CLIENT'S COPY

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No. 1545-0047

2008

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning and ending

B Check if applicable: Address change; Name change; Initial return; Termination; Amended return; Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization: The United Methodist City Society

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address): 475 Riverside Dr., Room/suite: 1922

City or town, state or country, and ZIP + 4: New York, NY 10115

D Employer identification number: 13-5562419

E Telephone number: 212-870-3084

G Gross receipts $ 6,779,555.

F Name and address of principal officer: William S. Shillady
same as C above

H(a) Is this a group return for affiliates? [ ] Yes [X] No

H(b) Are all affiliates included? [ ] Yes [ ] No
If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status: [X] 501(c) (3) ◀ (insert no.) [ ] 4947(a)(1) or [ ] 527

J Website: ▶ www.umcitysociety.org

K Type of organization: [X] Corporation [ ] Trust [ ] Association [ ] Other ▶

L Year of formation: 1866 **M** State of legal domicile: NY

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: The United Methodist City Society (UMCS) provides grants, training, programs and leadership

2 Check this box ▶ [ ] if the organization discontinued its operations or disposed of more than 25% of its assets.

3	Number of voting members of the governing body (Part VI, line 1a)	3	41
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	41
5	Total number of employees (Part V, line 2a)	5	31
6	Total number of volunteers (estimate if necessary)	6	325
7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	231,553.	155,551.
	9	Program service revenue (Part VIII, line 2g)	909,707.	964,064.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,046,183.	104,000.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	6,221,569.	41,057.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	8,410,992.	1,264,672.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	863,055.	917,075.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,367,318.	1,267,881.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	35,057.	
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 3,645.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	371,649.	400,031.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,637,079.	2,584,987.
	19	Revenue less expenses. Subtract line 18 from line 12	5,773,913.	<1,320,315.>
			Beginning of Year	**End of Year**
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	27,982,859.	21,577,076.
	21	Total liabilities (Part X, line 26)	925,620.	1,013,838.
	22	Net assets or fund balances. Subtract line 21 from line 20	27,057,239.	20,563,238.

Part II Signature Block

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

Sign Here

▶ Signature of officer | Date

▶ Trudy L. Grove, Chief Financial Officer
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ | Date | Check if self-employed ▶ [ ] | Preparer's identifying number (see instructions)

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ | EIN ▶ | Phone no. ▶

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

See Schedule O for Organization Mission Statement Continuation

Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission: See Schedule O for Continuation
The United Methodist City Society (UMCS), in partnership with United Methodist churches and the NYC community, develops spiritual, human and economic resources to help our churches work for the good of their communities. UMCS seeks the peace and prosperity of New York City.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No
If "Yes", describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No
If "Yes", describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
See Schedule O for Continuation(s)

4a (Code:) (Expenses $ 751,178. including grants of $ 323,778.) (Revenue $ 964,064.)
Since 1966, the UMCS has operated Head Start Programs. Currently it operates two centers in Brooklyn and Long Island City. Our centers serve 130 children and provide pre-school children from lower socio-economic backgrounds with support, education, and social skills to help them prepare for success in public school life. We receive our funding from the City of New York Agency for Childrens Services. We administratively provide significant in-kind staff time and contributions to these programs.

4b (Code:) (Expenses $ 563,924. including grants of $ 241,981.) (Revenue $ 0.)
Since the early 1900's the UMCS has helped local United Methodist Congregations to meet their needs through grants and capital building support. Each year the UMCS provides property and liability insurance to 13 church facilities so that they can continue to be a place of community outreach and public worship. These funds were provided by income from our portfolio and contributions from other United Methodist churches.

4c (Code:) (Expenses $ 334,177. including grants of $ 145,747.) (Revenue $ 0.)
Our overall children's program provides support for over 2,500 children and youth through our nine after school program sites, our funding of summer camp programs at 15 churches, and our running of a fresh air sleep away camp in Cornwall-on-Hudson, NY. We seek to help the underserved children and families of the city to learn, achieve and succeed. We accomplish this by providing the resources needed to open new pathways for young people and families to move from hoplessness to a brighter future. Our children and youth live in economically-challenged neighborhoods in Harlem, the South Bronx and Brooklyn. Our programs seek to provide a safe and caring environment where education, prevention services, personal growth and development, and arts and recreation serve as the tools to help children find

4d Other program services. (Describe in Schedule O.)
(Expenses $ 439,327. including grants of $ 197,069.) (Revenue $)

4e **Total program service expenses ▶ $** 2,088,606. *(Must equal Part IX, Line 25, column (B).)*

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4		X
5	**Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If "Yes," complete Schedule C, Part III*	5	N/A	
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		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		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		X
10	Did the organization hold assets in term, permanent, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	X	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? *If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable*	11	X	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12	X	
13	Is the organization a school as 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 U.S.?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? *If "Yes," complete Schedule F, Part I*	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? *If "Yes," complete Schedule F, Part II*	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? *If "Yes," complete Schedule F, Part III*	16		X
17	Did the organization report more than $15,000 on Part IX, column (A), line 11e? *If "Yes," complete Schedule G, Part I*	17		X
18	Did the organization report more than $15,000 total on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		X
19	Did the organization report more than $15,000 on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20		X
21	Did the organization report more than $5,000 on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	X	
22	Did the organization report more than $5,000 on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? *If "Yes," complete Schedule J*	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer questions 24b-24d and complete Schedule K. If "No", go to question 25*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		X
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? *If "Yes," complete Schedule L, Part I*	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	27		X

