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Department of the Treasury Internal Revenue Service

A For the 2012 calendar year, or tax year beginning

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung ▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

2012

JUL 1,

benefit trust or private foundation)

and ending JUN 30, 2013

OMB No 1545-0047 Open to Public

Inspection

Boa	heck if	C Name of organization		D Employer identification number				
_	¬Addre:	BOARD OF CHILD CARE OF THE UNITED						
F	_change	METHODIST CHURCH, INC.						
F	_change				<u>591554</u>			
<u> </u>	_return Termin	· · · · · · · · · · · · · · · · · · ·	Room/suite	E Telephone number				
<u> </u>	Jated −	3300 GATTHER ROAD			922-2100			
ļX.	Amend return	City, town, or post office, state, and ZIP code		G Gross receipts \$	81,458,784.			
	Application pendir			H(a) Is this a group re				
		F Name and address of principal officer: LAURIE ANNE SPAGNOL	ıΑ	for affiliates?	Yes X No			
		SAME AS C ABOVE		H(b) Are all affiliates inc				
		empt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or	r 527	•	list (see instructions)			
		e: > WWW.BOARDOFCHILDCARE.ORG	1	H(c) Group exemption				
		organization: X Corporation	L Year	of formation: 1944 N	State of legal domicile; MD			
_ F6	ırt I	Summary	. D. D.D.	OMEIOM AND				
Ce		Briefly describe the organization's mission or most significant activities TO AI			CARE FOR			
FED I & GOVErnance					ND ·			
Æ.		Check this box if the organization discontinued its operations or dispose	ed of more	1 1				
33		Number of voting members of the governing body (Part VI, line 1a)		3				
. 20		Number of independent voting members of the governing body (Part VI, line 1b)		4	14			
īës.		Total number of individuals employed in calendar year 2012 (Part V, line 2a)		5	634			
α₹		Total number of volunteers (estimate if necessary)	•	6	23			
AGE		Total unrelated business revenue from Part VIII, column-(C), line 12	,	7a	0.			
	b	Net unrelated business taxable income from Form 990-T, IneScEIVED			0.			
SCANNET			ပါ 🗀	Prior Year	Current Year			
Z _e	8	Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII line 2g)	KS-OSC	541,602.	1,056,969.			
Ø ense	9	Program service revenue (Part VIII, line 2g)	<u>بر</u>	26,237,140.	25,634,744.			
چ			품	11,156,006.	10,638,035.			
O.	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11el U	↓ ∟	<u>150,739.</u>	<u>-10,349.</u>			
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		38,085,487.	<u>37,319,399.</u>			
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		91,564.	73,465 .			
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.			
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		22,235,683.	22,516,380.			
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.			
хре	b	Total fundraising expenses (Part IX, column (D), line 25) 215,64	8.					
Ú	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		11,039,381.	10,893,096.			
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		33,366,628.	33,482,941.			
	19	Revenue less expenses Subtract line 18 from line 12		4,718,859.	3,836,458.			
ces			Be	ginning of Current Year	End of Year			
sets	20	Total assets (Part X, line 16)	1	56,517,428.	161,241,904.			
tA8	21	Total liabilities (Part X, line 26)		42,967,460.	33,797,743.			
Net Assets (Fund Balanc	22	Net assets or fund balances Subtract line 21 from line 20 .	1	13,549,968.	127,444,161.			
Pa	rt II	Signature Block						
Unde	er pena	lties of perjury, I declare that I have examined this return, including accompanying schedules	and statem	ents, and to the best of m	y knowledge and belief, it is			
true,	correc	t, and complete. Declaration of preparer (other than officer) is based on all information of while	ch preparer	has any knowledge.				
		26 60 M		<u> </u>	7110			
Sign	1	Signature of office		Date /	1 13			
Her	e	LAURIE ANNE SPAGNOLA, PRESIDENT AND CE	0					
		Type or print name and title						
		Print/Type preparer's name	+ . a [Date Check if	PTIN .			
Paid		MELISSA LAFFERTY, CPA VILLONIA CHAPAU	KUH	1/15/15 self-employe	P01222987			
Prep		Firm's name CLIFTONLARSONALLEN LLP	7	Firm's EIN	41-0746749			
Use	Only	Firm's address 1966 GREENSPRING DRIVE, SUITE 30	0					
TIMONIUM, MD 21093-4161 Phone no. (410) 453-0900								
May	the IF	RS discuss this return with the preparer shown above? (see instructions)			X Yes No			
`	01 12-1		ns.		Form 990 (2012)			

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Pa	rt III Statement of Program Ser	•		
	**	ponse to any question in this Part III		<u> </u>
1	Briefly describe the organization's mission			
		ARE'S MISSION AS AN OU		THE
		RCH IS TO SERVE CHILDE		
		BEHAVORIAL, AND SOCIA		
	RESIDENTAL AND COMMUN	NITY-BASED SERVICES, T	THE AGENCY WILL END	EAVOR TO
2	Did the organization undertake any signifi	cant program services during the year white	ch were not listed on	
	the prior Form 990 or 990-EZ?			Yes X No
	If "Yes," describe these new services on	Schedule O		
3	Did the organization cease conducting, or	r make significant changes in how it condu	icts, any program services?	Yes X No
	If "Yes," describe these changes on Sche			
4	_	ice accomplishments for each of its three is	argest program services, as measured	by expenses.
-		ons are required to report the amount of gr		
	revenue, if any, for each program service			opooo, a
4a		333,139. including grants of \$	73,465.) (Revenue \$	25.779.122.)
7u		CARE FOR THE NEEDS AN		
		AND DEPENDENT CHILDRE		
	INDIGENT, NEGLECTED,	AND DEFENDENT CHIEDRE	214 •	
				
				
4b	(Code) (Expenses \$	including grants of \$) (Revenue \$)
	-			
	-			
4c	/Code \/ (5 vaccose \$	including grants of \$) (Davanua t	<u> </u>
70	(Code / (expenses \$	including grants of \$		·,
			· · · · · · · · · · · · · · · · · ·	
				
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				<u> </u>
4d	Other program services (Describe in Sche	edule O.)		
	(Expenses \$	including grants of \$) (Revenue \$	
<u>4e</u>	Total program service expenses	30,833,139.		
				Form 990 (2012)

Form 990 (2012) METHODIST CHURCH, INC. Part IV Checklist of Required Schedules

			res	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	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			٦,
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II			x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	4		^
3	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
•	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	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		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		7.7	
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	a a la		х
_	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	11b		
C	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in	110		<u> </u>
•	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
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		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	446		v
15	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	14b		X
13	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		Х
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, Parts III and IV	16		Х
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		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
2 0a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
		Form	990	(2012)

52-0591554 Page 4

Part IV Checklist of Required Schedules (continued)

