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Form 990

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)

2009

Open to Public

Department of the Treasury

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

Δ Ε	or th	e 2009 calendar year, or tax year beginning JUL 1, 2009 and		JUN 30, 2010	inspection		
			ending C	T			
Вс	heck if pplicab	use IRS		D Employer identific	ation number		
	_Addre	ess label or GREENSBORO URBAN MINISTRY, INC.					
	Name Chan	ge Doing Business As		56-0890545			
	Initial returr	n See Number and street (or P O box if mail is not delivered to street address)	Room/suite				
	Termi ated	In- Specific 305 WEST LEE STREET		336.2	271.5959		
	Amen	City or town, state or country, and ZIP + 4		G Gross receipts \$	5,101,773.		
	Apple	BREENSBORO, NC 2/400		H(a) Is this a group re	turn		
	pend	F Name and address of principal officer:NEAL DORMAN		for affiliates?	Yes X No		
		, GREENSBORO, NC		H(b) Are all affiliates incl	uded? Yes No		
IT	ax-ex	empt status: X 501(c) (3) ◀ (insert no.) 4947(a)(1) or 527		7	ist. (see instructions)		
JV	Vebsi	te: ► WWW.GREENSBOROURBANMINISTRY.ORG		H(c) Group exemption			
KF	orm o	f organization X Corporation	L Year		State of legal domicile NC		
	rt I	Summary					
	1	Briefly describe the organization's mission or most significant activities THE	ORGANI	ZATION PROVI	DES		
ĕ		VARIOUS FINANCIAL AID, FOOD, CLOTHING AN			IDUALS		
Activities & Governance	2	Check this box ▶ ☐ if the organization discontinued its operations or disposit	sed of more	e than 25% of its net as:	sets.		
Ş	3	Number of voting members of the governing body (Part VI, line 1a)		3	35		
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	35		
S &	5	Total number of employees (Part V, line 2a)		5	73		
/itie	6	Total number of volunteers (estimate if necessary)		6	2000		
cţ;	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12		7a	0.		
4		Net unrelated business taxable income from Form 990-T, line 34	7b	0.			
				Prior Year	Current Year		
4	8	Contributions and grants (Part VIII, line 1h)		5,606,359.	5,026,227.		
nŭ.	9	Program service revenue (Part VIII, line 2g)		48,175.	67,142.		
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	. –	10,126.	8,404.		
ď		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)					
		Total revenue - add lines-8-through 11 (must equal Part VIII, column (A), line 12)	. -	5,664,660.	5,101,773.		
		Grants and similar amounts pard (A column (A), lines 1-3)		3,042,174.	2,817,858.		
		Benefits paid to or for members (Part IX, column (A), line 4)					
ړ		Salaries, other compensation, employen benefits Part IX, column (A), lines 5-10)		1,528,974.	1,507,273.		
Expenses	16a	Professional fundraising fees (Part IX, column (492) ine 11e)	ļ —				
per		Total fundraising expenses (Part IX, column (D), time 25) 167,7	11.		······································		
ŭ		Other expenses (Part IX County TA) Inee 11a-11d 11f-24f)		985,441.	1,049,770.		
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		5,556,589.	5,374,901.		
		Revenue less expenses. Subtract line 18 from line 12		108,071.	-273,128.		
58		Trevende lead expended backgraine to normalize 12	Re	ginning of Current Year	End of Year		
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	-	9,758,606.	9,581,673.		
Ass		Total liabilities (Part X, line 26)	<u> </u>	116,276.	121,970.		
到		Net assets or fund balances. Subtract line 21 from line 20		9,642,330.	9,459,703.		
	rt II	Signature Block					
		Under penalties of penury, I declare that I have examined this return, including accompanying schedules an and complete Declaration of preparer (other than officer) is based on all information of which preparer has a	d statements,	and to the best of my knowledge	e and belief, it is true, correct,		
		and complete Declaration of preparer (other than officer))'s based on all information of which preparer has a	ny knowledge	,	· • (c)		
Sign		h My Mily (L		1 (1) - 0	28-10		
Here		Signature of officer		Date			
,,,,,	•	Lev Mike HIKEN Executive P	, rect	oV			
		Type or print name and title		-			
		Preparer's Date			's identifying number		
Paid		signature court et 1) Cliarus 1018	lio sel	nployed ▶ ☐ (seé inst	ructions)		
Prep	arer's	Firm's name (or COSTELLO HILL & COMPANY, L.L.P.	<u>,, , , , , , , , , , , , , , , , , , ,</u>	EIN >			
Use (Only	yours if self-employed), 1112 MAGNOLIA STREET					
		address, and ZIP+4 GREENSBORO, NC 27401-1426		Phone no ► 33	36-274-3281 \		

May the IRS discuss this return with the preparer shown above? (see instructions)

_	n 990 (2009) GREENSBORO URBAN MINISTRY, INC.	56-0890545	Page 2
Pa	rt III Statement of Program Service Accomplishments		
1	Briefly describe the organization's mission:		
	THE MISSION OF URBAN MINISTRY IS TO EXPRESS THE LOVE OF	GOD THROUGH	
	PRACTICAL ACTION TO PEOPLE IN NEED IN THE GREATER GREENS		
			
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	X 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	XNo
-	If "Yes," describe these changes on Schedule O.		1.00
4	Describe the exempt purpose achievements for each of the organization's three largest program services by exp	nanaaa	
•	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of a		
	allocations to others, the total expenses, and revenue, if any, for each program service reported.	grants and	
	allocations to others, the total expenses, and revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$ 535,233. including grants of \$ 0.) (Re		0.)
	EMERGENCY ASSISTANCE PROGRAM - PROVIDES HOMELESS PREVENT	PTON ASSTSTA	NCE.
	IN THE FORM OF RENT, UTILITIES, MORTGAGE, FOOD AND CLOTH		
	TO NEEDY FAMILIES AND INDIVIDUALS.	TING HODIDIA	
	10 Hall I		
			
