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Form**; 990-EZ** Department of the Treasury

Internal Revenue Service

Short Form
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 (rust or private foundation)

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form

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

OMB No 1545-1150

Open to Public Inspection

Ā	For t	he 2012 c	calendar year, or tax year beginning		and en	ding					
В	Check applica	ıf able	C Name of organization				D Em	ployer ic	tentification number		
Γ	-	iress change	ANNA F. AND ROBERT H. MOORE FIRST	UN	IITED						
Ē	Name change METHODIST CHURCH ENDOWMENT FUND							55-6104604			
Ē	Number and street (or P O box, if mail is not delivered to street address) Room/suite							te E Telephone number			
Ē	Terminated FIRST COMMUNITY BANK - P.O. BOX 950							304	325-7151		
Ē	Amended return City or town, state or country, and ZIP + 4							oup Exer	nption		
Ē	Application pending BLUEFIELD, WV 24701							mber >			
G		inting Meth	od X Cash Accrual Other (specify) ▶				H Che	eck -	X if the organization is not		
Ī		ite: 🏲 N							attach Schedule B		
j			us (check only one) — X 501(c)(3)	49	947(a)(1)	or 527			990-EZ, or 990-PF)		
	K Check ► if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross										
	\$50,000 A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions)								•		
			to file a complete return		•		,		.		
L	Add In	nes 5b, 6c,	and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 o	r more	or if tota	l assets (Part	II,				
			B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ			•		▶ \$	85,068.		
P	art l	Reve	enue, Expenses, and Changes in Net Assets or Fund	Bal	ances	see the instru	ctions	for Part	1)		
		Check	if the organization used Schedule O to respond to any question in this Part I						X		
	1	Contribut	tions, gifts, grants, and similar amounts received					1			
	2	Program	service revenue including government fees and contracts					2			
	3	Members	ship dues and assessments					_3			
	4	Investme	nt income SE	e s	CHED	JTE O		4	10,068.		
	5a	Gross am	nount from sale of assets other than inventory	5a		75,0					
	b	Less cos	t or other basis and sales expenses	5b		75,0	01.				
3	C								<1.		
₹107	6	Gaming ai	nd fundraising events								
	а	Gross inc	ome from gaming (attach Schedule G if greater than		•						
_F	1	\$15,000)	•	6a							
JUN II II	b	Gross inc	ome from fundraising events (not including \$	of cor	itributions						
\geq		from fund	draising events reported on line 1) (attach Schedule G if the sum of such		1						
		•	ome and contributions exceeds \$15,000)	6b							
SCANNED	C		ct expenses from gaming and fundraising events	6c							
2	d		ne or (loss) from gaming and fundraising events (add lines 6a and 6b and subt	}	ne 6c)		ļ	6d			
	7a		es of inventory, less returns and allowances	7a			— -∤				
$\ddot{\circ}$	b		t of goods sold	7b							
Ŝ	, C		fit or (loss) from sales of inventory (Subtract line 7b from line 7a)				ŀ	7c			
	8		enue (describe in Schedule O)					8	10.007		
	9		enue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 d similar amounts paid (list in ScheduletO) SEI	- C	CHEDI	JLE O		9	10,067.		
	10			יכו נ	Сперс	JLE O	}	10	4,597.		
								11	452.		
Expenses	4		161 171					12	1,250.		
en Oen	13 14	Occupance	nal fees and other payments to independent contlaptòrs 1 7 2013 Ö				}	13	1,230.		
ΨX	15	occupa	uchinations postage and chinaria				- }	14			
	16	-	enses (describe in Schedule 0) OGDEN, UT SE		וחששי	LE O	-	15	5.		
	17		enses Add lines 10 through 16			JLE O		16	6,304.		
Net Assets	18		(deficit) for the year (Subtract line 17 from line 9)						3,763.		
	19		or fund balances at beginning of year (from line 27, column (A))				<u> </u>	18	3,703.		
	(must agree with end-of-year figure reported on prior year's return)						ŀ	19	296,338.		
et /	20		nges in net assets or fund balances (explain in Schedule O)				ŀ	20	0.		
Z	21		or fund balances at end of year. Combine lines 18 through 20					21	300,101.		
LH/			Reduction Act Notice, see the separate instructions.						Form 990-EZ (2012)		