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:			
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? *If "Yes," complete Schedule L, Part IV*	28a		X
b	Have a family member who had a direct or indirect business relationship with the organization? *If "Yes," complete Schedule L, Part IV*	28b		X
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *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*	32		X
33	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*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	34	X	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35		X
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		X

Part V Statements Regarding Other IRS Filings and Tax Compliance

					Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable	1a	6			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	31			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* this return. (see instructions)					
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?			3a		X
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)?			4a		X
b	If "Yes," enter the name of the foreign country: ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b		X
c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?			5c		
6a	Did the organization solicit any contributions that were not tax deductible?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			6b		
7	**Organizations that may receive deductible contributions under section 170(c).**					
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than $75?			7a		X
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?			7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7f		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?			7g		X
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?			7h		X
8	**Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? N/A			8		
9	**Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.**					
a	Did the organization make any taxable distributions under section 4966? N/A			9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
10	**Section 501(c)(7) organizations.** Enter: N/A					
a	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: N/A					
a	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against 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 N/A	12b				

Form **990** (2008)

832005
12-18-08

Part VI Governance, Management, and Disclosure *(Sections A, B, and C request information about policies not required by the Internal Revenue Code.)*

Section A. Governing Body and Management

For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

		Line	Yes	No
1a	Enter the number of voting members of the governing body (1a: 41)			
b	Enter the number of voting members that are independent (1b: 41)			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6	X	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	X	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9a	Does the organization have local chapters, branches, or affiliates?	9a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	X	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	11		X

Section B. Policies

		Line	Yes	No
12a	Does the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this is done*	12c	X	
13	Does the organization have a written whistleblower policy?	13		X
14	Does the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:			
a	The organization's CEO, Executive Director, or top management official?	15a	X	
b	Other officers or key employees of the organization?	15b	X	
	Describe the process in Schedule O. (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	X	
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b	X	

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ NY

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.

[X] Own website [X] Another's website [X] Upon request

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

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ▶

Trudy L. Grove - 212-870-3949

475 Riverside Dr., Rm. 1922, New York, NY 10115

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
John E. Carrington FormerIntermin CEO/Bd Mb	1.00	X		X			X	58,533.	0.	0.
Wendell Harris Vice President	5.00	X		X				0.	0.	0.
James W. Perkins President	10.00	X		X				0.	0.	0.
Richard J. Rice Secretary	5.00	X		X				0.	0.	0.
David Taylor Treasurer	5.00	X		X				0.	0.	0.
Richard Allen Board Member	1.00	X						0.	0.	0.
Megaly Beltre Board Member	1.00	X						0.	0.	0.
Adrienne Brewington Board Member	1.00	X						0.	0.	0.
Edward J. Brown, Sr. Board Member	1.00	X						0.	0.	0.
Noel Chin Board Member	1.00	X						0.	0.	0.
Douglas Cunningham Board Member	1.00	X						0.	0.	0.
Leo Curry Board Member	1.00	X						0.	0.	0.
R. Randy Day Board Member	1.00	X						0.	0.	0.
Spencer Disher Board Member	1.00	X						0.	0.	0.
Willie Dixon Board Member	1.00	X						0.	0.	0.
E. Ronald Guy Board Member	1.00	X						0.	0.	0.
James W. Harbison, Jr. Board Member	1.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week	(C) Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
Jeannette Bassinger-Ishi Board Member	1.00	X						0.	0.	0.
William James Board Member	1.00	X						0.	0.	0.
Donald T. Kirby Board Member	1.00	X						0.	0.	0.
Janet Hayes Board Member	1.00	X						0.	0.	0.
Thelma Little Board Member	1.00	X						0.	0.	0.
Luisa Martinez-Buck Board Member	1.00	X						0.	0.	0.
Lawrence H. McGaughey Board Member	1.00	X						0.	0.	0.
Randolph Nugent Board Member	1.00	X						0.	0.	0.
Jeremiah Park Board Member	1.00	X						0.	0.	0.
Richard S. Parker Board Member	1.00	X						0.	0.	0.
1b Total ▶								292,220.	0.	71,062.

2 Total number of individuals (including those in 1a) who received more than $100,000 in reportable compensation from the organization ▶ 1

		Yes	No
3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	3	X	
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	4		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? *If "Yes," complete Schedule J for such person*	5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization.

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

2 Total number of independent contractors (including those in 1) who received more than $100,000 in compensation from the organization ▶ 0

Form **990** (2008)