4b	(Code:) (Expenses \$ 1,595,408 • including grants of \$ 0 •) (Re		0.)
40	(Code.) (Expenses \$ 173337 100 a including grants of \$ 0 a) (ne	svenue φ	. ,
			
	HOUSING - PROVIDES EMERGENCY, TRANSITIONAL AND PERMANENT	P HOUSING WIT	тн
	NEEDED SUPPORTIVE SERVICES TO HOMELESS, FORMERLY HOMELES		
	POTENTIALLY HOMELESS FAMILIES AND INDIVIDUALS.		
	TOTAL TIME TOTAL DESCRIPTION OF THE PROPERTY O		
4c	(Code:) (Expenses \$ 2,688,649 · including grants of \$ 0 ·) (Re	NADILE \$	0.)
70	FOOD DISTRIBUTION PROGRAM - OPERATES FOOD BANK TO SERVE		,
	AGENCIES, A FOOD PANTRY SERVING NEEDY FAMILIES AND INDIV		
	VARIOUS ON-SITE FEEDING PROGRAMS SERVING BREAKFAST, LUNC		R .
	VIRTUOD ON BITE TERBEING TROOTERS CERTIFIC PRODUCTION	<u> </u>	
			
			
4d	Other program services. (Describe in Schedule O)		
	(Expenses \$ 78,205 · including grants of \$) (Revenue \$		
<u>4e</u>	Total program service expenses ▶\$ 4,897,495.		0 (00.00)
32002		Form 99	10 (2009)

Form 990 (2009) GREENSBORO URBAN MINISTRY, INC. 56-0890545 Page 3 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)?		.,	
0	If "Yes," complete Schedule A	1	X	
2 3	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
•	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			v
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	3		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	4	_	_^_
•	reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or 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		х
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	<u> </u>		
	Schedule D, Part III	8		Х
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		Х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?			
	If "Yes," complete Schedule D, Part V	10	Х	
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable	11	X	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10° If "Yes," complete Schedule D,			
	Part VI			
•	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII			
•	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
•	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	1		
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X			
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	ļ		
	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	-		
	Schedule D, Parts XI, XII, and XIII.	12	х	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	Ī		
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u>X</u>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,		Ī	
	and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		<u>X</u>
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		<u> </u>
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		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,		l	v
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u>X</u> _
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			Y
40	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u>X</u> _
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	40		Х
20	complete Schedule G, Part III Did the organization operate one or more hospitals? If "Yes," complete Schedule H	19 20		$\frac{\mathbf{x}}{\mathbf{x}}$
<u>. U</u>	Dio the organization operate one of those hospitals: II Tes, complete scriedule II .		990 (2	
		. 01111	J J J (2	.555)

F	orm	990 (2009) GREENSBORO URBAN MINISTRY, INC. 56-089 ()545	Р	age 4
П	Par	t IV Checklist of Required Schedules (continued)			
Ξ			T	Yes	No
2	1	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the			
		United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
2	2	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX.			
		column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	1
2	23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current	 -		<u> </u>
		and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	1		
		Schedule J	23		Х
2	4a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			<u></u>
		last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
		Schedule K. If "No", go to line 25	24a		Х
	b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	<u> </u>	
		Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		1
	•	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	 	
2		Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	240		\vdash
_		disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
	b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	250	-	
	~	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete		l	ŀ
		Schedule L, Part I	25b		х
2	6	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified	200		 -
_	•	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Х
2	7	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	20	-	 -
-	•	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete			
		Schedule L, Part III	27	1	х
2	Ω	Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV		-	
_		Instructions for applicable filing thresholds, conditions, and exceptions):			
	2	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	ĺ	Х
		A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
		An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was	100		
	·	an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	х	
2	۵.	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
3		Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
3	•	contributions? If "Yes," complete Schedule M	30		x
3	1	Did the organization liquidate, terminate, or dissolve and cease operations?			
•		If "Yes," complete Schedule N, Part I	31		Х
3:		Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
0.	_	Schedule N, Part II	32		Х
33	3	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
٠,	•	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	4	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		Х
3!		Is any related organization a controlled entity within the meaning of section 512(b)(13)?			<u> </u>
٠,		If "Yes," complete Schedule R, Part V, line 2.	35		Х
36		Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
J(If "Yes," complete Schedule R, Part V, line 2	36		Х
		n roof complete concedio is it are is into a			

Х Form **990** (2009)

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Did the organization conduct more than 5% of its activities through an entity that is not a related organization

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

Note. All Form 990 filers are required to complete Schedule O.

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 7 1a b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 0 1b c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? Х 1c 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 73 b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Х 2b 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? Х За b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? Х 4a 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? b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? Х 5b c If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? Х 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6ь 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services Х provided to the payor? 7a b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required Х to file Form 8282? 7с d If "Yes," indicate the number of Forms 8282 filed during the year e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7е 7f Х Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? For all contributions of qualified intellectual property, did the organization file Form 8899 as required? 7g h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? 7h Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? 9a Did the organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: 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 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders 11a Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. is the organization filing Form 990 in lieu of Form 1041? 12a

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b If "Yes," enter the amount of tax-exempt interest received or accrued during the year