21 bd the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, corrun (A), line 19" (*Pes,* complete Schedule I, Parts and II) 22 bd the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule I, Part II and III and the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule K. If "No"; go to line 25 bd the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No"; go to line 25 bd the organization measure any proceeds of tax-exempt bonds beyond a temporary period exception? 24b bd the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 25c bd the organization maintain an escrow account other than a refunding escrow at any time during the year? 25d bd the organization maintain an escrow account other than a refunding escrow at any time during the year? 25d bd the organization maintain an escrow account other than a refunding escrow at any time during the year? 25d bd the organization maintain an escrow account other than a refunding escrow at any time during the year? 25d bd the organization maintain an escrow account other than a refunding escrow at any time during the year? 25d bd the organization maintain an escrow account other than a refunding escrow at any time during the year? 25d bd the organization maintain an escrow account other than a refunding escribe transaction with a disqualified person in a p				Yes	No
22 X column (A), line 2º If "Yes," complete Schedule I, Parts I and III Did the organization expert yets to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, frustees, key employees, and highest compensated employees? If "Yes," complete Schedule I, Part I II Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, frustees, key employees, and highest compensated employees? If "Yes," complete Schedule K. If "No"; go to line 25 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more thin \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No"; go to line 25 25b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 26c Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 26d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 26d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 26d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 26d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 26d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 26d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 26d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 26d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 26d Did the organization act as an "on behalf of"	21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
column (A), line 27 II "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 and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule I, Part II is a start of 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 240 through 24d and complete Schedule II in the 25 24a X 24b Did the organization inwest any proceeds of tax-exempt bonds beyond a temporary period exception? 25b Did the organization meant an an escrow account other than a refunding secrow at any time during the year of defease any tax-exempt bonds? 25c Section 50 (E(s)) and 501(E(s)) an		United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
23 Did the organization answer "Yes" to Part VII, Section A, Line 3.4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J 24a Line Was assued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25 Did the organization neval any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year 10 defease any tax-exempt bonds? Did the organization maintain an escrow account other than a refunding escrow at any time during the year 10 defease any tax-exempt bonds? Did the organization acts as n'on behalf of" issuer for bonds outstanding at any time during the year? Did the organization aware that it engaged in an excess benefit transaction with a disqualfied person during the year? If "Yes," complete Schedule L. Part I be the organization aware that it engaged in an excess benefit transaction with a disqualfied person unaware that it engaged in an excess benefit transaction with a disqualfied person of ungent year? If "Yes," complete Schedule L. Part II be the organization of the organization's prior Forms 990 or 990-EZ? If "Yes," 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 II 25b X as a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualfied person our provide a grant or other assistance to an officer, director, trustee, key employee, substantial confributor or enployee thereof, a grant selection committee member, or to a 35% controlled entity or family member of auriner for former officer, director, trustee, or key employee; If "Yes," complete Schedule L. Part IV assistance, or director, trustee, or key employee; If "Yes," complete Schedule L. Part IV b. A family member of	22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J Did the organization have a tax exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to him or 25 bid the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? bid the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? cold the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? cold the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? cold the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? cold the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? cold the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? cold the organization invest and an exercise process of the organization engage in an excess benefit transaction with a disqualified person during the year? 24d		column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
Schedule J. 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 Schedule K. If "No", go to line 25 24b Did the organization mentan an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 25b Old the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year to defease any tax-exempt bonds? 25c 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" 25c I be the organization avare that it engaged in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I" 25c Schedule L, Part I 25d Was a loan to or by a current or former officer, director, trustee, key employee, inghest compensated employee, or disqualified person on unstrained as of the end of the organization's base to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee embere, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II wish the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable fining thresholds, conditions, and exceptions): 26c X 27d Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV b. A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV b. A family member of a current or former officer, director, fustee, or key employee? If "Yes," complete Schedule L, Part IV b. A family ember of a current or former officer, director, fustee, or key employee? If "	23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
24a Dd the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes, "answer lines 24b through 24d and complete Schedule Ik. If "No", go to line 25 b Dd the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Dd the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Dd the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24d		and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25 b. Did the organization meant an an escrow account other than a refunding escrow at any time during the year to defease any tax exempt bonds? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Did the organization aware that it engaged in an excess benefit transaction with a disqualified person unit a prior year, and that the transaction has not been reported on any of the organization with a disqualified person unit a prior year, and that the transaction has not been reported on any of the organization is prore Forms 990 or 990-E2? If "Yes," complete Schedule L, Part III Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, highest compensated employee, or disqualified person unit provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributions or applicable filing thresholds, conditions, and exceptions; A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule L, Part IV Did the organization review of the prior t		Schedule J	23	X	
Schedule K. II* No*, go to line 25 Did the organization minest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization minest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization minest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization minest an escrow account other than a refunding escrow at any time during the year of defease any tax-exempt bonds? Did the organization according the year? If Yes, 'complete Schedule L, Part I Dis the organization according the timestation by the organization engage 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 Did the organization proved the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II Did the organization or or the end of the organization's tax year? If 'Yes,' complete Schedule L, Part III Was the organization aparty to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable fling thresholds, conditions, and exceptions): A current or former official refrector, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV instruction for applicable fling thresholds, conditions, and exceptions): A current or former official refrector, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV instruction for applicable fling thresholds, conditions, and exceptions): A current or former official refrector, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV instruction to refrect or indirect or indire	24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? did the organization act as an "on behalf of "issuer for bonds outstanding at any time during the year? 24d 24d 25d 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 1 b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990 E27 If "Yes," complete Schedule I, Part I 25b Was a boan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule I, Part II 25b Was the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule I, Part IV 27b Mas the organization a party to a business transaction with one of the following parties (see Schedule I, Part IV 27b Mas the organization aparty to a business transaction with one of the following parties (see Schedule I, Part IV 27b Mas the organization aparty to a business transaction with one of the following parties (see Schedule I, Part IV 27b Mas the organization of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule I, Part IV 27b Mas the organization or former officer, director, trustee, or key employee? If "Yes," complete Schedule I, Part IV 27b Mas the organization orecender to make any transaction or engage in any transaction with		last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
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a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV c An entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV c An entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule M, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part II Has the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Did the organizations. Did the organization make any transfers to an evempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 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 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	28				
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 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 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 X 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 31 X 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, Iine 1 34 Was the organization have a controlled entity within the meaning of section 512(b)(13)? b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, Iine 2 35 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, Iine 2 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, Iine 2 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 inc					3,7
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	38				
Form 990 (2012)		Note. All Form 990 filers are required to complete Schedule O	38	X	
			Form	990	(2012)

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Form 990 (2012) METHODIST CHURCH, INC 52-0591554 Statements Regarding Other IRS Filings and Tax Compliance Part V Check if Schedule O contains a response to any question in this Part V Yes No 1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 123 1a Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 0 1h 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, 634 filed for the calendar year ending with or within the year covered by this return 2a b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? X 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) X 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 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 financial account in a foreign country (such as a bank account, securities account, or other financial account)? X 4a **b** If "Yes," enter the name of the foreign country: See instructions for 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? X 5a b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? X 5b c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? <u>5c</u> 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 as charitable contributions? 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 provided to the payor? X 7a b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? Х 7c d If "Yes," indicate the number of Forms 8282 filed during the year 7d e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? X 7e X Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 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: Initiation fees and capital contributions included on Part VIII, line 12 10a b 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 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b c Enter the amount of reserves on hand 13c

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14a Did the organization receive any payments for indoor tanning services during the tax year?

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

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METHODIST CHURCH, INC.

52-0591554

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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.

	Check if Schedule O contains a response to any question in this Part VI					X
Sec	tion A. Governing Body and Management		•			
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	14	1		
-	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.					
b	Enter the number of voting members included in line 1a, above, who are independent	1b	14	1		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with	any other	7		
	officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under th	e direc	t supervision			
	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 governing documents since the prior Form 9	90 wa	s filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?		5		X
6	Did the organization have members or stockholders?			6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	point	one or			
	more members of the governing body?			7a		<u>X</u>
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s	tockh	olders, or			
	persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar by th	e following:			
а	The governing body?			8a	X	
b	Each committee with authority to act on behalf of the governing body?			8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea	ched a	at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		<u> </u>
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenue	Code)			
					Yes	
	Did the organization have local chapters, branches, or affiliates?		•	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such cl	napter	s, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?		e	10b		77
_	Has the organization provided a complete copy of this Form 990 to all members of its governing bod	y beto	re filing the form?	11a		X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				₹.,	
12a	. , , , , ,	40.00	fliata O	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	Λ	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	es, a	escribe	40-	х	
40	In Schedule O how this was done		•	12c		x
13	Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy?			14	x	
14	Did the process for determining compensation of the following persons include a review and approve	al by ir	dependent	14		
15	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	ai Dy ii	dependent			
а	The organization's CEO, Executive Director, or top management official			15a	х	
h	Other officers or key employees of the organization			15b		X
U	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			135		 -
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger	nent v	vith a			
u	taxable entity during the year?	•	· · · · · · ·	16a		х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalua	te its r	articipation			
-	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ					
	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 ▶MD					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-1	(Sect	ion 501(c)(3)s only)	avaılab	le	
	for public inspection. Indicate how you made these available. Check all that apply					
	Own website Another's website X Upon request Other (explain	ın Sci	nedule O)			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, co	nflict	of interest policy, a	nd finar	ncial	
	statements available to the public during the tax year.					
20	State the name, physical address, and telephone number of the person who possesses the books a	nd rec	ords of the organiza	ation.		
	JAMES BUCKEY - 410-922-2100		·			
BEKEE	3300 GAITHER ROAD, BALTIMORE, MD 21244					
23200				Form	990	(2012)

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

Check if Schedule O contains a response to any question in this Part VII

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

Check this hay if nother the organization per any related organization compensated any ourself of director of the check the control of the check t

- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization (A)	(C)					iisai	(D)		(E)	
(A) (B) Name and Title Average			Position					Reportable	(E) Reportable	(F) Estimated
Traine and Thio	hours per					than is bot		compensation	compensation	amount of
	week	offi	cer ar					from	from related	other
	(list any	or director						the	organizations	compensation
	hours for	ğ	ىوا			ated		organization	(W-2/1099-MISC)	from the
	related	##	trust		, s	bens		(W-2/1099-MISC)		organization
	organizations below	ual tr	ional		lg o	t com				and related
	line)	Individual	Institutional trustee	Officer	Кеу етріоуее	Highest compensated employee	Former			organizations
(1) GORDON D. FRONK, ESQ.	3.00		_			-	_			
VICE CHAIRMAN		X		X		İ		6,990.	0.	0.
(2) JULIE WERNZ	3.00									-
CHAIRMAN		Х		X				0.	0.	0.
(3) REV. EARLE BAKER	2.00									
DIRECTOR		Х						0.	0.	0.
(4) JAN HAYDEN	2.00									
SECRETARY		X		X				0.	0.	0.
(5) JAMES MATHIS	2.00									
DIRECTOR		x				ŀ		0.	0.	0.
(6) REV. DR. STACEY NICKERSON	2.00									
DIRECTOR		X				ŀ		0.	O.	0.
(7) SALLY RANSOM KNECHT	2.00									<u> </u>
DIRECTOR		X	<u> </u>					0.	0.	0.
(8) BARLOW T. SAVIDGE	2.00									_
TREASURER		X		X				0.	0.	0.
(9) TERRENCE SAWYER, ESQ.	2.00									
DIRECTOR		X						0.	0.	0.
(10) DAVIS SHERMAN, ESQ.	2.00									
DIRECTOR		X			L			0.	0.	0.
(11) REV. DAVID W. SIMPSON	2.00									-
DIRECTOR		X						0.	0.	0.
(12) REV. DR. JOHN C. WARREN	2.00						ŀ			
DIRECTOR		X	_					0.	0.	0.
(13) GEORGANN NEDWELL	2.00									
DIRECTOR		X						0.	0.	0.
(14) DAVID DAUGHADAY	2.00									
DIRECTOR		X						0.	0.	0.
(15) ARNOLD HOLZ	2.00									
DIRECTOR		X	$ldsymbol{ld}}}}}}$		L			0.	0.	0.
(16) SONDRA MOORE LUCHT	2.00						}			
DIRECTOR		X						0.	0.	0.
(17) THOMAS L. CURCIO, MSW, MSS	50.00									
PRESIDENT AND CEO				X				1,204,843.	0.	70,522.
232007 12-10-12										Form 990 (2012)

METHODIST CHURCH.

