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Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

2009
Open to Public

Open to Public Inspection

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

For the 2009 calendar year, or tax year beginning and ending C Name of organization D Employer identification number Check if applicable Please use IRS FIRST UNITED METHODIST CHURCH OF WACO Address change FOUNDATION print or Name change type 74-2410127 Doing Business As]Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Specific Termin-4901 COBBS DR 772-5630 Instruc-Amende 508,815. City or town, state or country, and ZIP + 4 G Gross receipts \$ Applica-tion pending WACO, TX 76710 H(a) Is this a group return F Name and address of principal officer CINDY KNAPEK Yes X No for affiliates? 4901 COBBS, WACO, ТX 76710 H(b) Are all affiliates included? ____ Yes ____ No I Tax-exempt status X 501(c) (3) ◀ (insert no) 4947(a)(1) or If "No," attach a list (see instructions) J Website: ► N/A **H(c)** Group exemption number ▶ Corporation Association X Other FOUND L Year of formation: 1986 M State of legal domicile: TX K Form of organization: Part I Summary Briefly describe the organization's mission or most significant activities FIRST UNITED METHODIST CHURCH Activities & Governance FOUNDATION PROVIDES SCHOLARSHIPS TO METHODIST SEMINARY STUDENTS AS Check this box Fig. 16 the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) 9 Number of independent voting members of the governing body (Part VI, line 1b) 4 0 Total number of employees (Part V, line 2a) 5 SCANNED DEC 0 6 2010 16 6 Total number of volunteers (estimate if necessary) Total gross unrelated business revenue from Part-VIII 7a Net unrelated business taxable income from Form 990-REGEIVED 7b Current Year **Prior Year** SO 55,110. 2,225. Contributions and grants (Part VIII, line 1h) NOV 1 6 2010 Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3,4, a 35,391 24,314. 870. 232. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, (10) (20) 91,371 26,771 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A 11,000. 4,192 Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 7,443 7,009 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 11,201. 18,443. Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 72,928. 15,570. Revenue less expenses Subtract line 18 from line 12 Assets or Balances **Beginning of Current Year** End of Year 1,111,973 1,230,735. Total assets (Part X, line 16) 20 Total liabilities (Part X, line 26) Net/ 22 Net assets or fund balances Subtract line 21 from line 20 Signature Block Part II Under penaltier of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and complete Declaration of areparer (other than officer) is based on all information of which preparer has any knowledge and belief, it is true, correct Sign Here CINDY KNAPEK Type or print name and title Check if Date Preparer's identifying number (see instructions) Preparer's Paid selfnuson. MA MIMIU signature employed > Preparer's Firm's name (or PATTILLO, BROWN & HILL, L.L.P. EIN ▶ Use Only P.O. BOX 20725 self-employed) address, and WACO, TEXAS 76702-0725 Phone no. \triangleright (254) 772-4901 X Yes May the IRS discuss this return with the preparer shown above? (see instructions)

				
				,
			<u> </u>	<u> </u>
				<u></u>
	·			
				
		_		
4d	Other program services (Describe	in Schedule O)		
	(Expenses \$	including grants of \$) (Revenue \$)
4e	Total program service expenses	▶ \$ 4,192.		

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ar	t 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)?	ł		
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		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	3		X
1	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		
3	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		Х
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		Х
3	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
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
)	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		X
1	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, IX, or X			
•	as applicable	11	x	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	<u> </u>		
-	Part VI	Ì		-
•	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			İ
Ī	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		ĺ	
•	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
Ī	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	1		
Ť	the organization's separate of consolidated financial statements for the tax year include a footbote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X	ļ		
^	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	1		
2	Schedule D, Parts XI, XII, and XIII	12		х
^ A			1	
Z A				
2	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		ļ	Х
3 4-	Did the organization maintain an office, employees, or agents outside of the United States?	13		X
4a	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	14a		
D		445		
_	and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		X
5	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	45		- v
_	or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		X
6	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		X
7	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	 	X
8	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes " complete Schedule G. Part II	18	1	l X

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Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

Did the organization operate one or more hospitals? If "Yes," complete Schedule H

complete Schedule G, Part III

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Х

Note. All Form 990 filers are required to complete Schedule O

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?

