

AMENDED RETURN
Exempt Organization Business Income Tax Return
 (and proxy tax under section 6033(e))

For calendar year 2014 or other tax year beginning JUL 1, 2014, and ending JUN 30, 2015

2014

Department of the Treasury
Internal Revenue Service

Information about Form 990-T and its instructions is available at www.irs.gov/form990t

Open to Public Inspection for 501(c)(3) Organizations Only

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3)

A <input type="checkbox"/> Check box if address changed B Exempt under section <input checked="" type="checkbox"/> 501(c)(3)) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)	Print or Type Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) UNITED METHODIST HOME FOR CHILDREN, INC. Number, street, and room or suite no. If a P.O. box, see instructions. 5120 SIMPSON FERRY ROAD City or town, state or province, country, and ZIP or foreign postal code MECHANICSBURG, PA 17050	D Employer identification number (Employees' trust, see instructions) 23-1417533
		E Unrelated business activity codes (See instructions) 541800

C Book value of all assets at end of year

F Group exemption number (See instructions.)

G Check organization type 501(c) corporation 501(c) trust 401(a) trust Other trust

H Describe the organization's primary unrelated business activity. **SEE STATEMENT 1**

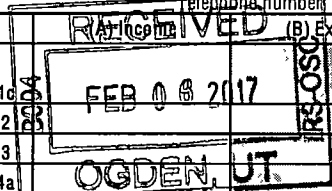
I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes No
If "Yes," enter the name and identifying number of the parent corporation.

J The books are in care of **NANCY KEY** Telephone number **717-766-7652**

Part I Unrelated Trade or Business Income		(B) Expenses	(C) Net
1 a	Gross receipts or sales		
b	Less returns and allowances		
c	Balance		
2	Cost of goods sold (Schedule A, line 7)		
3	Gross profit. Subtract line 2 from line 1c		
4 a	Capital gain net income (attach Schedule D)		
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)		
c	Capital loss deduction for trusts		
5	Income (loss) from partnerships and S corporations (attach statement)		
6	Rent income (Schedule C)		
7	Unrelated debt-financed income (Schedule E)		
8	Interest, annuities, royalties, and rents from controlled organizations (Sch. F)		
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)		
10	Exploited exempt activity income (Schedule I)		
11	Advertising income (Schedule J)	3,000.	
12	Other income (See instructions, attach schedule)		
13	Total. Combine lines 3 through 12	3,000.	3,000.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions) (Except for contributions, deductions must be directly connected with the unrelated business income)		
14	Compensation of officers, directors, and trustees (Schedule K)	14
15	Salaries and wages	15
16	Repairs and maintenance	16
17	Bad debts	17
18	Interest (attach schedule)	18
19	Taxes and licenses	19
20	Charitable contributions (See instructions for limitation rules)	20
21	Depreciation (attach Form 4562)	21
22	Less depreciation claimed on Schedule A and elsewhere on return	22a
23	Depletion	23
24	Contributions to deferred compensation plans	24
25	Employee benefit programs	25
26	Excess exempt expenses (Schedule I)	26
27	Excess readership costs (Schedule J)	27
28	Other deductions (attach schedule)	28
29	Total deductions. Add lines 14 through 28	29
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30
31	Net operating loss deduction (limited to the amount on line 30)	31
32	Unrelated business taxable income before specific deduction. Subtract line 31 from line 30	32
33	Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)	33
34	Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32	34

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Part III Tax Computation

35 Organizations Taxable as Corporations. See instructions for tax computation.
 Controlled group members (sections 1561 and 1563) check here See instructions and

a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order)
 (1) \$ _____ (2) \$ _____ (3) \$ _____

b Enter organization's share of (1) Additional 5% tax (not more than \$11,750) \$ _____
 (2) Additional 3% tax (not more than \$100,000) \$ _____

c Income tax on the amount on line 34 **35c** 300.

36 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from
 Tax rate schedule or Schedule D (Form 1041) **36**

37 Proxy tax. See instructions **37**

38 Alternative minimum tax **38**

39 Total. Add lines 37 and 38 to line 35c or 36, whichever applies **39** 300.

Part IV Tax and Payments

40a Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116) **40a**

b Other credits (see instructions) **40b**

c General business credit. Attach Form 3800 **40c**

d Credit for prior year minimum tax (attach Form 8801 or 8827) **40d**

e Total credits Add lines 40a through 40d **40e**

41 Subtract line 40e from line 39 **41** 300.

42 Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule) **42**

43 Total tax. Add lines 41 and 42 **43** 300.

44 a Payments A 2013 overpayment credited to 2014 **44a**

b 2014 estimated tax payments **44b**

c Tax deposited with Form 8868 **44c**

d Foreign organizations Tax paid or withheld at source (see instructions) **44d**

e Backup withholding (see instructions) **44e**

f Credit for small employer health insurance premiums (Attach Form 8941) **44f**

g Other credits and payments: Form 2439 Form 4136 Other _____ Total **44g**

45 Total payments. Add lines 44a through 44g **45**

46 Estimated tax penalty (see instructions). Check if Form 2220 is attached **46**

47 Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed **47** 300.

48 Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid **48**

49 Enter the amount of line 48 you want: Credited to 2015 estimated tax Refunded **49**

Part V Statements Regarding Certain Activities and Other Information (see instructions)

1 At any time during the 2014 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here **Yes** **No**

2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file **Yes** **No**

3 Enter the amount of tax-exempt interest received or accrued during the tax year \$ **Yes** **No**

Schedule A - Cost of Goods Sold. Enter method of inventory valuation N/A

1 Inventory at beginning of year	1		6 Inventory at end of year	6	
2 Purchases	2		7 Cost of goods sold Subtract line 6 from line 5 Enter here and in Part I, line 2	7	
3 Cost of labor	3		8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes	No
4 a Additional section 263A costs (att schedule)	4a				
b Other costs (attach schedule)	4b				
5 Total Add lines 1 through 4b	5				

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 taxpayer) is based on all information of which preparer has any knowledge.

Sign Here Signature of officer: *Julius C. Green* Date: 1/20/17 Title: CFO/CHRO

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

Paid Preparer Use Only

Print/Type preparer's name: JULIUS C. GREEN, CPA
 Preparer's signature: *Julius C. Green*
 Date: 1/12/17
 Check if self-employed
 PTIN: P00350393
 Firm's name: BAKER TILLY VIRCHOW KRAUSE, LLP
 Firm's EIN: 39-0859910
 Firm's address: 1650 MARKET STREET, SUITE 4500 PHILADELPHIA, PA 19103
 Phone no.: 215-972-0701

FORM 990-T DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED STATEMENT 1
BUSINESS ACTIVITY

RENTING OF LAND FOR USE TO LAMAR ADVERTISING FOR BILLBOARD PLACEMENT

TO FORM 990-T, PAGE 1

FOOTNOTES

STATEMENT 2

THIS RETURN IS BEING AMENDED TO REPORT ADVERTISING INCOME FROM THE RENTAL OF A BILLBOARD. THE ORIGINAL RETURN OMITTED THE INCOME INADVERTENTLY. UPON DISCOVERY OF THE OVERSIGHT, THE CLIENT IMMEDIATELY SOUGHT TO REMEDY THE ERROR AND PROCEEDED TO FILE IMMEDIATELY.