TOTAL CONTROL OF THE THOU IN	T CHOICE	1		10	•					<u> </u>			uge 🗨
Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, an	d Hi	ghe	st C	Compensated Employe	es (continued)				
(A)	(B) (C)				(D)		(F)						
Name and title	Average	Position (do not check more than of					Reportable	Reportable	,]	Est	ımate	ed	
	hours per	box, unless person is			ıs bot	h an	compensation	compensation	on	am	ount	of	
	week	-	cer an	nd a d	irecto	or/trus	tee)	from	from from related		c	other	
	(list any	ecto	director		the	organization		comp					
	hours for	10	يو ا			ated		organization	(W-2/1099-MIS	SC)		m th	
	related	işe	E S		ا	pens		(W-2/1099-MISC)			_	ınızat	
	organizations below	la fr	Institutional trustee		l g	E a						relat	
	line)	Individual trustee or	l iff	Officer	Key employee	Highest compensated employee	ig i				orgai	nızatı	ons
(19) TAMES BUSYEY CDA	50.00	트	=	5	- S	主志							
(18) JAMES BUCKEY, CPA	30.00	1		х		1	İ	100,414.		0.	1	9	93.
CFO (19) SUSAN LARSON	50.00			^		 	-	100,414.		<u> </u>		_ , _	<u> </u>
MEDICAL DIRECTOR	30.00	1			x			227,825.		0.	c	1	35.
(20) SHARON KISTLER	50.00		\vdash			 		221,025.				,, =	55.
ASSOCIATE EXECUTIVE DIRECT	30100	1			x			185,790.		0.	33	3.5	42.
(21) ANGELA CHAMBERS	50.00							20377301				,,,	
DIRECTOR OF EDUCATION		1				X		133,350.		0.	35	5.3	67.
(22) JULIA MOORE	50.00												
DOCTOR		1		Ī		X		147,989.		0.	9	, 2	93.
(23) JACKIE COLUMBIA	50.00									ŀ			
CLINICAL DIRECTOR		<u></u>				X		126,310.		0.	17	7,5	44.
(24) JEFFREY KRYSTOFIAK	50.00												
DIRECTOR OF CAMPUS LIFE						X		123,234.		0.	36	<u>5,0</u>	<u>89.</u>
(25) NICOLE E. SMITH	50.00												
COO RESIDENTIAL PROGRAMS			ļ	L		X	L.	117,861.		0.	25	<u> 7, 7</u>	<u>56.</u>
		-											
						_		2 274 606			220	, <u> </u>	41
1b Sub-total								2,374,606.		0.	435	9,5	41.
c Total from continuation sheets to Part V	II, Section A							2,374,606.		0.	220) E	$\frac{0.}{41.}$
d Total (add lines 1b and 1c)			l. m.k.n			ادر ۱			000 of		433	,,5	<u>41.</u>
2 Total number of individuals (including but n	ot ilmited to tr	iose	liste	eo ai	OOVE	e) wr	IO re	eceived more than \$100	,000 or reportab	ie			11
compensation from the organization												Yes	11 No
O Did the experience let on form a officer	d		. l.		1-			h.=h.a.t .a.==a.a.a.t.a.d .		Г		163	140
3 Did the organization list any former officer, line 1a? If "Yes." complete Schedule J for s			e, Ke	y er	пріс	уее	, OI	nignesi compensated e	inployee on				v
<u> </u>				000	***		1 04	har campanaction from	the ergenization	ŀ	3		X
4 For any individual listed on line 1a, is the su and related organizations greater than \$15	•		•					•	ine organization		4	х	
5 Did any person listed on line 1a receive or a			•					•	dual for services	.			
rendered to the organization? If "Yes," com	•						U.Q.	organization of many	dad for sorrious		5	ľ	x
Section B. Independent Contractors													
Complete this table for your five highest co	mpensated in	depe	ende	ent c	onti	racto	ors t	that received more than	\$100,000 of con	npensa	ation fr	om	
the organization. Report compensation for	•												
(A)								(B)			(C))	
, ,								ompen		n			

(A) Name and business address	(B) Description of services	(C) Compensation
SODEXO, INC & AFFILIATIES, 10400 LITTLE		
PATUXENT PARKWAY, SUITE 490, COLUMBIA, MD	FOOD SERVICES	754,442.
BROWN INVESTMENT ADVISORY & TRUST COMPANY,	INVESTMENT ADVISORY	
901 S. BOND STREET, SUITE 400, BALTIMORE,	SERVICES	435,639.
PANHANDLE HOMES OF BEREKLEY COUNTY		
222 LANGSTON BLVD, MARTINSBURG, WV 25404	CONSTRUCTION	342,231.
DETLA-T GROUP		
PO BOX 884, BRYN MAWR, PA 19010	STAFFING	316,210.
SYSCO, PO BOX 20020 RT 11 SOUTH,		
HARRISBURG, PA 22801	FOOD PURCHASE	178,581.
2 Total number of independent contractors (including but not limited to those liste		
\$100,000 of compensation from the organization		
		5 000 (0040)

Form **990** (2012)

Form 990 (2012) METHODI
Part VIII Statement of Revenue

METHODIST CHURCH, INC.

	-	Check if Schedule O cont	tains a response	to any question ii	n this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
nts	1 a	Federated campaigns	1a					
ar our	b	Membership dues	1b					
s, G	С	Fundraising events	1c	52,240.				
Sift ar /	d	Related organizations	1d					
ini)	е	Government grants (contribut	ions) 1e	504,102.				
tior r S	f	All other contributions, gifts, gran	its, and					
the		similar amounts not included abo	ve 1f	500,627,				
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions included in lines	1a-1f \$					
<u>용</u>	h	Total. Add lines 1a-1f		•	1.056.969.			
				Business Code				
9	2 a	PURCHASE OF CARE		624410	25,605,414.	25,605,414,		
او ڇَ	b	WOMAN'S AUXILLIARY		624100	20,180.	20,180,	••	
Program Service Revenue	С	ADOPTION REIMBURSEMENT	s	624100	9,150.	9,150,	<u> </u>	
eg a	d							
<u>Б</u>	е	1						
۱ ۵	f	All other program service reve	enue					
_	<u>q</u>	Total. Add lines 2a-2f			25,634,744.			
	3	Investment income (including	dividends, intere	est, and				}
		other sımılar amounts)		▶ [2,537,077.			2,537,077.
	4	Income from investment of tax	x-exempt bond p	proceeds -				
	5	Royalties		<u> </u>				<u> </u>
			(i) Real	(ii) Personal				
	-	Gross rents	5,031.	— —				
		Less: rental expenses	0.					
		Rental income or (loss)	5,031.					
		Net rental income or (loss)		. •	5,031.			5,031.
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
i		assets other than inventory	51,926,879,	289,373.				
Ì	b	Less. cost or other basis						
!		and sales expenses	43,959,406,	155,888.				
		Gain or (loss)	7,967,473.	133,485.				
İ		Net gain or (loss)			8,100,958.	133,485,		7,967,473,
ne	8 a	Gross income from fundraising including \$ 52						
Other Reven		contributions reported on line	.240. of					
Re		Part IV, line 18	•					
her	h	Less. direct expenses	a b	24.091.				
δ		Net income or (loss) from fund		24,091.	-24.091.			24 001
		Gross income from garning ac	-		-24,031.		· · · · · · · · · · · · · · · · · · ·	-24,091,
j	• •	Part IV, line 19	а					
	b	Less direct expenses	b					
		Net income or (loss) from gam	_					
		Gross sales of inventory, less	_					
		and allowances	а					
	b	Less: cost of goods sold	b					
		Net income or (loss) from sale	s of inventory					
ĺ		Miscellaneous Revenu		Business Code				
ĺ	11 a	OTHER INCOME		900099	8.711.	8,711.		1
	b						· · · · · · · · · · · · · · · · · · ·	
	С							
	d	All other revenue						
	е	Total. Add lines 11a-11d		—	8,711.			
	12	Total revenue. See instructions.		•	37 319 399	25,776,940.	0_	10,485,490.
23200 12-10-	·12							Form 990 (2012)

52-0591554 Page **10**

Form 990 (2012) METHODIST CHURCH, INC.
Part IX Statement of Functional Expenses

Dα	Check if Schedule O contains a response include amounts reported on lines 6b,	(A)	(B) Program service	(C) Management and	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Managèment and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				<u> </u>
	organizations in the United States. See Part IV, line 21	73,465.	73,465.		
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22				
3	Grants and other assistance to governments,	:			
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members	· · · · · · · · · · · · · · · · · · ·			
5	Compensation of current officers, directors,	4 540 044	4 500 004	22 - 52 -	
	trustees, and key employees	1,742,811.	1,708,001.	28,588.	6,222
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	16 212 556	16 144 000	111 262	
7	Other salaries and wages	16,313,576.	16,144,923.	111,363.	57,290
8	Pension plan accruals and contributions (include	005 167	002 261	15 500	C 204
^	section 401(k) and 403(b) employer contributions)	825,167. 2,273,476.	803,361.	15,502.	6,304
9	Other employee benefits	1,361,350.	1,898,539.	366,835.	8,102
10	Payroll taxes	1,301,350.	1,349,630.	6,789.	4,931
1	Fees for services (non-employees)				
a	Management	64,018.	27,286.	36,732.	
	Legal Accounting	60,000.	21,200.	60,000.	
	Lobbying	00,000.		00,000.	
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	538,353.		538,353.	
g	Other. (If line 11g amount exceeds 10% of line 25,	330,333.		330,333.	
9	column (A) amount, list line 11g expenses on Sch O.)	1,459,843.	1,435,998.	23,444.	401
12	Advertising and promotion		= 1 200 1 000		
13	Office expenses	1,910,771.	1,647,010.	153,311.	110,450
14	Information technology				
15	Royalties				
16	Occupancy	1,791,560.	1,386,228.	403,984.	1,348
17	Travel	461,194.	386,254.	74,503.	437
18	Payments of travel or entertainment expenses				_
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	456,956.	369,861.	84,465.	2,630
21	Payments to affiliates .	<u> </u>			
2	Depreciation, depletion, and amortization	2,275, <u>4</u> 52.	1,848,621.	413,941.	12,890
3	Insurance .				
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	ASSITANCE TO CHILDREN	1,354,871.	1,354,871.		
	PERSONNEL COSTS	339,309.	264,179.	71,852.	3,278
С	RECREATIONAL	74,420.	74,420.		
d	DUES	47,971.	26,499.	21,401.	71
е	All other expenses	58,378.	33,993.	23,091.	1,294
25	Total functional expenses. Add lines 1 through 24e	33,482,941.	30,833,139.	2,434,154.	215,648
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here following SOP 98-2 (ASC 958-720)				