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions

Sec	tion A. Governing Body and Management			
			Yes	No
1a		35		
b		35		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other		1	
	officer, director, trustee, or key employee?	2		<u>X</u> _
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision		[N/
	of officers, directors or trustees, or key employees to a management company or other person?	3		<u>X</u>
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		<u>^</u>
6 7a	Does the organization have members or stockholders? Does the organization have members, stockholders, or other persons who may elect one or more members of the	6		
'a	governing body?	7a		x
h	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	/6		
٠	by the following:			
а		8a	х	•
	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	100		
•	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		X
	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?	10b	_	
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11_	_X	
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
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	
С	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?		.,	
	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)		1	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			Х
_	taxable entity during the year?	16a		
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	466	1	
	exempt status with respect to such arrangements?	16b		
	tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ► NONE			
17	Lot the claim with which a copy of the remines to require	ble for		
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 with the control of the con	JIE IOI		
	public inspection. Indicate how you make these available. Check all that apply. Own website X Another's website X Upon request			
• •	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy	and fine	ncial	
19		, and inia	iciai	
20	statements available to the public. State the name, physical address, and telephone number of the person who possesses the books and records of the organi	ization: 🖿		
20	GREENSBORO URBAN MINISTRY - 336-271-5959	Landii. P		
	305 WEST LEE STREET, GREENSBORO, NC 27406			
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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. Report compensation for the calendar year ending with or within the organization's tax year. 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. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- 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.

(A)	(B)	, · · · · · · · · · · · · · · · · · · ·						(D)	(E)	(F)
Name and Title	Average Position (check all that apply)							Reportable	Reportable	Estimated
	hours per week	Individual trustee or director	lnstitutional trustee	Call	Key employee	Highest compensated employee		compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
JOSEPH O. ALLEN, JR. DIRECTOR	1.00	х						0.	0.	0.
LOUIS ALLEN										
DIRECTOR	1.00	X		1				0.	0.	0.
ANDREW CHAMBERLIN										
DIRECTOR	1.00	X				<u> </u>		0.	0.	0.
JOHN CLARKIN	1									
DIRECTOR	1.00	X				L.	L	0.	0.	0.
WILLIAM S. CONNER	1	1			l					
DIRECTOR	1.00	X			ļ	<u> </u>	_	0.	0.	0.
BILL COOKE						1		1		
DIRECTOR	1.00	X				_	<u> </u>	0.	0.	0.
MARY W. COPELAND		l i								•
DIRECTOR	1.00	Х				ļ	_	0.	0.	0.
CHRISTOPHER COUCH	1									•
DIRECTOR	1.00	Х				<u> </u>		0.	0.	0.
AWILDA M. DE JESUS	1 00	,,							0	0
DIRECTOR	1.00	Х				_		0.	0.	0.
FANTA DORLEY	1.00	Х						0.	0.	0.
DIRECTOR KIMBERLY EMBRY	1.00	^	-	-		-		0.		
DIRECTOR	1.00	Х						0.	0.	0.
KAREN HAYES	1.00	^				-	_			
DIRECTOR	1.00	x	li					0.	0.	0.
MARLOW HINTON	1.00	A				 	┢			
DIRECTOR	1.00	х						0.	0.	0.
BILL HOWARD	1.00					-	_			
DIRECTOR	1.00	$ _{\mathbf{x}} $						0.	0.	0.
F. WILLIS JOHNSON, JR.							Г	1		
DIRECTOR	1.00	$ \mathbf{x} $						0.	0.	0.
DAVE JOHNSON							_			
DIRECTOR	1.00	X						0.	0.	0.
JOHN L. KNOWLES, JR.							Г			<u> </u>
DIRECTOR	1.00	Х			L '		L	0.	0.	0.
932007 02-04-10										Form 990 (2009)

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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)									rees (continued)	J4J Page o
(A)	(B)	(C)						(D)	(E)	(F)
Name and title	Average		Position					Reportable	Reportable	Estimated
	hours	(c	heck	c all	that	арр	oly)	compensation	compensation	amount of
	per	횮						from	from related	other
	week	e e				<u>B</u>		the organization	organizations	compensation
		Ste	asta	1		Suga		(W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
		를	onalt		a sold	S 8	ļ			and related
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
HERBERT KREIMER, III		┝	F	_	1		Ë			
DIRECTOR	1.00	X			İ			0.	0.	^
ED LEMONS		1			 	 	-		0.	0.
DIRECTOR	1.00	x						0.	0.	0.
BRIAN LUNSFORD					i			<u> </u>		
DIRECTOR	1.00	Х			l			0.	0.	0.
SKIP MACMILLAN										
DIRECTOR	1.00	Х						0.	0.	0.
HUGH MANN										
DIRECTOR	1.00	Х					İ	0.	0.	0.
JUDY NEWLIN			:							
DIRECTOR	1.00	X						0.	0.	0.
BONITA PORTER										
DIRECTOR	1.00	Х				<u>_</u>	ļ	0.	0.	0.
EVA RATLIFF	1 00									
DIRECTOR	1.00	Х			_			0.	0.	0.
ROBERT SADLER DIRECTOR	1 00									•
VINCENT SIMS	1.00	Х	-					0.	0.	0.
DIRECTOR	1.00	х						0.	0	0
1b Total	1.00	Λ				┰		95,899.	0.	$\frac{0.}{40,170.}$
2 Total number of individuals (including but no	at limited to th	000	lieta	d ak	2016	<u> </u>				40,170.
compensation from the organization	in mineco to tri	036	11310	u a	JO V C	., vvi		eceived more than \$100	,000 in reportable	0
										Yes No
3 Did the organization list any former officer,	director or trus	stee	, key	em	ploy	ee,	or h	nighest compensated en	nployee on	
line 1a? If "Yes," complete Schedule J for su										3 X
4 For any individual listed on line 1a, is the sui	m of reportabl	е со	mpe	nsa	ition	and	oth	ner compensation from t	he organization	
and related organizations greater than \$150	,000 <i>° If "Yes</i> ,	" coi	nple	te S	che	dule	Jf	or such individual		4 X
5 Did any person listed on line 1a receive or a	ccrue compen	sati	on fr	om	any	unre	elate	ed organization for servi	ces rendered to	
the organization? If "Yes," complete Schedu	le J for such p	oers (on							5 X
Section B. Independent Contractors										
1 Complete this table for your five highest con the organization NONE	npensated inc	lepe	nder	nt co	ontra	acto	rs ti	hat received more than s	\$100,000 of compens	ation from
(A)							1	(B)	· · · · · · · · · · · · · · · · · · ·	(C)
Name and business a	address							Description of se	ervices C	ompensation
							7			
										<u>-</u>
11.00							_			
							4			
							+			
2 Total number of independent contractors (in	-	ot lin	nted	to	_		ted	above) who received me	ore than	
\$100,000 in compensation from the organiza		т -		E/	<u>0</u>			CONTINUATIO) I	Form QQQ (2000)
are acquired de/ POR	FARI VI			r.t		1 1 1 1			LIN I	Aven BABBLE (20000)