Form 990 (2009) FOUNDATION 74-2410127 Statements Regarding Other IRS Filings and Tax Compliance Part V Yes No 1a Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of 0 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 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (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 0 2a b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 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) Х 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? За b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a Х financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a **b** 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? b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? Х 5b c If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? 5с 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit X any contributions that were not tax deductible? 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services Х 7a 7b b If "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required X to file Form 8282? 7c d If "Yes," indicate the number of Forms 8282 filed during the year e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e 7f f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? g For all contributions of qualified intellectual property, did the organization file Form 8899 as required? 7g h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? 7h 8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 8 9 Sponsoring organizations maintaining donor advised funds. 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 a initiation fees and capital contributions included on Part VIII, line 12 10a 10b b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter a Gross income from members or shareholders 11a b Gross income from other sources (Do not net amounts due or paid to other sources against

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12a

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year

amounts due or received from them)

11b

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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					
		h .	I	<u></u>	Yes	No
1a	Enter the number of voting members of the governing body	1a		9		
b	Enter the number of voting members that are independent	1b		9		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	p with	any other			7.7
	officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under the	e dire	ct supervision			77
_	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		O was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's asset	ts7		5		X
6	Does the organization have members or stockholders?		646-	6		Α_
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		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other per			7b		Λ
8	Did the organization contemporaneously document the meetings held or written actions undertaken	auring	g the year			
	by the following					
a	The governing body? Each committee with authority to get an hebalf of the governing body?			8a	X	Х
b	Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea	ochod	at the	8b	-	
9	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	ici ied	at tile	9		X
500	tion B. Policies (This Section B requests information about policies not required by the Internal R	Povoni	no Codo I	<u> </u>		Λ
Jec	tion B. Foncies (this Section B requests information about policies not required by the internal h	everic	e Code /		Yes	No
100	Does the organization have local chapters, branches, or affiliates?			10a	163	X
	If "Yes," does the organization have written policies and procedures governing the activities of such	chant	ers affiliates	104		-11
b	and branches to ensure their operations are consistent with those of the organization?	опар	ioro, armatoo,	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before fi	ılına th	ne form?	11		Х
11A		g ti		<u> </u>		
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13			12a		X
	Are officers, directors or trustees, and key employees required to disclose annually interests that cou	uld an	re rise	129		
~	to conflicts?	5		12b		
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If	"Yes.'	describe	12.5		
Ŭ	in Schedule O how this is done	,		12c		
13	Does the organization have a written whistleblower policy?			13		Х
14	Does the organization have a written document retention and destruction policy?			14		X
15	Did the process for determining compensation of the following persons include a review and approve	al by ı	ndependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official			15a		X
b	Other officers or key employees of the organization			15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment	with a			
	taxable entity during the year?			16a		Х
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to eva	luate	its participation			_
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the org					
	exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure					
17	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	Г (501	(c)(3)s only) avail	lable for		
	public inspection. Indicate how you make these available. Check all that apply					
	Own website Another's website X Upon request					
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, or	conflic	t of interest polic	cy, and fina	incial	
	statements available to the public					
20	State the name, physical address, and telephone number of the person who possesses the books a CINDY KNAPEK $-254-772-5630$	ınd red	cords of the orga	anization 🕨		
	4901 COBBS, WACO, TX 76710	-				_
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FOUNDATION 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