832008 12-18-08

Part VIII Statement of Revenue

Section	Line	Description	Box/Code	Amount	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1 a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	155,551.				
	g	Noncash contributions included in lines 1a-1f: $						
	h	**Total.** Add lines 1a-1f ▶			155,551.			
Program Service Revenue			Business Code					
	2 a	NYC, Agency for Childr	611600		964,064.	964,064.		
	b							
	c							
	d							
	e							
	f	All other program service revenue						
	g	**Total.** Add lines 2a-2f ▶			964,064.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) ▶			565,753.			565,753.
	4	Income from investment of tax-exempt bond proceeds ▶						
	5	Royalties ▶						
			(i) Real	(ii) Personal				
	6 a	Gross Rents	245,630.					
	b	Less: rental expenses	248,827.					
	c	Rental income or (loss)	<3,197.>					
	d	Net rental income or (loss) ▶			<3,197.>	<3,197.>		
			(i) Securities	(ii) Other				
	7 a	Gross amount from sales of assets other than inventory	4,804,303.					
	b	Less: cost or other basis and sales expenses	5,266,056.					
	c	Gain or (loss)	<461,753.>					
	d	Net gain or (loss) ▶			<461,753.>			<461,753.>
	8 a	Gross income from fundraising events (not including $ ______ of contributions reported on line 1c). See Part IV, line 18	a					
	b	Less: direct expenses	b					
	c	Net income or (loss) from fundraising events ▶						
	9 a	Gross income from gaming activities. See Part IV, line 19	a					
	b	Less: direct expenses	b					
	c	Net income or (loss) from gaming activities ▶						
	10 a	Gross sales of inventory, less returns and allowances	a					
	b	Less: cost of goods sold	b					
	c	Net income or (loss) from sales of inventory ▶						
		Miscellaneous Revenue	Business Code					
	11 a	Reimbursement Adm/Acct			30,841.	30,841.		
	b	Laundry Income			9,600.			9,600.
	c	Other income			3,813.	3,813.		
	d	All other revenue						
	e	**Total.** Add lines 11a-11d ▶			44,254.			
	12	**Total Revenue.** Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e ▶			1,264,672.	995,521.		113,600.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	908,575.	908,575.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	8,500.	8,500.		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	282,545.	136,325.	146,220.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	756,858.	695,036.	61,822.	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	46,828.	24,154.	22,674.	
9 Other employee benefits	105,989.	69,627.	36,362.	
10 Payroll taxes	75,661.	67,516.	8,145.	
11 Fees for services (non-employees):				
a Management				
b Legal	4,690.		4,690.	
c Accounting	49,000.		49,000.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	71,434.	35,717.	35,717.	
g Other	9,568.	4,784.	4,784.	
12 Advertising and promotion	7,290.	3,645.		3,645.
13 Office expenses	48,913.	24,457.	24,456.	
14 Information technology	16,324.		16,324.	
15 Royalties				
16 Occupancy	103,463.	51,732.	51,731.	
17 Travel	12,091.	6,045.	6,046.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	9,558.	4,779.	4,779.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	52,337.	46,636.	5,701.	
23 Insurance	10,071.		10,071.	
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a Other expense	5,292.	1,078.	4,214.	
b				
c				
d				
e				
f All other expenses				
25 **Total functional expenses.** Add lines 1 through 24f	2,584,987.	2,088,606.	492,736.	3,645.
26 **Joint Costs.** Check here ▶ ☐ if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

			(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing	625,149.	1	431,973.
	2	Savings and temporary cash investments	742,470.	2	31,572.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	344,078.	4	313,196.
	5	Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net	221,709.	7	299,736.
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost basis 10a 9,263,397.			
	b	Less: accumulated depreciation. Complete Part VI of Schedule D 10b 3,416,841.	5,891,155.	10c	5,846,556.
	11	Investments - publicly traded securities	18,973,423.	11	14,379,043.
	12	Investments - other securities. See Part IV, line 11	275,869.	12	275,000.
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	909,006.	15	0.
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	27,982,859.	16	21,577,076.
Liabilities	17	Accounts payable and accrued expenses	444,019.	17	532,237.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow account liability. Complete Part IV of Schedule D		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable		24	
	25	Other liabilities. Complete Part X of Schedule D	481,601.	25	481,601.
	26	**Total liabilities.** Add lines 17 through 25	925,620.	26	1,013,838.
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	26,708,749.	27	20,179,879.
	28	Temporarily restricted net assets	145,175.	28	180,043.
	29	Permanently restricted net assets	203,315.	29	203,315.
		Organizations that do not follow SFAS 117, check here ▶ [ ] and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	27,057,239.	33	20,563,238.
	34	Total liabilities and net assets/fund balances	27,982,859.	34	21,577,076.

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990: [ ] Cash [X] Accrual [ ] Other			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
c	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	X	
b	If "Yes," did the organization undergo the required audit or audits?	3b	X	

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047
2008
Open to Public Inspection

Name of the organization	**Employer identification number**
The United Methodist City Society	13-5562419

Part I Reason for Public Charity Status (All organizations must complete this part.) (see instructions)

The organization is not a private foundation because it is: (Please check only **one** organization.)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).** (Attach Schedule H.)
4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: ____________
5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
7 ☒ X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
9 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete the Part III.)
10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).** (see instructions)
11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

		Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	**11g(i)**		
(ii) A family member of a person described in (i) above?	**11g(ii)**		
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	**11g(iii)**		

h Provide the following information about the organizations the organization supports.

(i) Name of supported organization	**(ii)** EIN	**(iii)** Type of organization (described on lines 1-9 above or IRC section (**see instructions**))	**(iv)** Is the organization in col. **(i)** listed in your governing document? Yes	No	**(v)** Did you notify the organization in col. **(i)** of your support? Yes	No	**(vi)** Is the organization in col. **(i)** organized in the U.S.? Yes	No	**(vii)** Amount of support
Total									

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,183,338.	1,203,746.	1,601,897.	1,141,260.	1,119,615.	6,249,856.
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						
4 **Total.** Add lines 1 - 3	1,183,338.	1,203,746.	1,601,897.	1,141,260.	1,119,615.	6,249,856.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public Support.** Subtract line 5 from line 4.						6,249,856.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	1,183,338.	1,203,746.	1,601,897.	1,141,260.	1,119,615.	6,249,856.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	239,019.	220,808.	282,307.	1,054,609.	565,753.	2,362,496.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	11,328.	11,069.	33,036.	39,251.	44,254.	138,938.
11 **Total support.** Add lines 7 through 10						8,751,290.