	Balance Sheets (see the instructions for Part II Check if the organization used Schedule O to re	espond to any duestic	on in this Part II			X
	Officer in the organization used conclude of to h		(A) Beginning of year	$\neg -$	(B)	End of year
. 22	Cash, savings, and investments	<u> </u>	7,317	• 22		6,119
22 23		 	7,317	23		0/11/
24	ann cournite	0	289,021			293,982
25		<u> </u>	296,338			300,101
26			0	· 26	+	0
		·	296,338			300,101
27	art Statement of Program Service Accomplishm	ents (see the instruct		• 21	+	xpenses
	Check if the organization used Schedule O to re			V		i for section
\A/b	at is the organization's primary exempt purpose?SEE SCHEDULE		ATTITUTIST ATT III	43	501(c)(3)	and 501(c)(4)
				-		ions and section () trusts, optional
	cribe the organization's program service accomplishments for each of its three largest progra her, describe the services provided, the number of persons benefited, and other relevant info		es In a clear and concise		for others	
		STRIBUTION OF	TRUST		 	
28	<u> </u>	UST DOCUMENT.	IROSI			
	EARNINGS IN ACCORDANCE WITH THE IN	OBI DOCOMENT.]	
	10 to the second			_		4,597
	(Grants \$) If this amount includes foreign	grants, check here	<u></u>	ليا	28a	4,391
29] [
					1 1	
				$\overline{}$		
	(Grants \$) If this amount includes foreign	grants, check here		<u> </u>	29a	
30					1 1	
				_	_	
	(Grants \$) If this amount includes foreign	grants, check here	<u> </u>		30a	
	Other program services (describe in Schedule O)		_	$\overline{}$	1 1	
	(Grants \$) If this amount includes foreign	grants, check here		<u> </u>	31a	4 507
	Total program service expenses (add lines 28a through 31a)				32	4,597
ME	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule O to re			ee the	instructions f	or Part IV)
	Criscian and organization adda contoadio o to re	(b) Average hours		(d) He	alth benefits.	(e) Estimated
	(a) Name and title	per week devoted to	compensation (Forms	contr	butions to	amount of other
	(4) (12)	position	W-2/1099-MISC)			
FΙ	RST COMMUNITY BANK - BLUEFIELD		(if not paid, enter -0-)		and deferred pensation	compensation
	NOT COUNTILL DUNK - DEOUTETEED		(if not paid, enter -0-)		and deferred pensation	compensation
		5.00	(ii not paid, enter -0-)		pensation	
\	USTEE	5.00	452 •			compensation 0 .
\		5.00	(ii not paid, enter -0-)		pensation	
\		5.00	(ii not paid, enter -0-)		pensation	
		5.00	(ii not paid, enter -0-)		pensation	
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		5.00	(ii not paid, enter -0-)		pensation	
		5.00	(ii not paid, enter -0-)		pensation	
		5.00	(ii not paid, enter -0-)		pensation	
		5.00	(ii not paid, enter -0-)		pensation	
		5.00	(ii not paid, enter -0-)		pensation	
		5.00	(ii not paid, enter -0-)		pensation	
		5.00	(ii not paid, enter -0-)		pensation	
		5.00	(ii not paid, enter -0-)		pensation	
		5.00	(ii not paid, enter -0-)		pensation	
		5.00	(ii not paid, enter -0-)		pensation	
		5.00	(ii not paid, enter -0-)		pensation	
		5.00	(ii not paid, enter -0-)		pensation	
		5.00	(ii not paid, enter -0-)		pensation	
		5.00	(ii not paid, enter -0-)		pensation	
		5.00	(ii not paid, enter -0-)		pensation	
		5.00	(ii not paid, enter -0-)		pensation	
		5.00	(ii not paid, enter -0-)		pensation	

Page 2

Form 990-EZ (2012)