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_				KRAN MINI	ISTRY, INC.		<u> 56-089(</u>)545 Page 9
P	art VI	III Statement of Reve	nue		· · · · · · · · · · · · · · · · · · ·			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ints nts	1 a	Federated campaigns	1a					
gra	t	Membership dues	1b	101111				
fts, arr	l c	Fundraising events	1c					
igi.	d	Related organizations	1d	0.5.0				
Contributions, gifts, grants and other similar amounts	e	Government grants (contribu	' 	252,094.	1			
ĕĔ	f	All other contributions, gifts, gra	· 1	774 100				
햠		similar amounts not included abo	ove 11 4	774,133.				
P P	9	Noncash contributions included in line	s 1a-1f \$	986,038.				
		Total. Add lines 1a-1f			5,026,227.			
a	2 a	FOOD BANK FEES		Business Code 900099	60,583.	60,583.		
Ż.	2 a	MUDITUM COORD		900099	5,893.	5,893.		
Ser	c	EMEDCENCY ACCT	STANCE	900099	666.	666.		
eve	d	· · · · · · · · · · · · · · · · · · ·		300033	- 000.	000.		
Program Service Revenue	е							
ፈ	f	All other program service rev	enue					
	9	Total. Add lines 2a-2f		>	67,142.			
	3	Investment income (including	dividends, inter	est, and				
		other similar amounts)		>	8,404.			8,404.
	4	Income from investment of ta	x-exempt bond ;	oroceeds >				
	5	Royalties		<u> </u>	111			- Kr
	_		(i) Real	(ii) Personal				
	6 a			ļ				
}	b			 				
	C	, ,		<u> </u>				
		Net rental income or (loss) Gross amount from sales of	(i) Securities	(ii) Other				:
	, 0	assets other than inventory	(I) Securities	(ii) Other				
	b	Less: cost or other basis	·					
İ	-	and sales expenses						
	С	Gain or (loss)						
ĺ	ď	Net gain or (loss)		•				[
<u>o</u>	8 a	Gross income from fundraisin	g events (not					
eun		including \$	of					
Other Revenue		contributions reported on line	1c). See					
ē		Part IV, line 18	а					
₹		Less: direct expenses	. b					
		Net income or (loss) from fund	-	<u> </u>				
ŀ	9 a	Gross income from gaming ac						
	_	Part IV, line 19	a			i.		
		Less: direct expenses Net income or (loss) from game	b bentuation		•		1	
		Gross sales of inventory, less	-					
		and allowances	a					
	b	Less: cost of goods sold	b					
	С	Net income or (loss) from sale	s of inventory	>				
		Miscellaneous Revenu	e	Business Code				
	11 a							
	b							
	С							
	ď	All other revenue	j					
	е	Total. Add lines 11a-11d	-		5 101 772	67 142	0.	0 101
32009	12	Total revenue. See instructions		P	5,101,773.	67,142.		8,404.

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Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must comp	and 501(c)(4) organiza lete_column (A) but are	not required to complete	ete columns (B), (C), and	(D).
	not include amounts reported on lines 6b, 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		3.50	general expenses	expenses
2	Grants and other assistance to individuals in				······
	the U.S. See Part IV, line 22	2,817,858.	2,817,858.		
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,	164 005			
•	trustees, and key employees	164,227.	52,553.	111,674.	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
~	persons described in section 4958(c)(3)(B)	1 050 250	776 254	0.60 0.0	
7 0	Other salaries and wages	1,059,359.	776,254.	262,007.	21,098.
8	Pension plan contributions (include section 401(k)	21 500	12 776	7 000	
9	and section 403(b) employer contributions) Other employee benefits	21,598. 173,910.	13,776. 103,569.	7,822.	
10	Other employee benefits Payroll taxes	88,179.		70,341.	
11	Fees for services (non-employees):	00,179.	65,131.	23,048.	
'' a	Management				
b	Legal _				
c	Accounting	16,500.		16,500.	
d	Lobbying	10,300.		10,300.	
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion				<u>.</u>
13	Office expenses	289,280.	64,583.	78,301.	146,396.
14	Information technology	2037200.	01/303.	70,301.	140,390.
15	Royalties				
16	Occupancy	418,582.	154,951.	263,414.	217.
17	Travel	110,002.	131/331.	203/114.	217.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	187,134.	86,137.	100,997.	
23	Insurance	37,022.	7,095.	29,927.	
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)				1 m , , , , , , , , , , , , , , , ,
а	CHAPLAINCY FEES	73,133.	73,133.		
b	MISCELLANEOUS	14,024.	2,737.	11,287.	
С	VEHICLE EXPENSE	13,770.	12,553.	1,217.	
d	TRACKING SUPPLIES	325.		325.	
е	ALLOCATED OFFICE EXPENS	0.	91,970.	-91,970.	
f	All other expenses		575,195.	-575,195.	
25	Total functional expenses. Add lines 1 through 24f	5,374,901.	4,897,495.	309,695.	167,711.
26	Joint costs. Check here 🕨 🔲 if following		T		
	SOP 98-2 Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				Form 990 (2009)