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

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) ..... 14 71.42 %

15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f ..... 15 45.43 %

16a **33 1/3% support test - 2008.** 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 - 2007.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ..... ▶ ☐

17a **10% -facts-and-circumstances test - 2008.** 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 - 2007.** 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 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 ..... ▶ ☐

Schedule B
(Form 990, 990-EZ, or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ **Attach to Form 990, 990-EZ, and 990-PF.**

OMB No. 1545-0047

2008

Name of the organization

The United Methodist City Society

Employer identification number

13-5562419

Organization type (check one):

Filers of:	**Section:**
Form 990 or 990-EZ	[X] 501(c)(3) (enter number) organization
	[ ] 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
	[ ] 527 political organization
Form 990-PF	[ ] 501(c)(3) exempt private foundation
	[ ] 4947(a)(1) nonexempt charitable trust treated as a private foundation
	[ ] 501(c)(3) taxable private foundation

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

General Rule

[ ] For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, $5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

[X] For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of **(1)** $5,000 or **(2)** 2% of the amount on Form 990, Part VIII, line 1h or 2% of the amount on Form 990-EZ, line 1. Complete Parts I and II.

[ ] For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than $1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

[ ] For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than $1,000. (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of $5,000 or more during the year.) .... ▶ $ ________

Caution. Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they **must** answer "No" on Part IV, line 2 of their Form 990, or check the box in the heading of their Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA **For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. These instructions will be issued separately.**

Name of organization

The United Methodist City Society

Employer identification number

13-5562419

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	Clark Foundation One Rockefeller Plaza, 31st Floor NY, NY 10020-2102	$ 50,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
2	Park Avenue Methodist Trust Fund 106 E. 86th Street NY, NY 10028	$ 25,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
3	Christ Church United Methodist 520 Park Ave. NY, NY 10021-8055	$ 8,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
4	Park Avenue United Methodist Church 106 E. 86th Street NY, NY 10028	$ 6,105.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
5	James W. Perkins 20 Briar Brae Road Darien, CT 06820	$ 6,041.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
6	Rev. & Mrs. William Shillady 50 Columbus Ave., Apt. 1018 Tuckahoe, NY 10707	$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)

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

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

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

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

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

Part IV **Trust, Escrow and Custodial Arrangements.** Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

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

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

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV.

Part V **Endowment Funds.** Complete if organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	205,527.				
b Contributions					
c Investment earnings or losses	<36,334.>				
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	169,193.				

2 Provide the estimated percentage of the year end balance held as:

a Board designated or quasi-endowment ▶ ______ %

b Permanent endowment ▶ 100.00 %

c Term endowment ▶ ______ %

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

		Yes	No
(i) unrelated organizations	3a(i)		X
(ii) related organizations	3a(ii)		X
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

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

Part VI **Investments - Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land		167,022.		167,022.
b Buildings		8,658,671.	2,993,506.	5,665,165.
c Leasehold improvements				
d Equipment		437,704.	423,335.	14,369.
e Other				
Total. Add lines 1a-1e. *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				5,846,556.

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other		
Total. (Col (b) should equal Form 990, Part X, col (B) line 12.) ▶		

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Total. (Col (b) should equal Form 990, Part X, col (B) line 13.) ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
Total. *(Column (b) should equal Form 990, Part X, col (B) line 15.)* ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

(a) Description of liability	(b) Amount
Federal income taxes	
At December 31, 2008 and 2007, the Society has an	481,601.
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25.)* ▶	481,601.

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

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	1,264,672.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	2,584,987.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	<1,320,315.>
4	Net unrealized gains (losses) on investments	4	<4,062,585.>
5	Donated services and use of facilities	5	
6	Investment expenses	6	76,814.
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	<767,013.>
9	Total adjustments (net). Add lines 4-8	9	<4,752,784.>
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	<6,073,099.>

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements			1	151,347.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains on investments	2a	<4,062,585.>		
b	Donated services and use of facilities	2b	463,343.		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d	2,344,745.		
e	Add lines **2a** through **2d**			2e	<1,254,497.>
3	Subtract line **2e** from line **1**			3	1,405,844.
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b	<141,172.>		
c	Add lines **4a** and **4b**			4c	<141,172.>
5	Total revenue. Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12.)			5	1,264,672.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	6,224,446.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a	463,343.		
b	Prior year adjustments	2b			
c	Losses reported on Form 990, Part IX, line 25	2c	3,034,944.		
d	Other (Describe in Part XIV)	2d	217,986.		
e	Add lines **2a** through **2d**			2e	3,716,273.
3	Subtract line **2e** from line **1**			3	2,508,173.
4	Amounts included on Form 990, Part IX, line 25, but not on line **1**:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b	76,814.		
c	Add lines **4a** and **4b**			4c	76,814.
5	Total expenses. Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18.)			5	2,584,987.

Part XIV 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; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.

Part X, At December 31, 2008 and 2007, the Society had ecclesiastical mortgages payable to the General Board of Global Ministries of the United Methodist Church in the amount of $481,601. No payment terms exist.

Part XI line 8, losses of related organizations included in audited consolidated statements, but reported on the related organization's form 990

Part XIV Supplemental Information *(continued)*

Part XII, line 2d, Income of related organizations reported on those
related organizations' form 990.

Part XII, line 4b, investment custodial fees netted against the investment
income on audit, reimbursements for administrative and accounting fees
netted against administrative expenses on the audit, and expenses of
rental properties netted against rental income on
form 990.

Part XIII,line 4b, custodial charges on investments netted against
investments on the audit.

