

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2017 calendar year, or tax year beginning **January 1**, 2017, and ending **December 31**, 20 **17**

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization **United Methodist Nomads**
 Doing business as _____
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
P O Box 3508
 City or town, state or province, country, and ZIP or foreign postal code
Shawnee KS 66203-0508

D Employer identification number
32-0102494

E Telephone number
866-466-6237

G Gross receipts \$ **283456**

F Name and address of principal officer: **Gary Grant**
2600 Billings Dr., Canton, GA 30115

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. (see instructions)
H(c) Group exemption number ▶

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

J Website: ▶

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: **2000** **M** State of legal domicile: **KS**

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: To provide our members with short-term mission outreach opportunities at UM churches, church camps, in communities and in disaster rebuilding after natural disasters such as floods, forest fires, tornados and hurricanes where their skills are employed to meet needs in meaningful Christian service.		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	10
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	0
	5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5	0
	6	Total number of volunteers (estimate if necessary)	6	
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	
b	Net unrelated business taxable income from Form 990-T, line 34	7b		
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 202134	Current Year 226664
	9	Program service revenue (Part VIII, line 2g)	0	0
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	5110	3490
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	4637	8978
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	211861	239130
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	104655	96018
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	0	0
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	129504	135545
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	234160	231593
19	Revenue less expenses. Subtract line 18 from line 12	(22298)	7536	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year 394945	End of Year 439210
	21	Total liabilities (Part X, line 26)		
	22	Net assets or fund balances. Subtract line 21 from line 20	394945	439210

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: *Gary Grant*
 Date: **4-16-2018**

Type or print name and title: **GARY GRANT, CHAIRMAN**

Paid Preparer Use Only

Print/Type preparer's name: _____ Preparer's signature: _____ Date: _____ Check if self-employed PTIN: _____

Firm's name ▶: _____ Firm's EIN ▶: _____

Firm's address ▶: _____ Phone no.: _____

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