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Pa	rt X	Balance Sheet			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	1,483,141.	1	1,080,504.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	25,763.	4	18,645.
	5	Receivables from current and former officers, directors, trustees, key			
	ŀ	employees, and highest compensated employees. 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			
	1	Part II of Schedule L		6	
ets	7	Notes and loans receivable, net	125,000.	7	125,000.
Assets	8	Inventories for sale or use	139,637.	8	100,485.
٩	9	Prepaid expenses and deferred charges	23,561.	9	25,801.
	10a	Land, buildings, and equipment. cost or other			
		basis. Complete Part VI of Schedule D 10a 6,920,732.	4 500 500		4 600 015
	b	Less accumulated depreciation 10b 2,312,715.	4,720,792.		4,608,017.
	11	Investments · publicly traded securities	0.45 0.71	11	160.064
	12	Investments · other securities. See Part IV, line 11	245,371.	12	168,864.
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets	2 005 241	14	2 454 253
	15	Other assets. See Part IV, line 11	2,995,341.	15	3,454,357.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	9,758,606.	16	3,454,357. 9,581,673. 64,478.
	17	Accounts payable and accrued expenses	57,555.	17	64,4/8.
	18	Grants payable	58,721.	18	57,492.
	19	Deferred revenue	36,721.	19	37,492.
	20	Tax-exempt bond liabilities	- 	20	
Liabilities	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Piit	22	Payables to current and former officers, directors, trustees, key employees,			
Lia		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 to unrelated third parties		25	
	25	Other liabilities. Complete Part X of Schedule D	116,276.	26	121,970.
	26	Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117, check here X and complete	110/2/0:	20	121,570.
če	97	lines 27 through 29, and lines 33 and 34. Unrestricted net assets	7,358,980.	27	7,296,283.
lan	27	F	1,128,510.	28	1.056.422.
I Ba	28 29	Temporarily restricted net assets	1,154,840.	29	1,056,422. 1,106,998.
Š.	29	Permanently restricted net assets Organizations that do not follow SFAS 117, check here	1,131,010.	23	2,200,3300
Ē.		-			
Net Assets or Fund Balances	20	complete lines 30 through 34.		30	
set	30	Capital stock or trust principal, or current funds		31	
t As	31	Paid-in or capital surplus, or land, building, or equipment fund Retained carriers and surplus accumulated uscome or other funds		32	
Ne.	32	Retained earnings, endowment, accumulated income, or other funds Total not assets or fund balances	9,642,330.	33	9,459,703.
	33	Total helphilities and act assets found balances	9,758,606.	34	9,581,673.
	34	Total liabilities and net assets/fund balances	27,30,000.	→	5,501,075.

Form **990** (2009)

			Yes	No
1	Accounting method used to prepare the Form 990. Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	_2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
C	If "Yes" to line 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	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			,
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a			
	consolidated basis, separate basis, or both:			
	X Separate basis Consolidated basis Both consolidated and separate basis			
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?	За		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		
		Form	990 (2009

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

OMB No 1545-0047 2009

Open to Public

Inspection Name of the organization Employer identification number GREENSBORO URBAN MINISTRY, 56-0890545 Reason for Public Charity Status (All organizations must complete this part) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 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). 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: 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 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 Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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. **b** Type II c ____ Type III · Functionally integrated d ___ Type III - Other 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). 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 Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? g A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, Yes 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) Provide the following information about the supported organization(s). h (iii) Type of (iv) is the organization (v) Did you notify the (vi) Is the (i) Name of supported (ii) EIN (vii) Amount of organization in col organization in col (i) listed in your organization in col organization (i) organized in the U.S.? support (described on lines 1-9 governing document? (i) of your support? above or IRC section (see instructions)) Yes Yes No Yes No

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Form 990 or 990-EZ.

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for

Schedule A (Form 990 or 990-EZ) 2009

Schedule A (Form 990 or 990-EZ) 2009 GREENSBORO URBAN MINISTRY, INC. 56-0890545 Page 2

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.)