Form 990 (2012)
Part X | Balance

Pa	rt X	Balance Sheet			
		Check if Schedule O contains a response to any question in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing .	1,343,808.	1_	1,383,980.
	2	Savings and temporary cash investments	1,409,907.		1,868,029.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	2,581,160.	4	2,691,337.
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete		ŀ	
		Part II of Schedule L	181,251.	5	555,594.
	6	Loans and other receivables from other disqualified persons (as defined under			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
<u>s</u>		employees' beneficiary organizations (see instr) Complete Part II of Sch L	5 560 065	6	
Assets	7	Notes and loans receivable, net	5,769,065.	7	5,487,554.
¥	8	Inventories for sale or use	ECE 040	8	065 564
	9	Prepaid expenses and deferred charges	765,812.	9	265,564.
	10a	Land, buildings, and equipment cost or other			
		basis Complete Part VI of Schedule D 10a 64,642,694.	41 400 000		40 550 100
		Less accumulated depreciation 10b 21,889,502.	41,427,733.		42,753,192.
	11	Investments - publicly traded securities	95,872,000.	11	105,205,939.
	12	Investments - other securities. See Part IV, line 11	6,470,813.	12	538,025.
	13	Investments - program-related See Part IV, line 11		13	
	14	Intangible assets	695,879.	14	492,690.
	15 16	Other assets See Part IV, line 11 Total assets. Add lines 1 through 15 (must equal line 34)	156,517,428.	15 16	161,241,904.
	17	Accounts payable and accrued expenses	8,257,118.	17	3,246,303.
	18	Grants payable	0,257,110.	18	3,240,303.
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities	25,937,336.	20	0.
v	21	Escrow or custodial account liability Complete Part IV of Schedule D	20,700,7000	21	
Liabilities	22	Loans and other payables to current and former officers, directors, trustees,			
abil		key employees, highest compensated employees, and disqualified persons			
Ë		Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	8,727,909.	23	30,489,044.
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24) Complete Part X of			
		Schedule D	45,097.	25	62,396.
	26	Total liabilities. Add lines 17 through 25	42,967,460.	26_	33,797,743.
		Organizations that follow SFAS 117 (ASC 958), check here			
es		complete lines 27 through 29, and lines 33 and 34.			
auc	27	Unrestricted net assets .	113,536,383.	27	127,430,277.
Baf	28	Temporarily restricted net assets	13,585.	28_	13,884.
2	29	Permanently restricted net assets		29	
Ē		Organizations that do not follow SFAS 117 (ASC 958), check here ▶			
ğ		and complete lines 30 through 34.			
sets	30	Capital stock or trust principal, or current funds		_30_	
As	31	Paid in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds	112 540 000	32	105 444 555
_	33	Total net assets or fund balances	113,549,968.	33	127,444,161.
	34	Total liabilities and net assets/fund balances	156,517,428.	_34	161,241,904.

Form **990** (2012)

	BOARD OF CHILD CARE OF THE UNITED					
	990 (2012) METHODIST CHURCH, INC.	52-	0591	554	Pa	ge 12
Pai	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response to any question in this Part XI					X
1	Total revenue (must equal Part VIII, column (A), line 12)	1		<u>, 31</u>		
2	Total expenses (must equal Part IX, column (A), line 25)	2	33	,48	2,9	41
3	Revenue less expenses Subtract line 2 from line 1	3		<u>,83</u>		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	113	<u>,54</u>	9,9	68.
5	Net unrealized gains (losses) on investments .	5	10	,11	2,6	60.
6	Donated services and use of facilities .	6				
7	Investment expenses	7				
8	Prior penod adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9		-5	4,9	25
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,					
	column (B))	10	127	,44	4,1	61.
Par	t XII Financial Statements and Reporting					
	Check if Schedule O contains a response to any question in this Part XII					X
					Yes	No
1	Accounting method used to prepare the Form 990					
	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		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a				
	separate basis, consolidated basis, or both					
	Separate basis Consolidated basis Both consolidated and separate basis			_	_	
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	te basis	, [_	
	consolidated basis, or both					
	X Separate basis Consolidated basis Both consolidated and separate basis					1
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	ne audit,	,			1
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X	L
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule C). [

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

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 (2012)

Act and OMB Circular A-133?

SCHEDULE A

(Form 990 or 990-EZ)

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

Department of the Treasury
Internal Revenue Service

Name of the organization

BOARD OF CHILD CARE OF THE UNITED METHODIST CHURCH. INC.

Employer identification number 52-0591554

Pa	rt I	Reason	for Public Cha	arity Status (All organiz	zations mu	st comple	te this par	t) See ins	tructions.		000	LJJE	
The o	organ			n because it is (For lines									
1				ies, or association of chur					١.				
2				170(b)(1)(A)(ii). (Attach So				V-7V-7V	,-				
3				pital service organization			170(b)(1)	(A)(iii).					
4				n operated in conjunction)(b)(1)(A)(i	ii). Enter	the hospita	l's name	_
		city, and stat		•					(-)(-)(-)(-	,.			,
5		An organizati	on operated for th	e benefit of a college or u	niversity o	wned or o	perated by	a govern	mental un	ıt describ	ned in		
			(b)(1)(A)(iv). (Comp		, .			, 3 -1-111					
6				ment or governmental uni	t describe	d in sectio	n 170/h)/	1\/\(\D\/\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\					
-	X			eceives a substantial part					or from the	ageneral	nublic des	oribad in	
			b)(1)(A)(vi). (Comp		or no oupp	, or 11 or 11 d	govonin	Jintai ariit (J. 110111 till	general	public dos	AIDEG III	
8		•		section 170(b)(1)(A)(vi).	(Complete	Part II \							
9				eceives (1) more than 33			rom contr	ibilitione n	namharch	ın foos s	and groce ro	oointe fr	
				unctions - subject to certa									
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2012

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Schedule A (Form 990 or 990-EZ) 2012 METHODIST CHURCH, INC.

52-0591554 Page 2

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 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") 777,302. 413,568. 723,881. 541,602. 1,056,969 3,513,322. 2 Tax revenues levied for the organization'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 777,302. 413,568. 723,881. 541,602. 4 Total. Add lines 1 through 3 1,056,969 3,513,322. 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 3,513,322. Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total 777,302. 413,568. 723,881. 541,602. 7 Amounts from line 4 1,056,969 3,513,322. 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources 4.052.222 3,125,306 2.860.578 2,960,449 2,688,488, 15,687,043. 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 2,466. 2,987. 137,449. 10,893. 153,795. assets (Explain in Part IV.) 11 Total support. Add lines 7 through 10 19,354,160. 123,532,915. 12 Gross receipts from related activities, etc (see instructions) 12 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 18.15 14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) 14 15 56.60 15 Public support percentage from 2011 Schedule A, Part II, line 14 16a 33 1/3% support test - 2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 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 $\triangleright \boxed{X}$ 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 b 10% -facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the

Schedule A (Form 990 or 990-EZ) 2012

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II)

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Section C. Computation of Public Support Percentage 15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f)) 16 Public support percentage from 2011 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f)) 18 Investment income percentage from 2011 Schedule A, Part III, line 17 19a 33 1/3% support tests - 2012. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 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	-		, 22221101	,	, a. a a a a a a a a a a a a a a a	(-)(-) 0.941112	▶
15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f)) 16 Public support percentage from 2011 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f)) 18 Investment income percentage from 2011 Schedule A, Part III, line 17 19a 33 1/3% support tests - 2012. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 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		c Support Pe	rcentage				
16 Public support percentage from 2011 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f)) 18 Investment income percentage from 2011 Schedule A, Part III, line 17 19a 33 1/3% support tests - 2012. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 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				column (fl)		15	
Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f)) 18 Investment income percentage from 2011 Schedule A, Part III, line 17 19a 33 1/3% support tests - 2012. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 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			-	(1)			
17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f)) 18 Investment income percentage from 2011 Schedule A, Part III, line 17 19a 33 1/3% support tests - 2012. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 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							
Investment income percentage from 2011 Schedule A, Part III, line 17 19a 33 1/3% support tests - 2012. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 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				· · · · · · · · · · · · · · · · · · ·		17	- (
19a 33 1/3% support tests - 2012. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 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	· •	•	•	.5 15, 55idilili (i <i>))</i>	• •		
more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 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	• •		•	on line 14 and line	 a 15 ic mara than		
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							17 IS 110t ⊾ □
line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization		*	-		=		▶ ∟
			-		-	-	<u> </u>

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, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

➤ Attach to Form 990. ➤ See separate instructions.