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 hours	Position (check all that apply)					lv)	Reportable compensation	Reportable compensation	Estimated amount of
	per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
CINDY KNAPEK										
SECRETARY	0.30	ļ						0.	0.	0.
BETH HARDING								_	_	_
CHAIRPRESON	0.30			<u> </u>	<u> </u>	ļ	ļ	0.	0.	0.
BILL AMAN			1						•	
MEMBER	0.30					-		0.	0.	0.
SUZANNE KELLY	0.30			1					0	_
MEMBER	0.30	-	-	├		├-		0.	0.	0.
ELEANOR PATE MEMBER	0.30	ł						0.	0.	0.
DAVID GUYER	0.30	 						0.		
MEMBER	0.30							0.	0.	0.
CLEMENT MILAM	0.30					 	-		0.	•
MEMBER	0.30		ļ					0.	0.	0.
SUZI PAGEL		ļ								
MEMBER	0.30							0.	0.	0.
GLENDA JONES										
MEMBER	0.30							0.	0.	0.
SALLY PEAVY										
MEMBER	0.30					_		0.	0.	0.
STEVE RAMSDELL									_	_
EX-OFFICIO	0.30	_	<u> </u>	<u> </u>	<u> </u>	-		0.	0.	0.
GARY GRANGER										
EX-OFFICIO	0.30	ļ	├	ļ	┝	<u> </u>	-	0.	0.	0.
FRANK ANDERSON	0.30							0		
EX-OFFICIO	0.30	-	-	╁	-	-		0.	0.	0.
JOYCE ANDERSON	0.30							0.	0.	0.
EX-OFFICIO	0.30							0.		-
						-				_

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on B. Independent Contractors Complete this table for your five highest compensated independent con	ntractors that received more than \$100,000 of c	compensation from
the organization NONE		
 (A) Name and business address	(B) Description of services	(C) Compensation
Total number of independent contractors (including but not limited to the \$100,000 in compensation from the organization	nose listed above) who received more than	

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Part IX | Statement of Functional Expenses

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

	All other organizations must comp			ete columns (B), (C), an	d (D).
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				
_	the U.S. See Part IV, line 22	4,192.	4,192.		
3	Grants and other assistance to governments,	2,2021	1,152.		
Ü	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,				
5	• • • • • • • • • • • • • • • • • • • •				
_	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				 -
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				
b	Legal				<u></u>
С	Accounting	750.		750.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	6,259.		6,259.	
g	Other				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	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	Insurance				
24	Other expenses. Itemize expenses not covered				
2-7	above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
а					
b					
С					
d					
е					
f	All other expenses				
25	Total functional expenses Add lines 1 through 24f	11,201.	4,192.	7,009.	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				

			(A)		(B)
			Beginning of year		End of year
1	Cash - non-interest-bearing		251,946.	_1	285,236
2	Savings and temporary cash investments	,		2	
3	Pledges and grants receivable, net	,		3	
4	Accounts receivable, net		<u> </u>	4	
5	Receivables from current and former officers, dir	ectors, trustees, key			
	employees, and highest compensated employee	es. Complete Part II		1	
ł	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	
7	Notes and loans receivable, net			7	
8	Inventories for sale or use			8	
9	Prepaid expenses and deferred charges			9	
10a	Land, buildings, and equipment cost or other			1	
	basis Complete Part VI of Schedule D	10a		1	
b	Less accumulated depreciation	10b		10c	
11	Investments - publicly traded securities			11	
12	Investments - other securities. See Part IV, line 1	1	860,027.	12	945,499
13	Investments - program-related. See Part IV, line	11		13	
14	Intangible assets			14	
15	Other assets See Part IV, line 11			15	
16	Total assets. Add lines 1 through 15 (must equa	al line 34)	1,111,973.	16	1,230,735
17	Accounts payable and accrued expenses			17	
18	Grants payable			18	
19	Deferred revenue			19	
20	Tax-exempt bond liabilities	!		20	
21	Escrow or custodial account liability Complete F	Part IV of Schedule D		21	
21 22	Payables to current and former officers, director	s, trustees, key employees,			
	highest compensated employees, and disqualific	ed persons Complete Part II			
i	of Schedule L			22	
23	Secured mortgages and notes payable to unrela	ted third parties		23	
24	Unsecured notes and loans payable to unrelated	d 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	ere 🕨 🔲 and complete			
:	lines 27 through 29, and lines 33 and 34.				
27	Unrestricted net assets			27	
28	Temporarily restricted net assets			28	
29	Permanently restricted net assets			29	
	Organizations that do not follow SFAS 117, cl	neck here 🕨 🗓 and			
;	complete lines 30 through 34.				
30	Capital stock or trust principal, or current funds		0.	30	
31	Paid in or capital surplus, or land, building, or eq	uipment fund	0.	31	C
27 28 29 30 31 32	Retained earnings, endowment, accumulated in		1,111,973.	32	1,230,735
33	Total net assets or fund balances		1,111,973.	33	1,230,735
34	Total liabilities and net assets/fund balances		1,111,973.	34	1,230,735

74-2410127 Page 12 FOUNDATION Form 990 (2009) Part XI Financial Statements and Reporting No Yes 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 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a b Were the organization's financial statements audited by an independent accountant? 2b 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? 2c If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both Separate basis Consolidated basis Both consolidated and separate basis 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 Х Act and OMB Circular A-133? За 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

Form 990 (2009)

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.