Part XIII, line 2d, expenses of related organizations reported on those
organizations' form 990, and expenses of rental properties netted against
the rental income on form 990

Part XI, Line 8 - Other Adjustments:
losses of related organizations included in audit, but reported
on their own
form 990

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the U.S.

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

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization: The United Methodist City Society

Employer identification number 13-5562419

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? [X] **Yes** [ ] **No**

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed ... ▶ [ ]

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if 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
Anchor House, Inc. 1041-1047 Bergen Street Brooklyn, NY 11216		501(c)(3)	10,675.	0.			Drug rehabilitation program - to assist in program
Church of St. Paul/St. Andrews W 86th St/West End Ave. New York, NY 10024		church	6,000.	0.			to assist with campus ministry to students at Columbia University and other sch. in the area.
Children's Programs various locations NYC		churches	145,747.	0.			see page 2, #4c
Grace UMC 125 W 104th Steet New York, NE 10025		church	74,273.	0.			to assist ch.in prog.and in rent for pars.apt so the pastor can live in the area that the Church
Insurance for churches various locations NYC		churches	241,981.	0.			see page #2, 4b
John Wesley UMC 260 Quincy Street Brooklyn, NY 11216		church	9,257.	0.			to assist the church in its program for immigrants

2 Enter total number of section 501(c)(3) and government organizations ▶ 12.

3 Enter total number of other organizations ▶ 0.

LHA **For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.** **Schedule I (Form 990) 2008**

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	**(b)** Number of recipients	**(c)** Amount of cash grant	**(d)** Amount of non-cash assistance	**(e)** Method of valuation (book, FMV, appraisal, other)	**(f)** Description of non-cash assistance
Scholarship grant/assistance	6	8,500.	0.	n/a	

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

Schedule I, Part I, Line 1: The grants given by the UMCS are in response to an application that is made for funds for church programs, or for scholarships. Each type of grant has a different process and the grants are approved by a committee of the Board. Grants to Churches are approved either by the Budget and Evaluation Committee or by the Child Care Committee, which approves the grants for Summer Programs at churches. These grants are paid directly to the churches, and a report is required at the end of the summer or after the program year.

SCHEDULE I-1 (Form 990)
Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
▲ Attach to Form 990 to list additional information for Part II and Part III, Schedule I (Form 990).

OMB No. 1545-0047
2008
Open to Public Inspection

Name of the organization: The United Methodist City Society
Employer identification number: 13-5562419

Part I **Continuation of Grants and Other Assistance to Governments and Organizations in the U.S.** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if 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
Peoples UMC 14-54 31st Road LIC, NY 11106		church	18,661.	0.			to assist the ch.in prog.in a new loc.
St.Mark's UMC 49-55 Edgecombe Ave. New York, NY 10030		church	12,500.	0.			to assist the church wit the payment of the pastor's salary
San Pablo UMC 14-54 31st Road LIC, NY 11106		church	7,339.	0.			to assist the church wit accomodating another congregation that is sharing space.
United Methodist Center/Far Rockaway - Far Rockaway, NY 11691		outreach program	15,000.	0.			to assist the center in its feeding and outreach program
Various other churches/Projects various locations NYC		churches	14,204.	0.			to assist various churches and projects in NYC to carry out their programs
Head Start Program 2 sites in NYC			323,778.	0.			see page 2, 4a

2 Enter total number of Section 501(c)(3) and government organizations ▶

3 Enter total number of other organizations ▶

SCHEDULE J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization	Employer identification number
The United Methodist City Society	13-5562419

Part I Questions Regarding Compensation

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
- [ ] Travel for companions
- [ ] Tax indemnification and gross-up payments
- [ ] Discretionary spending account
- [X] Housing allowance or residence for personal use
- [ ] Payments for business use of personal residence
- [ ] Health or social club dues or initiation fees
- [ ] Personal services (e.g., maid, chauffeur, chef)

	Line	Yes	No
b If line 1a is 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		X
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 organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

- [ ] Compensation committee
- [ ] Independent compensation consultant
- [ ] Form 990 of other organizations
- [ ] Written employment contract
- [ ] Compensation survey or study
- [X] Approval by the board or compensation committee

	Line	Yes	No
4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a:			
a Receive a severance payment or change of control payment?	4a		X
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
c Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.			
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:			
a The organization?	5a		X
b Any related organization?	5b		X
If "Yes," to line 5a or 5b, describe in Part III.			
6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a 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 not described in lines 5 and 6? If "Yes," describe in Part III	7		X
8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X

Part II **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use Schedule J-1 if additional space is needed.

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) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name		**(B)** Breakdown of W-2 and/or 1099-MISC compensation			**(C)** Deferred compensation	**(D)** Nontaxable benefits	**(E)** Total of columns (B)(i)-(D)	**(F)** Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other compensation				
John E. Carrington	**(i)**	58,533.	0.	0.	0.	0.	58,533.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

Part I, Line 1a: The Executive Director/CEO of the United Methodist City Society is a clergy and as such is entitled to a housing allowance. The United Methodist Church allows for a clergy to designate a certain amount of their compensation as a housing allowance.