2012
Open to Public Inspection

Name of the organization

BOARD OF CHILD CARE OF THE UNITED

Employer identification number 52-0591554

Par		d Funds or Other Similar Fund	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 w	vriting that the assets held in donor adv	ised funds
	are the organization's property, subject to the organization's		Yes No
6	Did the organization inform all grantees, donors, and donor ac	_	
Ü	for charitable purposes and not for the benefit of the donor or		
	impermissible private benefit?	action devices, or lot any exist purpos	Yes No
Par		anization answered "Yes" to Form 990.	
1	Purpose(s) of conservation easements held by the organization		
•	Preservation of land for public use (e.g., recreation or ed		storically important land area
	Protection of natural habitat		rtified historic structure
		Freservation of a ce	Talled Historic Structure
_	Preservation of open space	ad concentation contribution in the form	o of a connection assembly on the last
2	Complete lines 2a through 2d if the organization held a qualification of the Assessment	ed conservation contribution in the form	nora conservation easement on the fast
	day of the tax year.		Hold at the End of the Tox Veer
	Total combined for a construction of a construct		Held at the End of the Tax Year
a	Total number of conservation easements	•	2a
þ	Total acreage restricted by conservation easements		2b
C	Number of conservation easements on a certified historic stru	• •	2c
d	Number of conservation easements included in (c) acquired a	itter 8/17/06, and not on a historic struc	
	listed in the National Register		. 2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the	ne organization during the tax
	year ▶		
4	Number of states where property subject to conservation eas		_
5	Does the organization have a written policy regarding the peri		
	violations, and enforcement of the conservation easements it		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, a		
7	Amount of expenses incurred in monitoring, inspecting, and e		
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 17	
	and section 170(h)(4)(B)(ii)?	•	Yes No
9	In Part XIII, describe how the organization reports conservation	•	
	include, if applicable, the text of the footnote to the organization	ion's financial statements that describe	s the organization's accounting for
-	conservation easements	Ast Historical Transcensor on A	Other Cimiler Assets
Pai	t III Organizations Maintaining Collections of		Other Similar Assets.
	Complete if the organization answered "Yes" to Form 9		
1a	If the organization elected, as permitted under SFAS 116 (AS		
	historical treasures, or other similar assets held for public exh		rance of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describ		
b	If the organization elected, as permitted under SFAS 116 (AS	•	
	treasures, or other similar assets held for public exhibition, ed	lucation, or research in furtherance of p	ublic service, 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 trea	asures, or other similar assets for financ	ial gain, provide
	the following amounts required to be reported under SFAS 11	16 (ASC 958) relating to these items.	
а	Revenues included in Form 990, Part VIII, line 1		. • \$
b	Assets included in Form 990, Part X		• \$

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

		T CHURCH,						<u>-0591554</u>	
Pa	rt III Organizations Maintaining Co	ollections of A	rt, His	torical Tr	easures,	or Other	Similar A	Assets(continu	ied)
3	Using the organization's acquisition, accession	n, and other record	is, chec	k any of the	following that	at are a sig	nıficant use	of its collection	items
	(check all that apply):								
а	Public exhibition	c	·Щ	Loan or exc	hange progr	ams			
b	Scholarly research	e	, 📖	Other				<u></u>	
C	Preservation for future generations								
4	Provide a description of the organization's co	llections and explai	n how t	hey further t	he organızat	ion's exem	pt purpose i	n Part XIII.	
5	During the year, did the organization solicit or	receive donations	of art, h	istorical trea	sures, or oth	er sımılar a	assets		_
	to be sold to raise funds rather than to be ma						··	Yes	No_
Pai	rt IV Escrow and Custodial Arrang reported an amount on Form 990, Part		ete if the	e organizatio	on answered	"Yes" to F	orm 990, Pa	rt IV, line 9, or	
1a	Is the organization an agent, trustee, custodia	in or other intermed	diary for	contribution	ns or other as	ssets not ir	ncluded		
	on Form 990, Part X?							Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII a	and complete the fo	llowing	table:					
								Amount	
c	Beginning balance						1c		
d	Additions during the year						1d		
е	Distributions during the year						1e		
f	Ending balance						1f		
2 a	Did the organization include an amount on Fo	rm 990, Part X, line	21?				•	Yes	No
	If "Yes," explain the arrangement in Part XIII.								
Pai	t V Endowment Funds. Complete if	the organization ar	swered	"Yes" to Fo	rm 990, Part	IV, line 10			
		(a) Current year	(b) F	Prior year	(c) Two yea	rs back (c	i) Three years	back (e) Four y	ears back
1a	Beginning of year balance				-				
b	Contributions								
С	Net investment earnings, gains, and losses								
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs	··							
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the curre	ent year end baland	e (line 1	g, column (a	a)) held as:				
а	Board designated or quasi-endowment		_%						
	Permanent endowment	%							
С	Temporarily restricted endowment	%							
	The percentages in lines 2a, 2b, and 2c should	•							
За	Are there endowment funds not in the posses	sion of the organiz	ation th	at are held a	ınd admınıste	ered for the	e organizatio		
	by.								<u>'es No</u>
	(i) unrelated organizations			•				3a(i)	
	(ii) related organizations		. .					3a(ii)	
	If "Yes" to 3a(ii), are the related organizations	•			•			_3b	
Bai	Describe in Part XIII the intended uses of the ort VI Land, Buildings, and Equipme							 -	
Pai				1	1			T	
	Description of property	(a) Cost or o basis (investr			or other (other)		cumulated eciation	(d) Book	value
1a	Land .			3,29	8,708.			3,298	,708.
b	Buildings			52,48	9,970.	14,8	53,792		
С	Leasehold improvements			1,44	0,423.		68,200	. 572	,223.
	Equipment			7,41	3,593.	6,1	67,510	1,246	,083.
	Other	uual Form 000 D=→	V sale		10/611			12 752	102
rota	I. Add lines 1a through 1e. (Column (d) must eq	uai FUIIII 990, Part	<u>∧, colul</u>	uu (b), iine	<u>[U(C)]</u> ,,,,		<u> </u>	42,753	<u>, 174.</u>

Schedule D (Form 990) 2012 METHODIST CH	HURCH, INC	•	52	-0591554 Page 3
Part VII Investments - Other Securities. See				
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of v	aluation. Cost or end	l-of-year market value
(1) Financial derivatives	<u>-</u>	<u></u>		
(2) Closely-held equity interests				
(3) Other				<u>.</u>
(A)		<u>-</u>		
(B)				
(C)				
(D)				·
(E)				
(F)		-		
(G)				
(H) (l)		— 		
Total (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII Investments - Program Related. See	Form 990 Part Y	 line 13		
(a) Description of investment type	(b) Book value		aluation Cost or end	I-of-year market value
(1)	(3) 20011 1000	(0)		
(2)				
(3)				
(4)			-	
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX Other Assets. See Form 990, Part X, line 1	5	· · · · · · · · · · · · · · · · · · ·		
(a) D	escription			(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)		·		
Total. (Column (b) must equal Form 990, Part X, col. (B) line			>	
Part X Other Liabilities. See Form 990, Part X, III	ne 25	(I.) D I I	Τ	····
1. (a) Description of liability		(b) Book value		
(1) Federal income taxes		60.206		
(2) CHILDREN'S SAVINGS		62,396.		
(3)				
(5)		_	ļ	
(6)			 	
(7)			{	
(8)			-	
(9)			1	
(10)			1	
(11)	05.)	60 206		
Total. (Column (b) must equal Form 990, Part X, col. (B) line		62,396.	1 - 4 - 4 - 4 - 4 - 4	anda Alba ayararara
2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the text			-	
liability for uncertain tax positions under FIN 48 (ASC 74	+υ). Grieck nere if th	e text of the foothote has	peen provided in Pa	rt XIII X

Schedule D (Form 990) 2012 METHODIST CHURCH. INC 52-0591554 Page 4 Reconciliation of Revenue per Audited Financial Statements With Revenue per Return 46,906,571. Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12: 10,112,660 Net unrealized gains on investments 2a Donated services and use of facilities 2b Recoveries of prior year grants 2c 24,091 Other (Describe in Part XIII) 2d 10,136,751. Add lines 2a through 2d 2e 36,769,820. Subtract line 2e from line 1 3 3 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 538,353 11,226 Other (Describe in Part XIII.) c Add lines 4a and 4b 549,579. 4c 319,399. Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return 32,954,316. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities 2a **b** Prior year adjustments 2b c Other losses 2c 24,091 Other (Describe in Part XIII) 2đ Add lines 2a through 2d 2e 24,091. 32,930,225. Subtract line 2e from line 1 3 Amounts included on Form 990, Part IX, line 25, but not on line 1. 538,353. Investment expenses not included on Form 990, Part VIII, line 7b 14.363. Other (Describe in Part XIII) c Add lines 4a and 4b 4c 552,716. 482,941 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b Also complete this part to provide any additional information PART X, LINE 2: THE BOARD ADOPTED THE PROVISIONS OF FASB INTERPRETATION NO. 48 (FIN 48), ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES (FASB ASC 740-10), ON JANUARY 1, 2009. MANAGEMENT HAS DETERMINED THAT THE BOARD HAS NO MATERIAL UNCERTAIN TAX POSITIONS THAT WOULD REQUIRE RECOGNITION UNDER FIN 48. THE FEDERAL AND STATE INCOME TAX RETURNS FOR THE BOARD FOR 2011, 2010, AND 2009 ARE SUBJECT TO EXAMINATION BY THE IRS AND STATE TAXING AUTHORITIES, GENERALLY FOR THREE YEARS AFTER THEY WERE

Schedule D (Form 990) 2012

FILED.

SCHEDULE G

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service

BOARD OF CHILD CARE OF THE UNITED METHODIST CHURCH, INC.