<u>Se</u>	ction A. Public Support							
Cal	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total	
1	Gifts, grants, contributions, and					_		
	membership fees received. (Do not						1	
	include any "unusual grants.")	4213502.	4762231.	5874480.	5606359.	5026227.	25482799.	
2	Tax revenues levied for the organ-							
	ization's benefit and either paid to							
	or expended on its behalf							
3	The value of services or facilities							
	furnished by a governmental unit to						1	
	the organization without charge							
4	Total. Add lines 1 through 3	4213502.	4762231.	5874480.	5606359.	5026227.	25482799.	
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)		······					
	Public support. Subtract line 5 from tine 4						25482799.	
Se	ction B. Total Support				r			
Cal	endar year (or fiscal year beginning in)►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total	
7	Amounts from line 4	4213502.	4762231.	5874480.	5606359.	5026227.	25482799.	
8	Gross income from interest,							
	dividends, payments received on						1	
	securities loans, rents, royalties		114 505	65 000	10 106	0.404	220 660	
	and income from similar sources	139,505.	114,735.	65,898.	10,126.	8,404.	338,668.	
9	Net income from unrelated business				į		Ì	
	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.)						25021467	
11	Total support. Add lines 7 through 10	<u></u>					25821467.	
	Gross receipts from related activities,	•				12	269,524.	
13	First five years. If the Form 990 is for	the organization's	first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	~ r1	
<u></u>	organization, check this box and stop	here	·oontogo			-		
	ction C. Computation of Publ						98.69 %	
	Public support percentage for 2009 (I			olumn (f))		14	98.69 <u>%</u> 98.49 %	
	Public support percentage from 2008			ومماله ممال	14 10 22 1/20/ 00 00	15		
16a	33 1/3% support test - 2009.If the o				14 IS 33 1/3% OF ITI	ore, check this bo	× and ► X	
	stop here. The organization qualifies				luna 15 in 22 1/20/	ar mara abaak th		
b	33 1/3% support test - 2008. If the o				line 15 is 33 1/3%	or more, check in	IIS DOX ► []	
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Check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) 16 Public support percentage from 2008 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage 17 Investment income percentage from 2008 Schedule A, Part III, line 17 18 Investment income percentage from 2008 Schedule A, Part III, line 17 19a 33 1/3% support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box andstop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box andstop here. The organization qualifies as a publicly supported organization 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions	13 Total support (Add lines 9, 10c, 11, and 12)		l				
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Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) 18 Investment income percentage from 2008 Schedule A, Part III, line 17 19a 33 1/3% support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box andstop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box andstop here. The organization qualifies as a publicly supported organization Pivate foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions	15 Public support percentage for 2009 (I	ine 8, column (f) d	livided by line 13, d	column (f))		15	%
Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) Investment income percentage from 2008 Schedule A, Part III, line 17 Investment income percentage from 2008 Schedule A, Part III, line 17 Investment income percentage from 2008 Schedule A, Part III, line 17 Investment income percentage from 2008 Schedule A, Part III, line 17 Investment income percentage from 2008 Schedule A, Part III, line 17 Investment income percentage from 2008 Schedule A, Part III, line 17 Investment income percentage from 2008 Schedule A, Part III, line 17 Investment income percentage from 2008 Schedule A, Part III, line 17 Investment income percentage from 2008 Schedule A, Part III, line 17 Investment income percentage from 2008 Schedule A, Part III, line 17 Investment income percentage from 2008 Schedule A, Part III, line 17 Investment income percentage from 2008 Schedule A, Part III, line 17 Investment income percentage from 2008 Schedule A, Part III, line 17 Investment income percentage from 2008 Schedule A, Part III, line 17 Investment income percentage from 2008 Schedule A, Part III, line 17 Investment income percentage from 2008 Schedule A, Part III, line 17 Investment income percentage from 2008 Schedule A, Part III, line 17 Investment income percentage from 2008 Schedule A, Part III, line 17 Investment income percentage from 2008 Schedule A, Part III, line 17 Investment income percentage from 2008 Schedule A, Part III, line 17 Investment income percentage from 2008 Schedule A, Part III, line 17 Investment income percentage from 2008 Schedule A, Part III, line 17 Investment income percentage from 2008 Schedule A, Part III, line 17 Investment income percentage from 2008 Schedule A, Part III, line 17 Investment income percentage from 2008 Schedule A, Part III, line 17 Investment income percentage from 2008 Schedule A, Part III, line 17 Investment income percentage from 2008 Schedule A, Part III, line 17 Investment income percentage from 2008 Schedule A, Part III, li	16 Public support percentage from 2008	Schedule A, Part	III, line 15			16	%
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more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions	18 Investment income percentage from 2	2008 Schedule A,	Part III, line 17			18	%
b 33 1/3% support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions	19a 33 1/3% support tests - 2009. If the	organization did r	not check the box	on line 14, and line	e 15 is more than	33 1/3%, and line 1	7 is not
line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions	more than 33 1/3%, check this box ai	nd stop here . The	organization quali	fies as a publicly s	upported organiza	ation	▶ 🗀
line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions							and
	line 18 is not more than 33 1/3%, che	ck this box and st	t op here. The orga	nization qualifies a	s a publicly supp	orted organization	▶□
	20 Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check th			or 990-EZ) 200

Schedule D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047 Inspection

Name of the organization

Employer identification number

	GREENSBORO URBAN M		56-0890545
Pa	rt I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, lin	e 6.	·
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3			
	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in		
_	are the organization's property, subject to the organization's		└─ Yes └─ No
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose o	conferring
-	impermissible private benefit?	·	Yes No
Pa	t II Conservation Easements. Complete if the or		art IV, line 7.
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply).	
	Preservation of land for public use (e.g., recreation or p	oleasure) Preservation of an hist	torically important land area
	Protection of natural habitat	Preservation of a certif	fied historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualit	fied conservation contribution in the form o	of a conservation easement on the last
	day of the tax year.		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
C	Number of conservation easements on a certified historic str	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired	` '	2d
3	Number of conservation easements modified, transferred, rel		
	year▶	,g,	
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the per		
	violations, and enforcement of the conservation easements if		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
7	Amount of expenses incurred in monitoring, inspecting, and		· · · · · · · · · · · · · · · · · · ·
8	Does each conservation easement reported on line 2(d) above		·
·	and section 170(h)(4)(B)(ii)?	re satisfy the requirements of section Troff	(4)(5)(i)
9	In Part XIV, describe how the organization reports conservati	on accompate to the revenue and evenue.	
9			
	include, if applicable, the text of the footnote to the organizat conservation easements.	non's illiancial statements that describes th	ne organization's accounting for
Par	t III Organizations Maintaining Collections of	f Art Historical Treasures or Ot	har Similar Assats
	Complete if the organization answered "Yes" to Form		ner ommar Assets.
	The state of the s		
1a	If the organization elected, as permitted under SFAS 116, no	t to report in its revenue statement and ha	lance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ec	•	
	the footnote to its financial statements that describes these r	·	ile service, provide, in rait XIV, the text of
ь.	If the organization elected, as permitted under SFAS 116, to		a choot works of art, bistorical transuires
b	•	•	
	or other similar assets held for public exhibition, education, o	r research in furtherance of public service,	provide the following amounts relating to
	these items:		.
	(i) Revenues included in Form 990, Part VIII, line 1	-	► \$ ► \$
	(ii) Assets included in Form 990, Part X		
	If the organization received or held works of art, historical treating		gain, provide
	the following amounts required to be reported under SFAS 1	16 relating to these items:	
	Revenues included in Form 990, Part VIII, line 1	•	► \$ ► \$
b	Assets included in Form 990, Part X		\$

