti

Schedule I (Form 990) 2009

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(f) Description of non-cash assistance (e) Method of valuation (book, FMV, appraisal, other) (Form 990) 2009 Canterbury Methodist Foundation
Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed. Part W Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. (d) Amount of non-cash assistance (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance

Schedule I (Form 990) 2009

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Schedule I (Form 990) 2009
Part III | Grants and Other

SCHEDULE O (Form 990)

Supplemental Information to Form 990 Complete to provide information for responses to specific questions on

Department of the Treasury Internal Revenue Service

Name of the organization

Form 990 or to provide any additional information.

Attach to Form 990.

OMB NO 1545-0047
2009
Open to Public Inspection

Employer identification number

Canterbury Methodist Foundation	58-1998029
Form 990, Part VI, Section B, line 11: The trustees and m	embers at large
have the opportunity to review Form 990 with the paid pre	parer upon
request.	
Form 990, Part VI, Section B, Line 12c: The organization	regularly
monitors and enforces compliance of the written conflict	of interest
policy.	
Form 990, Part VI, Section C, Line 19: The foundation's g	overning
documents and financial statements are available upon req	uest.
The process of assuming responsibility for oversight of t	he audit and
the selection of the independent accountant has not change	ed from prior
years.	
	

Employer identification number 58-1998029 Open to Public Inspection OMB No 1545-0047 2009 Direct controlling Direct controlling entity Identification of Related Tax-Exempt Organizations (Complete If the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) End-of-year assets status (if section 501(c)(3)) Public charity <u>e</u> Church ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. Total income Exempt Code section 501(c)(3) ত্ত চ ▶ See separate instructions. Related Organizations and Unrelated Partnerships Identification of Disregarded Entities (Complete If the organization answered "Yes" to Form 990, Part IV, line 33.) Legal domicile (state or Legal domicile (state or foreign country) foreign country) ত Alabama Canterbury Methodist Foundation ► Attach to Form 990. Primary activity Primary activity Church 63-0329624, 350 Overbrook Road, Birmingham Canterbury United Methodist Church Name, address, and EIN Name, address, and EIN of related organization of disregarded entity Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE R 35213 (Form 990) Part Part #

Schedule R (Form 990) 2009

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

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Page 2

Schedule R (Form 990) 2009 Canterbury Methodist Foundation

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.) Part III

Percentage ownership Seneral or managing partner? Yes No Schedule R (Form 990) 2009 9 Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.) Ξ Code V-UBI amount in box 120 of Schedule -K-1 (Form 1065) Share of end-of-year assets \in ate allocations? Disproportion-Yes Ξ Share of total income Share of end-of-year assets Type of entity (C corp, S corp, or trust) ত্ত Share of total income Direct controlling entity Predominant income (related, unrelated, excluded from tax under sections 512-514) Ð Legal domicile (state or foreign country) Û 27 Direct controlling entity Primary activity ₤ Legal domicile (state or foreign country) Primary activity Name, address, and EIN of related organization Name, address, and EIN of related organization œ 932162 02-04-10 Part IV

Schedule R (Form 990) 2009 Canterbury Methodist Foundation

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Note. Complete line 1 if any entity is listed in Parls II, III, or IV of this schedule.			Yes No	ş
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?				
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity		1a		×
b Gift, grant, or capital contribution to other organization(s)		9	×	
c Gift. grant. or capital contribution from other organization(s)		2	×	
		19		×
		٥		×
e Loans of loan guarantees by other organization(s)		2	-	
(*)		÷		×
T sale of assets to other organization(s)		•	T	;
g Purchase of assets from other organization(s)		18		4
h Exchange of assets		4		×
i lease of facilities, equipment, or other assets to other organization(s)		=		×
i Joseph of familiaring an ather seconds from other second setting(s)		ï		×
Deference of continuous or months of fundament of colors for		=		×
R Performance of services of membership of formal assumptions for other organizations)		=		×
		: [×
m Snaring of racilities, equipment, mailing lists, of otner assets		į,		: >
n Sharing of paid employees		<u>-</u>	ľ	<
			-	>
o Reimbursement paid to other organization for expenses		9	Ì	: ۲
p Reimbursement paid by other organization for expenses		1p		×
a Other transfer of cash or property to other organization(s)		14		×
		1r		×
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	saction thresholds.			
(e)	(Q)	9		
Name of other organization(s)	Transaction	Amount involved	volvec	ъ
	(ype (a1)			
(1) Canterbury United Methodist Church	В	249	-	547.
7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	Ç	151		023
(2) Canterbury united Methodist Church	ار	101	-	
(5)				
(4)	<u> </u>			
	<u> </u>			
(9)		!		
932183 02-04-10 28	Scheo	Schedule R (Form 990) 2009	680	2009

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Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) (b)	(P)	(0)	9	(e)	ε	(6)	Œ
MIL TO SECRETARY	in the second of	Q CO	Are ell narthers	Chara		Code V-I IRI	
name, address, and Ein of entity	FIIIII'd activity	_	section 501(c)(3) organizations?		tionate allocations?	amount in box 20	managing partner?
			Yes No	:	1 1	(Form 1065)	
							_
					-		
							_
						Schedule R (Form 990) 2009	, 990) 2009

932164 02-04-10