Employer identification number 52-0591554

Part T Fundraising Activities required to complete this pa	Complete if the organization answert.	ered "Y	es" to	Form 990, Part IV, I	ine 17. Form 990-EZ	filers are not
 1 Indicate whether the organization rail a Mail solicitations b Internet and email solicitation c Phone solicitations d In-person solicitations 2 a Did the organization have a writtent key employees listed in Form 990, F b If "Yes," list the ten highest paid indicompensated at least \$5,000 by the 	e Solicitat Solicitat g Special or oral agreement with any individual Part VII) or entity in connection with p lividuals or entities (fundraisers) purs	tion of tion of fundra (inclui	non-g gover alsing ding o ional f	overnment grants rnment grants events fficers, directors, true fundraising services?	stees or Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have c or con contrib	ustody trol of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
					-	
or licensing.	on is registered or licensed to solicit of	contrib	▶ utions	s or has been notified	I it is exempt from re	gistration

232081 01-07-13 Schedule G (Form 990 or 990-EZ) 2012

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

Schedule G (Form 990 or 990-EZ) 2012 METHODIST CHURCH, INC. 52-0591554 Page 2

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000

		of fundraising event contributions and gre	oss income on Form 990	EZ, lines 1 and 6b. List	events with gross recei	pts greater than \$5,000
			(a) Event #1	(b) Event #2	(c) Other events	
			GOLF			(d) Total events (add col. (a) through
			TOURNAMENT		1	col. (c))
<u>o</u>			(event type)	(event type)	(total number)	COI. (C))
Revenue	1	Gross receipts	52,240.			52,240.
	2	Less. Contributions	52,240.			52,240.
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
G	5	Noncash prizes	6,545.			6,545.
Direct Expenses	6	Rent/facility costs	5,800.			5,800.
Orect E	7	Food and beverages	6,272.			6,272.
_	8	Entertainment				
	9	Other direct expenses	5,474.			5,474.
	10	Direct expense summary Add lines 4 through	n 9 ın column (d)	-	•	(24,091)
		Net income summary Combine line 3, column			<u> </u>	-24,091.
Pa	irt I		answered "Yes" to Form	990, Part IV, line 19, or r	eported more than	
		\$15,000 on Form 990-EZ, line 6a.	Γ			
une			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col. (c))
Revenue	1	Gross revenue				
	2	Cash prizes				
xpense	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs			-	
_	5	Other direct expenses				
	6	Volunteer labor	Yes %	Yes %	Yes %	
	7	Direct expense summary. Add lines 2 through	n 5 ın column (d)		. ▶	
	8	Net gaming income summary Combine line 1	. column d. and line 7		•	
			1			
9	En	ter the state(s) in which the organization opera	tes gaming activities			
а	ls t	the organization licensed to operate gaming ac	tivities in each of these	states?		Yes No
b	lf "	No," explain:				
100	- \	ere any of the organization's gaming licenses re	wakad supponded or to	erminated during the tox		Yes No
		Yes," explain.	· ·			
		4.07.40			Cabadula O.F.	rm 000 a- 000 F7\ 0040
2320	82 O	1-07-13			ocneaule G (F0	rm 990 or 990-EZ) 2012

Sch	nedule G (Form 990 or 990-EZ) 2012 METHODIST CHURCH, INC.	52-0	<u> 591</u>	<u>554</u>	Page 3
11	Does the organization operate gaming activities with nonmembers?			Yes	☐ No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed				
	to administer charitable gaming?	1		Yes	☐ No
13	Indicate the percentage of gaming activity operated in:				
6	a The organization's facility		13a		%
ŀ	b An outside facility .		13b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and record	ds [.]			
	Name				
	Address >				
15	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	-		Yes	☐ No
ŀ	b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amo	unt			
	of gaming revenue retained by the third party ▶\$				
•	c If "Yes," enter name and address of the third party:				
	Name ►				
	Address ▶				
16	Gaming manager information.				
	Name				
	Gaming manager compensation > \$				
	December of course awarded N				
	Description of services provided				
	· · · · · · · · · · · · · · · · · · ·				
	☐ Director/officer ☐ Employee ☐ Independent contractor				
17	•				
•	a Is the organization required under state law to make charitable distributions from the gaming proceeds to		\Box	Yes	
	retain the state gaming license?	41	ш	res	NO
'	b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent organization's own exempt activities during the tax year > \$	in the			
Pa	art IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, column 1.	ımns (iii)	and (v), and	Part III.
	lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional inf				
_					
_					
_					

SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. ▶ Attach to Form 990.

OMB No 1545-0047

Open to Public Inspection

Name of the organization BOARD OF CHILD CAMPAGE OF CHILD CAMPAGE OF CHILD CAMPAGE OF CHILD CAMPAGE OF CHILD CAMPAGE OF CHILD CAMPAGE OF CAMPAGE	CHILD CARE	OF THE	UNITED				Employer identification number 52-0591554
Part I General Information on Grants and Assistance	nd Assistance						
1 Does the organization maintain records to substantiate the amount of	to substantiate the		or assistance, the	grantees' eligibility	for the grants or ass	the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	
criteria used to award the grants or assistance? 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	stance? ocedures for monii	oring the use of grant	funds in the United	d States.			X Yes No
틸	Governments and \$5,000. Part II can	d Organizations in the be duplicated if additi	• United States, Conal space is need	omplete if the orgaled.	nization answered "Y	es" to Form 990, Part	IV, line 21, for any
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section of applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RETREATS & CAMPING MINISTRIES WEST RIVER UMC, P.O. BOX 429 CHURCHTON, MD 20733	52-0907587	501C(3)	28,465,	0			TO PROVIDE CAMPING EXPERIENCES FOR CHILDREN WHO CAN NOT AFFORD THE FEES.
COOL KIDS CAMPAIGN 8422 BELLONA LANE, SUITE 102 BALTIMORE, MD 21204	42-1634330	501C(3)	12,500,	0			LEARNING CENTER FOR CHILDREN ONCOLOGY PATIENTS,
GENERAL BOARD OF GLOBAL MINISTRIES 475 RIVERSIDE DR. NEW YORK, NY 10115	13-5565089	501C(3)	20,000.	0			SPONSOR OUTREACH MINISTRIES IN RUSSIA,
THE UNITED METHODIST CHURCH P.O. BOX 820, MADISON & MONROE BLVD VALLEY FORGE, PA 19482	l I	501C(3)	5,000,	0			FUNDING FOR FOOD AND EDUCATION PROGRAMS IN THE CONGO
DELAWARE ECUMENICAL COUNCIL 240 N. JAMES STREET, SUITE B1B WILMINGTON, DE 19804	51-0341289	501C(3)	7,500,	0		į	PARENT SUPPORT GROUP FOR AT RISK YOUNG AND FIRST TIME PARENTS,
	nd government or	ganizations listed in th	listed in the line 1 table				5.
3 Enter total number of other organizations listed in the line 1 table	s listed in the line	l table					A
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.	, see the Instruct	ons for Form 990.					Schedule I (Form 990) (2012)

Page 2

52-0591554

I (Form 990) (2012) METHODIST CHURCH, INC.

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed Schedule I (Form 990) (2012)

Part III Grants and Other

(a) Type of grant or assistance (b)			Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.	SCHEDULE I, PART I, LINE 2: THE ORGA	WHO ARE AFFILIATED WITH THE BALTIMORE	PENSULIA DELAWARE CONFERENCE OF THE UNITED METHODIST CHURCH AND RELIES	THE INTEGRETARY OF THE ORGANIZATION TO	THE REQUEST. NON-CHURCH AFFILIATED ORGANIZATIONS MUST PROVIDE	CHILDREN AND HAVE A RELATIONSHIP WITH	
(b) Number of recipients			the information	ANIZATIC	- 1	UNITED		ORGANIZ	THE	
(c) Amount of cash grant			required in Part I, I	N PROVIDE	NGTON CON	METHODIST	SPEND THE FUN	ATIONS MU	OARD OF C	
(d) Amount of non- cash assistance			ine 2, Part III, column	THE ORGANIZATION PROVIDES GRANTS TO AGENCIES	WASHINGTON CONFERENCE AND THE	CHURCH ANI	FUNDS FOR THE PURPOSE	ST PROVIDE	BOARD OF CHILD CARE.	
(e) Method of valuation (book, FMV, appraisal, other)			(b), and any other additional inf	AGENCIES) THE	RELIES ON	PURPOSE OF	SERVICES TO		
(f) Description of non-cash assistance			ormation.							

SCHEDÙLE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees**

Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990. ► See separate instructions. BOARD OF CHILD CARE OF THE UNITED

METHODIST CHURCH, INC.

Employer identification number 52-0591554

Pa	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,			
	Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	First-class or charter travel X Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	X Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	х	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors,			
	trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		x
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee X Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
				l
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization			
а	Receive a severance payment or change-of-control payment?	4a		x
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Х	
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of.		}	
а	The organization?	5a		X
b	Any related organization?	5b		X
	If "Yes" to line 5a or 5b, describe in Part III.	ļ		
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	İ		
	contingent on the net earnings of.			ĺ
а	The organization?	6a		X
b	Any related organization?	6b		X
	If "Yes" to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments			1
	not described in lines 5 and 6? If "Yes," describe in Part III	7_		Х
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	ınitıal contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		Х
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		l

232111 12-10-12

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

METHODIST CHURCH, INC.

Schedule J (Form 990) 2012

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

52-0591554

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i) (iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

					-	Agency		
		(B) Breakdown of W-2		and/or 1099-MISC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title	<u> </u>	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation		(c)-(i)(a)	reported as deferred in prior Form 990
(1) THOMAS L. CURCIO, MSW. MSS	ε	404,278.	54,140.	746,425.	40,986.	29,536.	1,275,365.	0
SIDENT AND CEO	(E)	0	0	0	0	0		0
	ε	218,709.	4,368.	4,748.	7,176.	2,259.	237,260.	0
U	(ii)	0	0	0	0	0		0
(3) SHARON KISTLER	ε	176,582.	3,621.	5,587.	2,160.	31,382.	219,332.	0
ASSOCIATE EXECUTIVE DIRECT	(ii)	0.	0.	0.	0.	0.	0	
(4) ANGELA CHAMBERS	(i)	133,350.	0	0	0.	35,367.	168,717.	
DIRECTOR OF EDUCATION	Ξ	0	0	0	0	0	0	
(5) JULIA MOORE	ε	147,989.	• 0	0	0	9,293.	157,282.	0.
	Œ	0	0	0	0	0.	0	0
SFFREY KRYSTOFIAK	Ξ	123,234.	0	0	0.	36,089.	159,323.	0
CTOR OF CAMPUS LIFE	(ii)	• 0	0	0	• 0	0.	0	0
	Θ							
	Œ							
	Θ							
	(ii)							
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Schedule J (Form 990) 2012

31

232112 12-12-12

Schedule J (Form 990) 2012 METHODIST CHURCH, INC

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any Part III | Supplemental Information

TOTAL CONTRIBUTION FOR THE YEAR WAS \$30,000, WHICH WAS REPORTED IN COLUMN A PARTICIPANT IN A NONQUALIFIED DEFERRED COMPENSATION PLAN FOR WHICH THE SI, LINE 4B: THOMAS CURCIO, PRESIDENT & CEO OF THE ORGANIZATION, HE WAS A PARTICIPANT IN A SECOND THE PRECEDING SCHEDULE. additional information PART I, (C) OF

NONQUALIFIED DEFERRED COMPENSATION PLAN FOR WHICH THE ACTUARIAL BENEFIT

INCREASE FOR THE YEAR WAS NOT KNOWN AT TIME OF

THE ORIGINAL FILING

THE AND CEO OF THE ORGANIZATION, RECEIVED WHILE RENTING A HOUSE PARTIALLY OWNED PRESIDENT CURCIO DID NOT PAY THOMAS CURCIO, THE ORGANIZATION ADDED \$24,800 TO OTHER COMPENSATION. ₩. THIS AMOUNT PERTAINS TO A BARGAIN RENT THAT MR. BY HIM (12.5%) AND BY THE ORGANIZATION (87.5%).