SCHEDULE J-2
(Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Form 990

▶ **Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.**

OMB No. 1545-0047
2008
Open to Public Inspection

Name of the Organization: The United Methodist City Society

Employer Identification number: 13-5562419

Part I **Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
Ann Pearson Board Member	1.00	X						0.	0.	0.
Allen Pinckney Board Member	1.00	X						0.	0.	0.
In Taek Rhim Board Member	1.00	X						0.	0.	0.
Elizabeth Santana Board Member	1.00	X						0.	0.	0.
Ethel Scott Board Member	1.00	X						0.	0.	0.
Barry Seeman Board Member	1.00	X						0.	0.	0.
Gunshik Shim Board Member	1.00	X						0.	0.	0.
Ernest Swiggett Board Member	1.00	X						0.	0.	0.
Samuel Tatem Board Member	1.00	X						0.	0.	0.
Javier Viera Board Member	1.00	X						0.	0.	0.
Pauline Wardell-Sankoh Board Member	1.00	X						0.	0.	0.
Julie Wityk Board Member	1.00	X						0.	0.	0.
Robert M. Whyte Board Member	3.00	X						0.	0.	0.
Hong Chang Ezra Yew Board Member	1.00	X						0.	0.	0.
April Callender Associate Executive Dire	35.00			X				98,058.	0.	19,702.
William S. Shillady CEO/Executive Director	35.00			X				27,676.	0.	29,723.
Trudy L. Grove Chief Financial Officer	35.00			X				107,953.	0.	21,637.

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization	Employer identification number
The United Methodist City Society	13-5562419

Form 990, Part I, Line 1, Description of Organization Mission:

for urban ministry in the New York Annual Conference of the United Methodist Church. We help United Methodist and other religious institutions to identify the local needs of children, youth and adults, and help them to establish programs and support to meet the needs of their local communities in ways that tranform lives. We focus the local mission concerns of area congregations on specific needs and projects while building their capacity to make a significant difference in the lives of individuals, neighborhoods and communities.We also provide Head Start programs for children, aftershool programs for children and youth, a summer camp for children and youth, grants to churches for camps, youth programs, feeding programs, program support and other ministries all designed to improve the quality of life in a neighborhood and impact the lives of individuals.

Form 990, Part III, Line 1, Description of Organization Mission:

Working with United Methodist Churches and the community at large, we sponsor programs and create partnerships that:

Support urban churches through the offering of spiritual,

management,

leadership, consultative and financial resources to be in mission;

create and facilitate church-managed education, daycare, outreach,

housing and fellowship programs for church members and the

surrounding community;

promote the wellbeing of children and youth in our communities; and

enable individuals to overcome destructive addictions and equip them

Name of the organization: The United Methodist City Society
Employer identification number: 13-5562419

to re-enter the larger community.

Form 990, Part III, Line 4c, Program Service Accomplishments

success.

Form 990, Part VI, Section A, line 6: The UMCS has members who compose the Board of Managers. The Board of Managersis composed of one clergy and one lay person from each church in the area of the five boroughs of New York City,and in addition Westchester, Nassau and Suffolk Counties.

Form 990, Part VI, Section A, line 7a: The City Society has a Board of Directors that is elected by a Board of Managers. The Board of Managers is made up of the minister and a representative of each church in the Metropolitan, Long Island West, Long Island East, parts of Westchester and western Connecticut.

Form 990, Part VI, Section A, line 7b: It is very rare, but on occasion the Board of Directors must take an issue to the Board of Manager for approval, such as a change in the By-laws.

Form 990, Part VI, Section A, line 10: Management of the UMCS prepares its Form 990 which then is reviewed by an outside accounting firm. Management has established the following review process to ensure that the information reported is complete and accurate. When the Form 990 has been prepared, reviewed by management and is ready to be filed with the Internal Revenue Service, it's submitted electronically to members of the organization's

Name of the organization: The United Methodist City Society
Employer identification number: 13-5562419

governing body for any comments prior to its submission. The governing body is provided with one week to review the prepared form 990 and provide their comments. Any comments are then grouped, summarized and provided to the Audit Committee who is in charge of filing the return after their review. Each issue is documented and addressed until the return is finalized and approved for filing.

Form 990, Part VI, Section B, Line 12c: The UMCS currently has in place a conflict of interest policy which it annually monitors and enforces. The board currently mandates that all members of management and the governing body annually sign a conflict of interest policy and disclose any potential or actual conflicts that may exist. The signed conflict of interest statement is submitted to the Chair of the Audit Committee who reviews the signed attestations for potential or actual conflicts. If a potential or actual conflict of interest exists, the Chair of the Audit Committee will notify member of management or the governing body about such conflict and investigate the conflict. The results of the investigation will be summarized and documented by the Chair of the Audit Committee and be reported to the governing body. If the Chair of the Audit Committee establishes that an actual conflict exists, the member of management or the governing body will be notified immediately and will not be allowed to vote or be a part of any decisions about any such transactions that have to do with the conflict until such time there is no longer a conflict.

Form 990, Part VI, Section B, Line 15: The UMCS has established a written compensation policy for their compensation committee to follow in

SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization	Employer identification number
The United Methodist City Society	13-5562419

establishing the compensation for the CEO/Executive Director, top management officials, other officers or key employees. The policy mandates that executive compensation be periodically reviewed by the compensation committee and that the committee should be free of conflicts of interest. In addition, the approving compensation committee needs to review appropriate and adequate data to determine the reasonableness of compensation being considered. The compensation committee uses a variety of information and studies that are available to determine that the appropriate level of compensation is being paid its executives. The compensation committee's decision on the amount of compensation paid is required to be adequately documented in a contemporaneouly written format and should document the date of the decision, the members present during the decision and those who voted on it, the full terms of the transaction that was approved and the comparable data used and relied upon to make the decision. The compensation review process for the CEO/Executive Director, top management official, other officers or key employees is done annually.

Form 990, Part VI, Section C, Line 19: The UMCS makes it Form 990 available for public inspection as required under section 6104 of the Internal Revenue Code by posting it on guidestar.org. In addition Forms 990 as well as the financial statements, and conflict of interest policy are available upon written request at 475 Riverside Dr., Rm. 1922, New York, NY 10115 or by calling the organization directly at (212) 870-3084.