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Schedule D (Form 990) 2009

	dule D (Form 990) 2009 GREENSBORO URBAN MINISTRY,			56-	0890545	Page 4
Pa	t XI Reconciliation of Change in Net Assets from Form 990 to	Audite	d Financial State	emen	ts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1		5,101,	773.
2	Total expenses (Form 990, Part IX, column (A), line 25)		2		5,374,	901.
3	Excess or (deficit) for the year. Subtract line 2 from line 1		3_		-273,	128.
4	Net unrealized gains (losses) on investments		4			673.
5	Donated services and use of facilities		5_			
6	Investment expenses		6			
7	Prior period adjustments		7		-164,	172.
8	Other (Describe in Part XIV.)		8			
9	Total adjustments (net). Add lines 4 through 8		9			501.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and		10		-182,	627.
Par	t XII Reconciliation of Revenue per Audited Financial Stateme	nts Witl	n Revenue per F	Returr		
1	Total revenue, gains, and other support per audited financial statements			1	5,455,	026.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains on investments	2a	254,673.	.] [
b	Donated services and use of facilities	2b]]		
C	Recoveries of prior year grants	2c]		
d	Other (Describe in Part XIV.)	2d	98,580.	.]		
е	Add lines 2a through 2d			2e	353, 5,101,	253.
3	Subtract line 2e from line 1			3	5,101,	773.
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				
С	Add lines 4a and 4b			4c		0.
5_	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)			5	5,101,	773.
Par	t XIII Reconciliation of Expenses per Audited Financial Stateme	ents Wit	th Expenses per	Retu		
1	Total expenses and losses per audited financial statements			1	5,473,	481.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities	_2a				
b	Prior year adjustments	2b				
С	Other losses .	2c				
đ	Other (Describe in Part XIV.)	2d	98,580.]		
е	Add lines 2a through 2d		_	_2e_	98,	580.
3	Subtract line 2e from line 1			3	5,374,	901.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			[" "[
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a] [
	Other (Describe in Part XIV.)	4b]		
С	Add lines 4a and 4b			4c		0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			5	5,374,	901.
	t XIV Supplemental Information					
X, line	elete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III 2; Part XI, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also comp $T\ V$, LINE 4: A PORTION OF THE ENDOWMENT FU	lete this p	art to provide any ad	ditional	information.	4; Part
0PE	RATING EXPENSES, A PORTION FOR MAINTENANCE	E AND	THE INCOME	FRO	OM THE	
PER	MANENTLY RESTRICTED FUNDS ARE UNRESTRICTED).				
						_
PAR	T XII, LINE 2D - OTHER ADJUSTMENTS:			 -		
REF	UNDABLE RENT					
	<u> </u>					
PAR	T XIII, LINE 2D - OTHER ADJUSTMENTS:			Sched	ule D (Form 99	90) 2009
932054						

Schedule D (Form 990) 2009 Part XIV Supplemental Inf	GREENSBORO	URBAN	MINISTRY,	INC.	56-0890545 Page 8
Part XIV Supplemental Inf	formation (continued)				···
REFUNDABLE RENT					
					
····					
					
					
					
					
					· · · · · · · · · · · · · · · · · · ·
			····		
			·		Schodulo D (Form 990) 200

SCHEDULE I Form 990)		Grants and Governments	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States	to Organizations in the United Sta			2004 No 1545-004	2008 No 1545-0047
Separtment of the Treasury	Сомр	Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.	n answered "Yes" on Fo	on Form 990, Pa	rt IV, line 21 or 22.		Open to Public	Public
Vame of the organization GREENSBORO	URBAN	MINISTRY, INC				U .	Employer identification number	on number
Part I General Information on Grants and Assistance								2500
1 Does the organization maintain records to substantiate the amount of the grants or assistance, and the selection	scords to substantiate th	e amount of the grants	or assistance, the	grantees' eligibilit	y for the grants or ass	Istance, and the selectic		
criteria used to award the grants or assistance? Describe in Part IV the proparation's procedures for monitoring the use of grant funds in the United States.	or assistance?	thought the like of grant	funds in the Hoster	States			X Yes	2
Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990. Part IV, line 21, for any	nce to Governments an	d Organizations in the	e United States, C	omplete if the ord	anization answered "Y	es* to Form 990. Part IV	/. line 21. for any	
7	e than \$5,000. Check thi	s box if no one recipien	t received more th	an \$5,000 Use Pa	art IV and Schedule I-1	(Form 990) if additional	space is needed	
1 (a) Name and address of organization (b) EIN (c) IRC section if applicable cash grant or government ation (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	grant	
2 Enter total number of section 501(c)(3) and government organizations 3 Enter total number of other organizations	1(c)(3) and government contractions	rganizations					A A	
4	k Reduction Act Notice	, see the Instructions	for Form 990.				Schedule I (Form 990) 2009	1 990) 2009

Schedule | (Form 990) 2009 GREENSBORO URBAN MINISTRY, INC.

Page 2

56-0890545

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

Part III

(f) Description of non-cash assistance SOUP KITCHEN, FOOD BANK, ADULT UTILITY AND RENT ASSISTANCE AND FAMILY SHELTERS, TRANSITIONAL HOUSING (e) Method of valuation (book, FMV, appraisal, other) O. BOOK 2,269,964.FMV (d) Amount of non-cash assistance ö 547,894. (c) Amount of cash grant 56013 (b) Number of recipients 4847 (a) Type of grant or assistance UTILITY AND RENT ASSISTANCE FOOD, HOUSING, CLOTHING

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

Part IV

24

Schedule I (Form 990) 2009

SCHEDULE J-2

(Form 990)

Continuation Sheet for Form 990

Department of the Treasury Internal Revenue Service

► Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a. ► See the Instructions for Form 990.