\$24,800 TO THE ORGANIZATION AND THE ORGANIZATION DID NOT REPORT IT ON HIS THE ORGANIZATION RECEIVED ERRONEOUS INFORMATION ON THE RENTAL FORM W-2.

RECENTLY, THE ORGANIZATION HAS RECEIVED THE 87.58 INFORMATION FROM AN INDEPENDENT SOURCE ON THAT RENTAL VALUE. VALUE FOR THE RELEVANT PERIOD.

THE HOWEVER, SHARE OF THE ANNUAL RENTAL VALUE SHOULD HAVE BEEN \$37,800.

\$13,000. ORGANIZATION PREVIOUSLY ONLY REPORTED AS INCOME A RENTAL VALUE OF

ACCORDINGLY, THE ORGANIZATION IS REPORTING THE CORRECT AMOUNT OF \$24,800

Schedule J (Form 990) 2012

METHODIST CHURCH, INC. Part III | Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information.

THE ORGANIZATION WILL FILE THE APPROPRIATE WHICH IS \$37,800 LESS \$13,000.

FORM W-2C, FORM 941-X AND MW506A ASSOCIATED WITH THE FOREGOING CORRECTION.

PART II, IN COLUMN (C), THE ORGANIZATION ORIGINALLY REPORTED SCHEDULE J, NO

THAT MR. THOMAS CURCIO RECEIVED A TOTAL CONTRIBUTION FOR THE YEAR OF

THAT \$30,000 WHICH PERTAINED TO A NONQUALIFIED DEFERRED COMPENSATION PLAN.

HOWEVER, AS OF JUNE 12, 2011, MR. CURCIO CONTRIBUTION AMOUNT WAS CORRECT.

ATTAINED AGE 67, AND BASED ON THE TERMS OF THE PLAN AND HIS EMPLOYMENT

HE BECAME FULLY VESTED IN THE BENEFIT UNDER THAT PLAN WHICH IS AGREEMENT. THE AMOUNT OF THE VESTED BENEFIT INCREASE OVER KNOWN AS THE CURCIO FUND. THIS AMOUNT WAS NOT REPORTED ON THE FORM 990 THE PRIOR YEAR WAS \$106,836.

IT WAS ADDED TO OTHER REPORTABLE COMPENSATION. ACCORDINGLY, THE ORGANIZATION MADE A CONTRIBUTION TO A SECOND DURING THE YEAR, THE NONQUALIFIED DEFERRED COMPENSATION PLAN WHICH IS KNOWN AS THE SERP. BUT AT THE SCHEDULE J, ORGANIZATION REPORTED THE EXISTENCE OF THE SERP ON

IT DID NOT KNOW THE AMOUNT OF THE ACCRUED BENEFIT INCREASE. THE FILING, THE ORGANIZATION LATER LEARNED THAT THE SERP DID NOT CONTAIN A SUBSTANTIAL

RISK OF FORFEITURE, AND THEREFORE, DURING THE PERIOD OF THE RETURN, MR.

Schedule J (Form 990) 2012

Part III | Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.
CURCIO WAS VESTED IN A FURTHER ACCRUAL OF \$870,330. HOWEVER, THE
ORGANIZATION DOES NOT CURRENTLY PLAN TO PAY ANY AMOUNT UNDER THE SERP
BECAUSE SUCH AMOUNTS MAY BE DEEMED EXCESS BENEFIT TRANSACTIONS UNDER
SECTION 4958. THE ORGANIZATION WILL FILE A FORM 4720 CONTEMPORANEOUS WITH
THIS RETURN.

SCHEDULE L

(Form 990 or 990-EZ)

Transactions With Interested Persons

➤ Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

OMB No 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

➤ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions. BOARD OF CHILD CARE OF THE UNITED

Employer identification number

	METHODIST CHURCH, INC. 52-0 Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only)													0591554						
Part I	Excess Bene	fit Transa	ctions (section 50	01(c)(3) ar	nd section	on 501(c)(4) org	anizations	only)											
	Complete if the o	rganization a	nswered "Yes" on I	Form 990	, Part IV,	, line 25	a or 25b	o, or Form	990-EZ, F	art V, I	ine 4	0b								
1 , , , ,		(t	b) Relationship bety	veen disq	ualified								(d)	Corre	cted?					
(a) Nam	ne of disqualified p	erson	person and or	ganizatio	n		(0) Descripti	on of trar	nsactio	n		Y	es	Νo					
THOMAS	CURCIO	OF	RGANIZATIO	N'S I	RESI	ISEE	PAR	ΤV					Х							
	_	_																		
							_													
2 Enter th	he amount of tax ir	ncurred by th	e organization man	agers or o	disqualif	ied per	sons dui	ring the yea	ar under											
section	4958										S	i			_					
3 Enter th	he amount of tax, i	f any, on line	2, above, reimburs	ed by the	organiz	ation					S									
Part II	Loans to and	/or From I	Interested Pers	sons.																
	Complete if the o	rganization ai	nswered "Yes" on I	orm 990	EZ, Part	t V, lıne	38a or F	orm 990, I	Part IV, Iır	ne 26, d	or ıf tl	he orga	anızatı	on						
			990, Part X, line 5, 6	, or 22																
	I Vallie OI	(b) Relationsi with	· (c) Fulbose	(d) Loan to		(e) Origi		(f) Balan	ce due	(g) defa		(h) Ap	proved ard or	(i) V	/rıtten					
intere	sted person	organizatio	n of loan	organizatio		principal amo			(i) Dalarice due			comn	nttee?	agree	ment?					
		-		To Fro	om					Yes	No	Yes	No	Yes	No					
THOMAS	L. CURIC		EDUCATIO	3	X 2	211,	861.		794.		Х	Х		Х						
THOMAS	L. CURIC		RESIDENT	3	x 3	373 ,	800.	373	,800.		<u>X</u>	X		X						
									_											
												<u> </u>								
				L [
Total							▶ \$	<u>555</u>	,59 4.											
Part III	Grants or Ass	sistance B	Benefiting Inter	ested F	Person	IS.														
	Complete if the o	rganization ai	nswered "Yes" on I	orm 990,	Part IV,	, line 27	' .													
(a) Na	ime of interested p	erson	(b) Relationship	between			ount of		(d) Type) Purp		f					
			interested pers	on and		assist	tance		assistan	ice			assist	ance						
			the organiza	uion																

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

Schedule L (Form 990 or 990-EZ) 2012

SEE PART V FOR CONTINUATIONS

Schedule L (Form 990 or 990-EZ) 2012 METHODIST CHURCH, INC. 52

| Part IV | Business Transactions Involving Interested Persons.

52-0591554 Page 2

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sha organiz reven	
		·- <u>.</u>		Yes	No
				<u> </u>	
					<u>. </u>
Part V Supplemental Information					
Complete this part to provide addit	ional information for responses to questions	s on Schedule L (see	instructions).	· 	
SCHEDULE L, PART I, EXCE	SS BENEFIT TRANSACTION	NS:	- ·····		
(A) NAME OF PERSON: THOM	AS CIRCIO				
(A) NAME OF PERSON. THOS	LAD CONCIO				
(B) RELATIONSHIP WITH DI	SQUALIFIED PERSON: ORG	ANIZATION	S PRESIDENT	. & C	EO
	NG 50 ND 5004 51555				
SCHEDULE L, PART II, LOA	NS TO AND FROM INTERES	STED PERSON	<u> </u>		
(A) NAME OF PERSON: THOM	AS L. CURICO, MSW, MSS	5		<u>-</u>	
(C) PURPOSE OF LOAN: EDU	CATION LOAN			_	
(D) LOAN TO OR FROM ORGA	NIZATION? = FROM				
/E) ODICINAL DDINGIDAL A	MOIDITE & 211 061 (T)	DATAMOR DI	TD 4 101 704	1	
(E) ORIGINAL PRINCIPAL A	MOUNT \$ 211,861. (F)	BALANCE DU	JE \$ 181,794	Ŀ •	
(G) LOAN IN DEFAULT? = N	0				
(H) APPROVED BY BOARD OR	COMMITTEE? = YES				
(I) WRITTEN AGREEMENT? =	YES				
(A) NAME OF DEDGON, MUCH	AG I GITTOO MGW MG	•			
(A) NAME OF PERSON: THOM	AS L. CURICO, MSW, MSS	<u> </u>			
(C) PURPOSE OF LOAN: RES	TDENTTAL MORTGAGE				
	•				
(D) LOAN TO OR FROM ORGA	NIZATION? = FROM				
(E) ORIGINAL PRINCIPAL A	MOUNT \$ 373,800. (F)	BALANCE DU	JE \$ 373,800)	
(C) IOAN IN DEENUEDO	···	·			
(G) LOAN IN DEFAULT? = N	<u>U</u>			000 E	

Schedule L (Form 990 or 990-EZ) METHODIST CHURCH, INC. 52-0591554 Page 2
Part V Supplemental Information
Complete this part to provide additional information for responses to questions on Schedule L (see instructions)
(H) APPROVED BY BOARD OR COMMITTEE? = YES
(I) WRITTEN AGREEMENT? = YES
SCHEDULE L, PART I, LINE 1C
DESCRIPTION OF TRANSACTION:
DESCRIPTION OF TRANSACTION.
ON THE FORM 4720, THE ORGANIZATION HAS REQUESTED, FOR REASONS STATED
MURDETN MUAM /T) MUR DADCATN DENM. /TT) MUR VECMED AMOUNT THE MUR
THEREIN, THAT (I) THE BARGAIN RENT; (II) THE VESTED AMOUNT IN THE
CURCIO FUND; AND (III) THE BENEFITS UNDER THE SUPPLEMENTAL EXECUTIVE
DEMINISTRATION DI AM / "CERR" MILION MILI MOM DE RATE DO MOM CONCENTRATE
RETIREMENT PLAN ("SERP") WHICH WILL NOT BE PAID, DO NOT CONSTITUTE
EXCESS BENEFIT TRANSACTIONS.