55-6104604

Page 3

P	Other Information (Note the Schedule A and personal benefit contract statement requireme instructions for Part V) Check if the organization used Sch. O to respond to any question in t	nts in his Pa	the	X
		Γ	Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each		1	
	activity in Schedule O	33	├	X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended		1	v
25.	documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34	 	X
308	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		Х
,	off "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	N/	
	: Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax	330	117	
•	requirements during the year? If "Yes," complete Schedule C, Part III	35c	ŀ	Х
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"	000	 	
	complete applicable parts of Schedule N	36		Х
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions			
	Did the organization file Form 1120-POL for this year?	37b		Х
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made			
	in a prior year and still outstanding at the end of the tax year covered by this return?	38a		X
t	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A	_		
39	Section 501(c)(7) organizations Enter			
	Initiation fees and capital contributions included on line 9 39a N/A	_		
	Gross receipts, included on line 9, for public use of club facilities 39b N/A	4		
40 a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under			
	section 4911 ► 0 • , section 4912 ► 0 • , section 4955 ► 0 •			
Đ	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the			
	year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ?	'		v
	If "Yes," complete Schedule L, Part I Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers.	40b		X
	or disqualified persons during the year under sections 4912, 4955, and 4958			
ų	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the			
	organization			
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			
-	transaction? If "Yes," complete Form 8886-T	40e		Х
41	List the states with which a copy of this return is filed NONE			
42 a	The organization's books are in care of ► FIRST COMMUNITY BANK N.A. Telephone no ► (304)	325	-715	51
		2470		
þ	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		Yes	No
	account)?	42b		X
	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.			
C	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		<u>X</u>
	If "Yes," enter the name of the foreign country		. 1	
13	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here	NT / 70		
	and enter the amount of tax-exempt interest received or accrued during the tax year	N/A		
		F	Yes	Ala
4 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of		162	140
	Form 990-EZ	44a	- 1	Х
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead	170		
-	of Form 990-EZ	44b	1	X
C	Did the organization receive any payments for indoor tanning services during the year?	446		$\overline{\mathbf{x}}$
	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation	<u> </u>	7	
	ın Schedule O	440		
5 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		X
5 b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section			
	512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		<u>X</u>
		Form 99 1	0-EZ (2	012)

				
				
+				·
				
d Total our	phor of other independent contractors each recovering over \$100,000			
	nber of other independent contractors each receiving over \$100,000	and 4047/a\/4\ nanawanah		· · · · · · · · · · · · · · · · · · ·
	rganization complete Schedule A? Note: All section 501(c)(3) organizations	and 4947(a)(1) nonexempt	_	₩
Under penalties of	e trusts must attach a completed Schedule A of perjup, Theclare that (have examined this return, including accompanying schedules are parer other than officea is based on all used matter of which preparer has any knowledge	nd statements, and to the best of	my knowledge and belief, it is true,	X Yes No
Declaration of pre	parer other than forticed is based on all unformation of which preparer has any knowledge			
Sign	Signature of officer			
Here	TRUST ADMINISTRATIVE OFFICE	= 1	•	
	Type or print name and title			
	Print/Type preparer's name Preparer' signature	Date	Check If PTIN	
Paid	The system of the state of the	Date	self- employed	
Preparer	J. K. SIMMONS	SOM S/6/13	1 ' 1	0545190
Use Only	Firm's name BROWN, EDWARDS & COMPANY,	LLP	Firm's EIN ► 54-0!	
, , , , , , , , , , , , , , , , , , ,	Firm's address P.O. BOX 1697		4004	
	BLUEFIELD, WV 24701		Phone no (304	, 323-0137
May the IDS de	ccuss this return with the preparer shown above? See instructions			X Yes No
iviay the ind dis	coss this return with the preparer shown above? See instructions	-		
				Form 990-EZ (2012)
232174				
01-11-13				