2009

Open to Public Inspection

Name of t	he organizati		NITED METHOD	IST C	HURCH	OF W	ACO	E		dentificati		
D41	Danas	FOUNDAT							74	<u>-2410</u>	<u> 127</u>	
Part I		-	ity Status (All organiz					tructions				
Ť		•	because it is (For lines	_		•	•					
1 X			s, or association of chur			ction 170	(b)(1)(A)(i)					
2	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)											
3 📙	•	•	tal service organization of									
4 📖	A medical res	earch organization	operated in conjunction	with a hos	pital desci	ribed in se	ction 170	(b)(1)(A)(ii	i). Enter th	e hospital	's nan	ne,
	city, and state											
5 📖	-		benefit of a college or ur	niversity ov	wned or op	perated by	a govern	mental uni	t describe	d in		
		(b)(1)(A)(iv). (Comple										
6			ent or governmental uni									
7 📖			eives a substantial part	of its supp	ort from a	governme	ntal unit o	r from the	general p	ublic desc	ribed	ın
		b)(1)(A)(vi). (Comple										
8			section 170(b)(1)(A)(vi).									
9 📖	-		eives (1) more than 33									
		•	nctions - subject to certa	-	•	-				_		
			axable income (less sect	tion 511 ta	x) from bu	sinesses a	cquired b	y the orga	nization at	ter June 3	0, 19	/ 5
🗀		509(a)(2). (Complete		-			- F00(-)//					
10	-	•	perated exclusively to te	=	-			•	. au tha m		4	
11 📖	=	•	perated exclusively for thations described in secti									or
			organization and compl		•) See Sec	Hon Sos(ajjoj. Onec	K IIIE DOX	ınaı	
	a Type I		¬ *	Typ	-		earsted		4	Type III - C	Ythar	
е 🗀			at the organization is not			-	-	r more disc		• •		ın
ــــا			han one or more publicly		-	-	-		-			
f			tten determination from t						/(α)(1) 01 31	00000	(a)(Z)	
•	_	ganization, check th			at it is a 1 y	pe i, Type	ii, 0i 19pc	, III				
g		•	organization accepted ar	ny aift or c	ontribution	from any	of the follo	owing pers	sons?			·
9	•		lirectly controls, either al			•		•			Yes	No
	••	•	upported organization?	og		po.000		() (, 20.0,	11g(i)		
	•	• •	n described in (i) above?	,						11g(ii)		
		-	person described in (i)		e?					11g(iii)		
h	• •		about the supported or								L	
		J			` ,							
(i) Name	of supported	(iı) EIN	(iii) Type of	(iv) Is the o	organization	(v) Did you	notify the	(vi) ls	the	(vii) Am	nunt c	nf
	anization	(11) 2.11	organization (described on lines 1-9		sted in your			organizátio (i) organiz	on in col. ed in the	sup		
			above or IRC section	governing	document?	(i) of you	support?	`´ Ŭ.S	.?	,		
			(see instructions))	Yes	No	Yes	No	Yes	No			
								ļ				
				:		:						
				ļ								
										 .		
								1				
	Ţ			-					-			
Total												

932021 02-08-10

Form 990 or 990-EZ.