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

Related Organizations and Unrelated Partnerships

▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37.
▶ See separate instructions.

OMB No. 1545-0047
2008
Open to Public Inspection

Name of the organization
The United Methodist City Society

Employer identification number
13-5562419

Part I Identification of Disregarded Entities

(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity
Five Points Mission - 13-5602324 475 Riverside Dr., rm. 1922 NY, NY 10115	retreat facility and summer Camp	New York	Exempt as a church		United Meth.City Society
Anchor House, Inc. - 11-2151231 1041 - 1047 Bergen Street Brooklyn, NY 11216	drug rehabilation program	New York	501 (c) 3	170(b))1)(A)(vi	United Meth.City Society
The United Methodist Center of Far Rockaway - 11-2747085, PO Box 900875, Far Rockaway, NY 11691	provide relief to poor/inst.and worship in Christian Faith/promote	New York	501(c)3	509(a)(1)	United Meth.City Society
The United Methodist Church - 36-2167731 PO Box 340029 Nashville, TN 37203-0029	The church is a com.of all true believers under the Lordship of Christ		501 (c) 3	170(b))1)(A)(i)	General Conf.of the UMC

Part III **Identification of Related Organizations Taxable as a Partnership**

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Predominant income (related, investment, unrelated)	(F) Share of total income	(G) Share of end-of-year assets	(H) Disproportionate allocations? Yes	(H) No	(I) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(J) General or managing partner? Yes	(J) No

Part IV **Identification of Related Organizations Taxable as a Corporation or Trust**

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total income	(G) Share of end-of-year assets	(H) Percentage ownership
UMCS/Salem Corp. - 91-2134170 475 Riverside Dr., Rm. 1922 New York, NY 10115	Corp. to purchase property and build housing for low	NY		C CORP	0.	0.	100%

Part V Transactions With Related Organizations

Note. Complete line 1 if any entity is listed in Parts II, III, or IV.		Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity	1a		X
b Gift, grant, or capital contribution to other organization(s)	1b	X	
c Gift, grant, or capital contribution from other organization(s)	1c		X
d Loans or loan guarantees to or for other organization(s)	1d	X	
e Loans or loan guarantees by other organization(s)	1e		X
f Sale of assets to other organization(s)	1f		X
g Purchase of assets from other organization(s)	1g		X
h Exchange of assets	1h		X
i Lease of facilities, equipment, or other assets to other organization(s)	1i		X
j Lease of facilities, equipment, or other assets from other organization(s)	1j		X
k Performance of services or membership or fundraising solicitations for other organization(s)	1k		X
l Performance of services or membership or fundraising solicitations by other organization(s)	1l		X
m Sharing of facilities, equipment, mailing lists, or other assets	1m		X
n Sharing of paid employees	1n		X
o Reimbursement paid to other organization for expenses	1o		X
p Reimbursement paid by other organization for expenses	1p		X
q Other transfer of cash or property to other organization(s)	1q		X
r Other transfer of cash or property from other organization(s)	1r		X

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.

	(A) Name of other organization(s)	(B) Transaction type (a-r)	(C) Amount involved
(1)	Anchor House, Inc.	C	10,675.
(2)	Anchor House, Inc.	D	75,000.
(3)	United Methodist Center in Far Rockaway	C	15,000.
(4)			
(5)			
(6)			

Form 990 Page 10 990

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
2	Other Church Property			.000	16	965,919.			965,919.			0.
6	Cemetery Plot			.000	16	20,000.			20,000.			0.
	* 990 Page 10 Total Other					985,919.		0.	985,919.	0.	0.	0.
	Program Services											
1	Churches Owned		VAR	50.00	16	2,518,048.			2,518,048.	1,198,018.		46,845.
	* 990 Page 10 Total Program Services					2,518,048.		0.	2,518,048.	1,198,018.	0.	46,845.
	Management and General											
3	Rental Property		VAR	25.00	16	698,934.			698,934.	198,310.		14,443.
4	Rental property		VAR	25.00	16	4,622,790.			4,622,790.	1,442,242.		93,647.
5	equipment		VAR	5.00	16	437,704.			437,704.	417,843.		5,492.
	* 990 Page 10 Total Management and General					5,759,428.		0.	5,759,428.	2,058,395.	0.	113,582.
	* Grand Total 990 Page 10 Depr					9,263,395.		0.	9,263,395.	3,256,413.	0.	160,427.

828102
04-25-08

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

Form **CHAR500**	**Annual Filing for Charitable Organizations** New York State Department of Law (Office of the Attorney General) Charities Bureau - Registration Section 120 Broadway New York, NY 10271 www.oag.state.ny.us/charities/charities.html	**2008**
This form used for Article 7-A, EPTL and dual filers (replaces forms CHAR 497, CHAR 010 and CHAR 006)		**Open to Public Inspection**

1. General Information

a. For the fiscal year beginning (mm/dd/yyyy) 01/01/2008 and ending (mm/dd/yyyy) 12/31/2008

b. Check if applicable for NYS:	c. Name of organization	d. Fed. employer ID no. (EIN)
☐ Address change ☐ Name change ☐ Initial filing ☐ Final filing ☐ Amended filing ☐ NY registration pending	The United Methodist City Society	13-5562419 e. NY State registration no. 07-11-41
	Number and street (or P.O. box if mail not delivered to street address): 475 Riverside Dr., — Room/suite: 1922	f. Telephone number: 212 870-3084
	City or town, state or country and ZIP + 4: New York, NY 10115	g. Email: tgrove@umcitysociety.org

2. Certification - Two Signatures Required

We certify under penalties of perjury that we reviewed this report, including all attachments, and to the best of our knowledge and belief, they are true, correct and complete in accordance with the laws of the State of New York applicable to this report.