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

BOARD OF CHILD CARE OF THE UNITED METHODIST CHURCH, INC.

Employer identification number 52-0591554

Schedule O (Form 990 or 990-EZ) (2012)

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
DEPENDENT CHILDREN.
FORM 990
AMENDED RETURN EXPLANATION:
THE ORGANIZATION'S RETURN IS BEING AMENDED TO REVISE THE COMPENSATION
OF ITS PRESIDENT AND CEO ALONG WITH COMPLETING SCHEDULE L PART I AND
CORRECTING DISCLOSURES ON SCHEDULE J AND 990 PART VI.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
PROVIDE A SAFE, HEALTHY, AND CARING ENVIRONMENT THAT SEEKS TO PRESERVE
CHILDREN AND FAMILIES BY FOSTERING SELF-ESTEEM, RESPECT FOR COMMUNITY,
SENSE OF PURPOSE, AND LIFE SKILLS NEEDED TO ACHIEVE THEIR HIGHEST
POTENTIAL.
FORM 990, PART VI, SECTION B, LINE 11: THE FORM 990 WILL BE REVIEWED BY
THE PRESIDENT & CEO PRIOR TO ITS FILING WITH THE IRS. THE FULL BOARD WILL
HAVE THE OPERTUNITY TO REVIEW THE 990 AT THE NEXT REGULAR BOARD OF
DIRECTORS MEETING.
FORM 990, PART VI, SECTION B, LINE 12C: EACH YEAR THE DISCLOSURES ARE
REVIEWED BY THE CEO FOR COMPLIANCE.
FORM 990 PART VI SECTION R LINE 15A. THE ORGANIZATION OPICINALLY RELIED

ON A REPORT BY A HEALTHCARE CONSULTANT TO DETERMINE THE APPROPRIATE LEVEL

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

232211 01-04-13 Schedule O (Form 990 or 990-EZ) (2012) Page 2 Name of the organization BOARD OF CHILD CARE OF THE UNITED **Employer identification number** METHODIST CHURCH, INC. 52-0591554 OF COMPENSATION FOR MR. CURCIO. HIS COMPENSATION AND ASSOCIATED BENEFITS WERE COVERED BY AN EMPLOYMENT CONTRACT. THE ORGANIZATION RELIED ON THE AFOREMENTIONED REPORT NOT ONLY FOR SETTING THE ORIGINAL AMOUNTS, BUT ALSO FOR DETERMINING CERTAIN FUTURE COMPENSATION AMOUNTS, SOME OF WHICH OPERATED BY FORMULA. IN NOVEMBER, 2013, THE ORGANIZATION OBTAINED A STUDY ON COMPENSATION FOR A NEW PRESIDENT WHO WOULD TAKE THE POSITION OF MR. CURCIO EFFECTIVE JULY 1, 2014. IN AUGUST, 2014 THE ORGANIZATION OBTAINED AN INDEPENDENT STUDY FROM A NATIONALLY-RECOGNIZED COMPENSATION CONSULTANT REGARDING THE AMOUNT AND SCOPE OF MR. CURCIO'S COMPENSATION. CERTAIN DECISIONS HEREIN BY THE ORGANIZATION WERE BASED UPON THAT REPORT AND ARE REFLECTED IN THE AMENDMENTS TO SCHEDULE J HEREIN. THE PERSONNEL COMMITTEE EVALUATES THE COMPENSATION OF OTHER OFFICERS AND KEY EMPLOYEES. FORM 990, PART VI, SECTION C, LINE 19: GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST. FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS: PENSION AND POSTRETIREMENT BENEFIT LIABILITY ADJUSTMENT -54,925. PART XI, LINE 2C THE FINANCE COMMITTEE ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT AND SELECTION OF AN INDEPENDENT ACCOUNTANT. THIS PROCESS HAS NOT

CHANGED FROM PRIOR YEARS.

· · · · ·

SCHEDULE R (Forn Depart Interna Name

Related Organizations and Unrelated Partnerships

2012 Open to Public Inspection

OMB No 1545-0047

ication number 554

(Form 990)		Complete if the organization answered "Ves" to Form 990 Part IV line 33, 34, 35, 37, 37	s" to Form 990 Part IV line 3	13 34 35 36 or 37		2012
Department of the Treasury Internal Revenue Service		► Attach to Form 990.	► See separate instructions.	ons.		Open to Publ
Name of the organization	non BOARD OF CHILD CARE METHODIST CHURCH, I	CARE OF THE UNITED CH, INC.			Emp 5	Employer identification numl 52-0591554
Part I Identificati	ion of Disregarded Entities (Complet	Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33)	o Form 990, Part IV, line 33)			
Name, add	(a) Name, address, and EIN (if applicable) of distanceded entity	(b) Primary activity	(c) Legal domicile (state or	(d) Total income	(e) End-of-year assets	(f) Direct controlling
						•
BOARD OF CHILD C.	BOARD OF CHILD CARE OF SOUTHERN MARYLAND,	TO SUPPORT THE CHARITABLE				
BALTIMORE MD 21	LLC - 52-0591554 3300 GAITHER KOAD	AND OTHER RELATED FURFOSES OF BOARD OF CHILD CARE	MARVI.AND	c	c	4/2
Part II organizatio	Identification of Related Tax-Exempt Organiza organizations during the tax year.)	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.)	swered "Yes" to Form 990, Par	rt IV, line 34 becaus	e it had one or more rel	ated tax-exempt

(g) Section 512(b)(13) controlled entity? Š Yes (f) Direct controlling entity Public charity status (if section 501(c)(3)) Exempt Code section Legal domicile (state or foreign country) Primary activity 9 Name, address, and EIN of related organization

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

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Schedule R (Form 990) 2012 METHODIST CHURCH, INC.

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

General or Percentage managing ownership Schedule R (Form 990) 2012 Yes No (i) Section 512(b)(13) controlled entity? 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.) 3 Percentage ownership Yes Ξ Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) Share of end-of-year assets <u>6</u> ate allocations? Disproportion-Yes No Ξ Share of total income Share of end-of-year assets Type of entity (C corp, S corp, or trust) <u>e</u> Share of total income ε (d)
| Direct controlling | entity Predominant income (related, unrelated, excluded from tax under sections 512-514) e Legal domicile (state or foreign country) 41 <u>©</u> (d)
| Direct controlling entity Primary activity <u>e</u> (c)
Legal
domicile
(state or
foreign
country) Primary activity 9 Name, address, and EIN of related organization Name, address, and EIN of related organization 232162 12-10-12 Part IV

BOARD OF CHILD CARE OF THE UNITED METHODIST CHURCH, INC.

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Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35b, or 36.)

					-	١,
Note. Complete line 1 if any entity is listed in Parts II, III, or IV or this schedule. 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?	ins with one or more re	lated organizations listed	in Parts II-IV?		res	윋
a Receipt of (i) interest (ii) annuties (iii) rovalties or (iv) rent from a controlled entity		•		-E	_	
				9		l
				ş		•
				14		
				16		l
f Dividends from related organization(s)				÷		
g Sale of assets to related organization(s)		•		10		
				무		
i Exchange of assets with related organization(s)				÷		
j Lease of facilities, equipment, or other assets to related organization(s)				÷		
k Lease of facilities, equipment, or other assets from related organization(s)				*		
	janization(s)			=		
m Performance of services or membership or fundraising solicitations by related organization(s)	janization(s)			Ę		ł
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	ation(s)			£		
o Sharing of paid employees with related organization(s)				10		
				2		
 P Reimbursement paid to related organization(s) for expenses 				4	+	- [
q Reimbursement paid by related organization(s) for expenses				19	1	- 1
r Other transfer of cash or property to related organization(s)				+		
s Other transfer of cash or property from related organization(s)				18		
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.	who must complete the	is line, including covered	relationships and transaction thresholds.			
(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	volved		
(I)						
<u> </u>					!	
(F)						
(9)				į		
232163 12-10-12	42		Schedule R (Form 990) 2012	R (Form	990	õ

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Schedule R (Form 990) 2012 METHODIST CHURCH, INC.

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

	(k) Percentage ownership																				
	(j) Seneral o nanaging partner?	Yes	· ·		<u> </u>	 	_			-	 					_					
	(h) (i) (j) (k) Dispropor- Code V-UBI General or Percentage amount in box 20 managing ownership of Schedule K-1 partner?	(Form 1065)				-			_					•		_	•				
	(h) spropor- tionate ocations?	Yes No				 				_				 	_						
	ä	assets Y						-													
	3,	income																			
-	Are all Partners sec 501(c)(3) orgs 3	8 8																	 _	 	
Sdi	H. X.	74) Ye				 				\dashv											
estment partnersh	(d) Are all Are all Are all Are all Are all Are all Are all Are all Barriers se (related, unrelated, 501(c)3) excluded from tax	under section 512-5											1								
on for certain invest	ejg gu	country)		_																	
tructions regarding exclu	(b) Primary activity																				
that was not a related organization. See instructions regarding exclusion for certain investment partnerships	(a) Name, address, and EIN of entity																				