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

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

Open to Public inspection

Name of the organization

ANNA F. AND ROBERT H. MOORE FIRST UNITED METHODIST CHURCH ENDOWMENT FUND

Employer identification number 55-6104604

												•
Part I	Reason	for Public Ch	arity Status (All organi	zations mi	ust comple	ete this pa	rt) See ins	structions				
The orga	nization is not a	a private foundati	on because it is: (For lines	1 through	11, check	only one	box.)					
1	A church, co	nvention of churc	hes, or association of chu	rches desc	cribed in s	ection 17	0(b)(1)(A)(i).				
2	A school des	cribed in section	170(b)(1)(A)(ii). (Attach S	chedule E.)							
3	A hospital or	a cooperative ho	spital service organization	described	I in sectio	n 170(b)(1)(A)(iii).					
4	A medical res	search organization	on operated in conjunction	with a ho	spital desc	cribed in s	ection 17	0(b)(1)(A)	iii). Enter	the hospita	l's na	me,
	city, and stat											
5			he benefit of a college or u	iniversity c	wned or c	perated b	y a govern	mental ui	nit describ	ed in		
. —	1	(b)(1)(A)(iv). (Con	· ·									
6 ⊨	1	_	nment or governmental un									
7			receives a substantial part	of its supp	port from a	a governm	ental unit	or from th	e general	public desc	ribed	ın
•	•	b)(1)(A)(vi). (Com	•	(Campleto	Down III							
8 <u></u> 9			n section 170(b)(1)(A)(vi).			fu						
9			receives: (1) more than 33						-	-	•	
			functions - subject to cert s taxable income (less sec							=		
		509(a)(2). (Compl	,	.tion 511 te	20, 110111 00	J311163363	acquireu i	Jy trie org	anization	aitei Julie 3	JU, 19	/3
10 🖂			operated exclusively to te	est for pub	lic safety	See section	on 509(a)(4)				
11 X	-	-	operated exclusively for t	•	•			•	rv out the	Durnoses o	of one	or
	-	_	izations described in sect		•				•			0.
			ng organization and comp				_,		(-/(-/-			
	a Type I			ype III · Fu	_		j t	d 🔲 Ty	oe III - Nor	n-functional	ly inte	grated
е 🔙	By checking t	this box, I certify t	that the organization is not	controlled	d directly o	or indirectl	y by one o				•	-
	foundation m	anagers and othe	er than one or more publicl	y supporte	ed organiz	ations des	cribed in s	section 50	9(a)(1) or	section 509	i(a)(2).	
f	If the organiza	ation received a w	vritten determination from	the IRS th	at it is a Ty	pe I, Type	II, or Typ	e III				
	supporting or	ganization, check	this box									
9	Since August	17, 2006, has the	e organization accepted ar	ny gift or c	ontributioi	n from any	of the foll	owing per	sons?			
	(i) A persor	who directly or i	ndirectly controls, either al	lone or tog	ether with	persons	described	ın (ii) and	(III) below,		Yes	No
	the gove	rning body of the	supported organization?							11g(i)		X
	(ii) A family	member of a pers	son described in (i) above?	•						11g(ii)		X
	(iii) A 35% c	ontrolled entity of	f a person described in (i) o	or (II) abov	e?					11g(iii)		X
h	Provide the fo	llowing information	on about the supported or	ganızatıon	(s).							
				T		1						
(ı) Name	of supported	(ii) EIN	(iii) Type of organization		organization			(vi) l organizati	s the	(vii) Amount	of mo:	netary
org	anization		(described on lines 1-9 above or IRC section	in col (i) lis governing	•	, ,	tion in col r support?	(i) organi U S	ed in the	sup	port	
	İ		(see instructions))			ļ.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
TDCT	INTER			Yes	No	Yes	No	Yes	No			
IETHO	UNITED		1	X	!	v	1				4 -	0.7
ie i no	D131		<u> </u>	^	ļ	Х		Х			4,5	<u>97.</u>
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	l											
			-				 		+ +			
	1											
									1			
otal	1										4.5	97.