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

Schedule A (Form 990 or 990-EZ) 2009

	edule A (Form 990 or 990 EZ) 2009						Page 2
Pa	rt II Support Schedule for	-)(b)(1)(A)(iv) an	id 170(b)(1)(A)(\	/i)
	(Complete only if you checke	d the box on line 5	, 7, or 8 of Part I)				
Sec	tion A. Public Support				.		
Cale	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 ")		•		1		
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf					-	
3	The value of services or facilities				1		
	furnished by a governmental unit to						
	the organization without charge				-		
	Total. Add lines 1 through 3			ļ	_		
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)				+		
_	Public support. Subtract line 5 from line 4 ction B. Total Support		<u> </u>				<u> </u>
	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	Amounts from line 4	(a) 2003	(b) 2000	(0) 2007	(0) 2008	(e) 2009	(i) iotai
	Gross income from interest,						
0	dividends, payments received on					İ	
	securities loans, rents, royalties					:	
	and income from similar sources						
9	Net income from unrelated business				 		
J	activities, whether or not the						
	business is regularly carried on			•			
10	Other income Do not include gain					1	-
	or loss from the sale of capital						
	assets (Explain in Part IV)						
11	Total support. Add lines 7 through 10						
	Gross receipts from related activities	etc (see instructi	ons)			12	
13	First five years. If the Form 990 is fo	r the organization's	s first, second, thi	rd, fourth, or fifth	tax year as a secti	on 501(c)(3)	
	organization, check this box and stop						<u> </u>
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2009 (line 6, column (f) d	ivided by line 11,	column (f))		14	<u>%</u>
15	Public support percentage from 2008	Schedule A, Part	II, line 14			15	<u>%</u>
16a	33 1/3% support test - 2009. If the o	rganization did no	t check the box o	n line 13, and line	14 is 33 1/3% or r	nore, check this bo	x and
	stop here. The organization qualifies		-				
b	33 1/3% support test - 2008. If the o	rganization did no	t check a box on l	line 13 or 16a, and	d line 15 is 33 1/3%	6 or more, check th	is box
	and stop here. The organization qua						▶ []
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac					art IV how the organ	nization
	meets the "facts-and-circumstances"						
b	10% -facts-and-circumstances tes	•					
	more, and if the organization meets to				•		,
	organization meets the "facts-and-cir						▶ ├
18	Private foundation. If the organization	on did not check a	box on line 13, 16	oa, 16b, 17a, or 17			
					Sch	edule A (Form 990	or 990-EZ) 2009

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		·	 	

(e) 2009 (f) Total Calendar year (or fiscal year beginning in) (a) 2005 **(b)** 2006 (c) 2007 (d) 2008 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 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)

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							
15 Public support percentage for 2009 (line 8, column (f) divided by line 13	, column (f)) 15	%					
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%					
Section D. Computation of Investment Income Percentag	e	_					
17 Investment income percentage for 2009 (line 10c, column (f) divided by	line 13, column (f)) 17	%					
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%					
19a 33 1/3% support tests - 2009. If the organization did not check the bo	c on line 14, and line 15 is more than 33 1/3%, and line	17 is not					

19a 33 1/3% support tests - 2009. 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	ightharpoons
b 33 1/3% support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and	
to the second se	

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

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.