	Signature	Printed Name	Title	Date
a. President or Authorized Officer		Trudy L. Grove	Chief Financial Offi	
b. Chief Financial Officer or Treasurer				

3. Annual Report Exemption Information

a. **Article 7-A** annual report exemption (Article 7-A registrants and dual registrants)

Check ☐ if total contributions from NY State (including residents, foundations, corporations, government agencies, etc.) did not exceed $25,000 **and** the organization did not use the services of a professional fund raiser (PFR) or fund raising counsel (FRC) to solicit contributions during this fiscal year.

NOTE: An organization may also check the box to claim this exemption if no PFR or FRC was used **and** either: 1) the organization received an allocation from a federated fund, United Way or incorporated community appeal **and** contributions from all other sources did not exceed $25,000 **or** 2) it received all or substantially all of its contributions from a single government agency to which it submitted an annual financial report similar to that required by Article 7-A).

b. **EPTL** annual report exemption (EPTL registrants and dual registrants)

Check ☐ if total gross receipts for this fiscal year did not exceed $25,000 **and** the assets (market value) of the organization did not exceed $25,000 at any time during this fiscal year.

For EPTL or Article 7-A registrants claiming the annual report exemption under the one law under which they are registered and for dual registrants claiming the annual report exemptions under both laws, simply complete part 1 (General Information), part 2 (Certification) and part 3 (Annual Report Exemption Information) above. **Do not** *submit a fee,* **do not** *complete the following schedules and* **do not** *submit any attachments to this form.*

4. Article 7-A Schedules

If you did **not** check the Article 7-A annual report exemption above, complete the following for this fiscal year:

a. Did the organization use a professional fund raiser, fund raising counsel or commercial co-venturer for fund raising activity in NY State? ☐ Yes* ☒ No
*** If "Yes", complete Schedule 4a.**

b. Did the organization receive government contributions (grants)? ☒ Yes* ☐ No
*** If "Yes", complete Schedule 4b.**

5. Fee Submitted: See last page for **summary of fee requirements**.

Indicate the filing fee(s) you are submitting along with this form:

a. Article 7-A filing fee	$ 25.	**Submit only one check or money order for the total fee, payable to "NYS Department of Law"**
b. EPTL filing fee	$ 750.	
c. **Total fee**	$ 775.	

6. Attachments: For organizations that are not claiming annual report exemptions under both laws, see last page for **required attachments**.

Schedule 4b: Government Contributions (Grants)

If you checked the box in question **4.b.** on page 1, complete the following schedule for **each** government contribution (grant). Use additional copies of this page if necessary to list each government contribution (grant) separately.

Government Agency Name	Grant Amount
City of New York, Agency for Children's Services	$ 964,064.
	$
	$
	$
	$
	$
	$
	$
	$
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	$
	$
	$
Total Government Contributions (Grants)	**$** 964,064.

5. Fee Instructions

The filing fee depends on the organization's Registration Type. For details on Registration Type and filing fees, see the Instructions for Form CHAR500.

Organization's Registration Type	Fee Instructions
• **Article 7-A**	Calculate the Article 7-A filing fee using the table in **part a** below. The EPTL filing fee is $0.
• **EPTL**	Calculate the EPTL filing fee using the table in **part b** below. The Article 7-A filing fee is $0.
• **Dual**	Calculate both the Article 7-A and EPTL filing fees using the tables in **parts a and b** below. Add the Article 7-A and EPTL filing fees together to calculate the total fee. Submit a **single** check or money order for the total fee.

a) Article 7-A filing fee

Total Support & Revenue	Article 7-A Fee
more than $250,000	$25
up to $250,000 *	$10

* *Any organization that contracted with or used the services of a professional fund raiser (PFR) or fund raising counsel (FRC) during the reporting period must pay an Article 7-A filing fee of $25, regardless of total support and revenue.*

b) EPTL filing fee

Net Worth at End of Year	EPTL Fee
Less than $50,000	$25
$50,000 or more, but less than $250,000	$50
$250,000 or more, but less than $1,000,000	$100
$1,000,000 or more, but less than $10,000,000	$250
$10,000,000 or more, but less than $50,000,000	$750
$50,000,000 or more	$1500

6. Attachments - Document Attachment Check-List

Check the boxes for the documents you are attaching.

For All Filers

Filing Fee

[X] Single check or money order payable to "NYS Department of Law"

Copies of Internal Revenue Service Forms

[X] **IRS Form 990**	[ ] **IRS Form 990-EZ**	[ ] **IRS Form 990-PF**
[X] Schedule A to IRS Form 990	[ ] Schedule A to IRS Form 990-EZ	
[X] Schedule B to IRS Form 990	[ ] Schedule B to IRS Form 990-EZ	[ ] Schedule B to IRS Form 990-PF
[ ] IRS Form 990-T	[ ] IRS Form 990-T	[ ] IRS Form 990-T

Additional Article 7-A Document Attachment Requirement

Independent Accountant's Report

[X] Audit Report *(total support & revenue more than $250,000)*

[ ] Review Report *(total support & revenue $100,001 to $250,000)*

[ ] No Accountant's Report Required *(total support & revenue not more than $100,000)*