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

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

Şe	Section A. Public Support								
Cal	endar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total		
1	Gifts, grants, contributions, and								
	membership fees received. (Do not								
	include any "unusual grants.")								
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								
	furnished by a governmental unit to					-			
	the organization without charge								
4	Total. Add lines 1 through 3								
5	5 The portion of total contributions								
	by each person (other than a								
	governmental unit or publicly								
	supported organization) included						l		
	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		η·- · · · · · · · · · · · · · · · · · ·		Y				
Cale	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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									
	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			1					
12	Gross receipts from related activities,		•			12	·		
13	First five years. If the Form 990 is for		tirst, second, thir	d, fourth, or tifth ta	x year as a section	n 501(c)(3)	. —		
Sec	organization, check this box and stop tion C. Computation of Publi		rcentage	 			<u> </u>		
	Public support percentage for 2012 (li			oluma (fl)		44	······		
	Public support percentage from 2011			Olumni (i))		15			
	33 1/3% support test - 2012. If the o			line 13 and line t	1 is 33 1/3% or m		<u>%</u>		
	stop here. The organization qualifies a			rime to, and me	4 13 33 173 70 01 111	iore, check this box	\ and \		
				ne 13 or 16a, and	line 15 is 33 1/3%	or more, check the	e boy		
	b 33 1/3% support test - 2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization								
	17a 10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,								
	and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization								
	meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization								
	10% -facts-and-circumstances test					7a. and line 15 is 10			
	more, and if the organization meets the								
	organization meets the "facts-and-circu						▶□		
	Private foundation. If the organization						▶ □		
						dule A (Form 990 o	r 990-FZ) 2012		

Schedule A (Form 990 or 990-EZ) 2012 Part III | Support Schedule for Organizations Described in Section 509(a)(2)

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more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization									▶ □		
									nd		
	b 33 1/3% support tests - 2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and										
b 33 1/3% support tests - 2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and			Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions								
	h 33 1/3% support tests - 2011. If the organization did not check a box on line 14 or line 10								NO		
b 33 1/3% support tests - 2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and											
b 33 1/3% support tests - 2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization	line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization		O Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions								

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2012
Open to Public Inspection

Name of the organization

ANNA F. AND ROBERT H. MOORE FIRST UNITED METHODIST CHURCH ENDOWMENT FUND

Employer identification number 55-6104604

METHODIST CHORCH ENDOWMENT FOR	<u>D</u>	0104004
FORM 990-EZ, PART I, LINE 4, OTHER INVESTMENT	INCOME:	
DESCRIPTION OF PROPERTY:		AMOUNT:
DIVIDENDS		8,239.
US INTEREST		1,557.
INTEREST		272.
TOTAL INCLUDED ON FORM 990-EZ, LINE 4		10,068.
FORM 990-EZ, PART I, LINE 10, GRANTS AND ALLOCA	ATIONS:	
ACTIVITY CLASSIFICATION: CHARITABLE CONTRIUTION	N	
GRANTEE NAME: FIRST UNITED METHODIST CHURCH		
GRANTEE ADDRESS: PRINCETON, WV 24740		
AMOUNT GIVEN:		4,597.
FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:		-
DESCRIPTION OF OTHER EXPENSES:		
FOREIGN TAXES		5.
FORM 990-EZ, PART II, LINE 24, OTHER ASSETS:		
DESCRIPTION	BEG. OF YEAR	END OF YEAR
INVESTMENTS - MUTUAL FUNDS, CORPORATE AND		
GOVERNMENT NOTES	289,021.	293,982.
FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE -	PROVIDING FINAN	NCIAL
SUPPORT TO THE FIRST UNITED METHODIST CHURCH IN	PRINCETON, WV.	

SCHEDULE O (Form 990'or 990-EZ)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

OMB No 1545-0047 Open to Public Inspection

Internal Revenue Service Name of the organization

ANNA F. AND ROBERT H. MOORE FIRST UNITED Employer identification number

METHODIST CHURCH ENDOWMENT FUND	55-6104604
FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEF	TIT CONTRACTS:
THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FU	NDS, DIRECTLY,
OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONT	RACT.
THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMI	UMS, DIRECTLY,
OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.	