2009
Open to Public Inspection

Name of the organization

FIRST UNITED METHODIST CHURCH OF WACO

Employer identification number 74-2410127

	FOUNDATION	74-2410127						
Par	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds of	or Accounts. Complete if the					
	organization answered "Yes" to Form 990, Part IV, line	e 6						
		(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	l	d funda					
5	Did the organization inform all donors and donor advisors in	•						
_	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 or donor advisor, or for any other purpose conferring							
D	impermissible private benefit?		Yes No					
Pai			rt IV, line 7.					
1	Purpose(s) of conservation easements held by the organization	, , , , , , , , , , , , , , , , , , , ,						
	Preservation of land for public use (e.g., recreation or p	pleasure) Preservation of an histo	orically important land area					
	Protection of natural habitat	Preservation of a certific	ed historic structure					
	Preservation of open space							
2	Complete lines 2a through 2d if the organization held a qualif	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					
С	Number of conservation easements on a certified historic str	ructure included in (a)	2c					
d	Number of conservation easements included in (c) acquired	2d						
3	Number of conservation easements modified, transferred, re		organization during the tax					
•	year▶	······································	, 3					
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		' <u>-</u>					
0	and section 170(h)(4)(B)(ii)?	ve satisfy the requirements of section 17 o(ii)	Yes No					
_		uon openmente in its revenue and expense s						
9	In Part XIV, 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							
		tion's illiancial statements that describes th	e organization's accounting for					
Pai	conservation easements t III Organizations Maintaining Collections o	f Art Historical Treasures or Oth	ner Similar Assets					
1 41	Complete if the organization answered "Yes" to Form		ici Cililiai Acceto.					
	Complete if the organization answered Tee to Form	000,1 (11111)	· · · · · · · · · · · · · · · · · · ·					
4-	If the organization elected, as permitted under SFAS 116, no	at to report in its revenue statement and help	anno about works of art, buttarioal					
ıa	treasures, or other similar assets held for public exhibition, e	•						
	•	·	ic service, provide, in Fait XIV, the text of					
	the footnote to its financial statements that describes these							
b	If the organization elected, as permitted under SFAS 116, to	·						
	or other similar assets held for public exhibition, education, of	or research in furtherance of public service, j	provide the following amounts relating to					
	these items							
	(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		gain, provide					
	the following amounts required to be reported under SFAS 1	16 relating to these items:						
а	Revenues included in Form 990, Part VIII, line 1		> \$					
b	Assets included in Form 990, Part X		► \$ ► \$					

	dule D (Form 990) 2009 ' FOUNDAT					74-24			
Par	t III Organizations Maintaining C								
3	Using the organization's acquisition, accessi	on, and other record	is, check any of the	e following that are	a signific	cant use of its	collection	on item	ıs
	(check all that apply)								
а	Public exhibition	c		change programs					
b	Scholarly research	e	e Other						
С	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explai	n how they further	the organization's	exempt p	ourpose in Pa	rt XIV		
5	During the year, did the organization solicit of	r receive donations	of art, historical trea	asures, or other si	nılar asse	ets _	_		_
	to be sold to raise funds rather than to be m						Yes		No
Par	t IV Escrow and Custodial Arran	gements. Compl	ete if organization a	answered "Yes" to	Form 99	0, Part IV, line	9, or		
	reported an amount on Form 990, Pa	rt X, line 21							
1a	Is the organization an agent, trustee, custod	ian or other intermed	diary for contributio	ns or other assets	not inclu	ided		_	_
	on Form 990, Part X?					L	_ Yes	L.	No
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	ollowing table:		_				
					_		Amour	nt	
С	Beginning balance				-	1c			
d	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance				L	1f	_		
2a	Did the organization include an amount on F	orm 990, Part X, line	21?			L	Yes	L	_ No
	If "Yes," explain the arrangement in Part XIV			·					
Par	t V Endowment Funds. Complete	f the organization ar	swered "Yes" to Fe	orm 990, Part IV, li					
		(a) Current year	(b) Prior year	(c) Two years ba	ck (d) T	hree years back	(e) Fou	ır years	back
1a	Beginning of year balance								
þ	Contributions	<u></u>	<u> </u>				ļ		
С	Net investment earnings, gains, and losses								
d	Grants or scholarships						ļ		
е	Other expenditures for facilities				ŀ				
	and programs			- 					
f	Administrative expenses				_		<u> </u>		
g	End of year balance								
2	Provide the estimated percentage of the year	r end balance held a	as						
а	Board designated or quasi-endowment		%						
b	Permanent endowment	%							
С		%							
За	Are there endowment funds not in the possession of the organization that are held and administered for the organization								
	by							Yes	No
	(i) unrelated organizations						3a(i)		
	(ii) related organizations						3a(ii)		
b	If "Yes" to 3a(II), are the related organization						_3b	<u> </u>	<u> </u>
4	Describe in Part XIV the intended uses of the								
Pai	rt VI Investments - Land, Building	1							
	Description of investment	(a) Cost or o		st or other (s (other)	depreci		(d) Boo	ok valu	e
1a	Land								
b	Buildings								
С	Leasehold improvements								
d	Equipment								
е	Other						-		
Tota	I. Add lines 1a through 1e (Column (d) must e	egual Form 990, Part	X, column (B), line	10(c).)		<u> </u>			0.

Schedule D (Form 990) 2009

Part VII Investments - Other Securities			/ =	-Z41012/ rage C	
(a) Description of security or category (including name of security)	(b) Book value	(c)	(c) Method of valuation Cost or end of year market value		
Financial derivatives Closely-held equity interests					
Other OTHER INVESTMENTS	945,499.	END-OF-YEA	R MARKET	VALUE	
		-			
Tatal (Col/b) must equal Form 000. Dest V. col/P) line 12.)	▶ 945,499.				
Total (Col (b) must equal Form 990, Part X, col (B) line 12.) Part VIII Investments - Program Related		<u>. </u>			
(a) Description of investment type	(b) Book value	(c)	Method of valuat r end-of-year mark		
Total (Col (b) must equal Form 990, Part X, col (B) line 13.) Part IX Other Assets. See Form 990, Part X	line 15				
The state of the s	(a) Description			(b) Book value	
	···				
		. <u>.</u>			
	/ 				
Total. (Column (b) must equal Form 990, Part X, col (E					
Part X Other Liabilities. See Form 990, Pa	urt X, line 25	(b) Amount			
Federal income taxes		,			
	-				
Total. (Column (b) must equal Form 990, Part X, col (E	3) line 25)				
2. FIN 48 Footnote In Part XIV, provide the text of th		financial statements the	at reports the orga	anization's liability for	
uncertain tax positions under FIN 48 932053 02-01-10		<u> </u>	Sche	edule D (Form 990) 2009	

Sche	dule D (Form 990) 2009 FOUNDATION	Сп	OF WA	CO		74-2	2410127 Page 4
	t XI Reconciliation of Change in Net Assets from Form 990 to	Audit	ed Fina	ncial S	State	ment	is
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	<u> </u>		
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			10	<u> </u>		
Par	t XII Reconciliation of Revenue per Audited Financial Statemer	nts W	ith Reve	enue p	er R	eturn	<u> </u>
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.	1 .	I				
a	Net unrealized gains on investments	2a					
b	Donated services and use of facilities	2b					
_	Recoveries of prior year grants	2c 2d					
d	Other (Describe in Part XIV) Add lines 2a through 2d	_ <u>Z</u> d	ļ			2e	
	Subtract line 2e from line 1					3	
3 4	Amounts included on Form 990, Part VIII, line 12, but not on line 1					-	
•	Investment expenses not included on Form 990, Part VIII, line 7b	4a	1				
a b	Other (Describe in Part XIV)	4b				ł	
	Add lines 4a and 4b		ı			4c	
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 Stateme	nts V	Vith Exp	enses	per	Retu	rn
1	Total expenses and losses per audited financial statements					11	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25						
а	Donated services and use of facilities	2a					
b	Prior year adjustments	2b					
С	Other losses	2c					
d	Other (Describe in Part XIV)	2d					
е	Add lines 2a through 2d					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 -	ſ				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a					
b	Other (Describe in Part XIV)	_4b			_	4-	
c	Add lines 4a and 4b Total synapses. Add lines 2 and 4a. This must acqual Form 990. Part I. line 18.)					4c 5	
Pai	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) TXIV Supplemental Information					3	
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III.	lines	1a and 4 F	Part IV I	lines 1	h and 1	2h Part V line 4 Part
	e 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also compl						
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SCHEDULE 0

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

2009
Open to Public Inspection

Name of the organization	FIRST UNITED METHODIS	Employer identification number 74-2410127		
FORM 990 PART	, ITEM K, OTHER ORGAL	NIZATION TYPE:	, , , , , , , , , , , , , , , , , , , ,	
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FORM 990, PART V	I, SECTION A, LINE 8	B: THERE ARE NO COMMI	TTEES WITHIN THE	
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FORM 990, PART V	I, SECTION B, LINE 1	1: THE FORM IS NOT RE	VIEWED BY THE	
BOARD OF DIRECTO	RS BEFOR FILING, BUT	IS MADE AVAILABLE UP	ON REQUEST.	
FORM 990. PART 1	T. SECTION C. LINE 1	9: DOCUMENTS ARE MADE	AVATLABLE UPON	
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