Inspection

Name of the Organization

GREENSBORO URBAN MINISTRY

Employer Identification number 56-0890545

	ORO URBAI								56-089	
		ustees, Key Employees, and Highest C					ıpl			Employees
(A)	(B)	1			C)			(D)	(E)	(F)
Name and title	Average			Pos				Reportable	Reportable	Estimated
	hours	(cl	heck	all	that	арр	ly)	compensation	compensation	amount of
	per week						•	from the	from related	other
	week	호				akold		organization	organizations (W-2/1099-MISC)	compensation from the
	1	E E		ļ		g eu	ļ	(W-2/1099-MISC)	1	organization
		88	ustee			ansat				and related
		E E	ag 4	ľ	oyee	E				organizations
	1	individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
TD TO CONTINUE		=	를	ŧ	\$	₹	횬			
ERIC STURDIVANT	1 00	,,	<u> </u>	1					•	
DIRECTOR	1.00	Х	_				ļ	0.	0.	0.
PAUL WINGATE, JR.	1 00					İ	1		•	
DIRECTOR	1.00	X	<u> </u>	<u> </u>	_	ļ	<u> </u>	0.	0.	0.
NEAL DORMAN	1 00	, ,								_
CHAIRPERSON	1.00	Х		Х	_		<u> </u>	0.	0.	0.
ROBERT C. CONE	1 00	, .		,.					_	
VICE CHAIRPERSON	1.00	Х	<u> </u>	Х		ļ	ऻ—	0.	0.	0.
CHARLIE ZIMMERMAN	1 20	ا ,, ا		,,					_	_
SECRETARY	1.00	X	_	X			<u> </u>	0.	0.	0.
CRYSTAL MERCER	40.00						ŀ	22 225		6 515
ASSISTANT SECRETARY	40.00	Х		Х	X		ļ	37,775.	0.	6,517.
TODD HERMAN	1 00					1	1		•	
TREASURER	1.00	Х		X		<u> </u>		0.	0.	0.
DON HUGHES	1 00								0	
ASSISTANT TREASURER	1.00	Х		Х		_	_	0.	0.	0.
MIKE AIKEN	10.00	,,		,,			1	FO 104	0	22 652
EXECUTIVE DIRECTOR	40.00	Х		X	X		_	58,124.	0.	33,653.
LINWOOD CARVER	1 00	.,							0	_
DIRECTOR	1.00	Х					_	0.	0.	0.
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Schedule J-2 (Form 990) 2009

SCHEDULE L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Transactions With Interested Persons

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

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

Open To Public

Inspection

OMB No 1545-0047

Name of t	he organization										Employer			umber	
		ENSBOR									56-08	<u>9054</u>	5		
Part I	Excess Benefit														
1	Complete if the organ	nization ansi	wered	Yes'	on Form	990, Part N	, line 25a c	or 25b, or Fo	rm 990-E	Z, Part	V, line 40	b	Tu		
•	(a) Name of disc	qualified per	son				(b) Description of transaction							(c) Corrected?	
		 -											Yes	No	
						 									
	 _														
0 Fatar	the emercial of the contract												<u> </u>	<u> </u>	
	the amount of tax impo on 4958	sed on the C	organiz	zation i	nanagers	s or disquai	iilea persoi	ns during the	year un	der	▶ ¢				
	the amount of tax, if an	y, on line 2,	above	, reimb	ursed by	the organi	zation				▶ \$				
Part II	Loans to and/or										_				
	Complete if the organ	1							T			royad			
	ame of interested son and purpose	(b) Loan to the orga				nal principa nount	(d) Ba	lance due	(e)	In ult?	(f) App	ard or	(g) W agree		
		То		om					Yes	No	Yes	No.	Yes	No	
		10	 				 		165	140	165	INU	162	140	
							 								
		<u> </u>	ļ.—				 		<u> </u>	! ——					
Total			<u> </u>			▶ :	<u> </u>				 -				
Part III	,			-		d Person	ns.		L				L		
 ,	Complete if the organ		vered								(-) (
(a) Name of Interested p	erson		•	b) Relation		veen intere: organization	sted person	and			sunt an ssistan	d type of ce		
_															
												<u> </u>			
										+					
										+					
Part IV	Business Transa			_											
	Complete if the organ a) Name of interested per		vered			p between		(c) Amo	unt of	(4)	Descripti	on of	(e) Sha	ring of	
(1	a) Name of interested p	eison				d the organ		transa			transaction		organiz reven	ues?	
מער כ	TURDIVANT			ON F	תם ע רו	OF D	C R R C T C		656)ad	OVIDES	מיזי ב	Yes	No_X	
EKIC S	TOVDIAMMI			OIN I	OWIND	OF D.	INECIO	1	,050	• • • • • •	VIDE	110			
								 		 					
								<u> </u>							

SEE SCHEDULE O FOR SCHEDULE L CONTINUATIONS

LHA For Privacy Act and Paperwork Reduction Act Notice, see the

Instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2009

SCHEDULE M (Form 990)

Noncash Contributions

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

OM8 No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

GREENSBORO URBAN MINISTRY

Employer identification number 56-0890545

_	GREENBOOKO C	MUDIN H	THIDINI	INC.		-0090	<u> </u>	
Pa	rt I Types of Property	-r						
		(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	Method of	(d) determir enues	ning	
1	Art - Works of art							
2	Art - Historical treasures							
3	Art · Fractional interests							
4	Books and publications					_		
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or			<u> </u>		_		
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures			<u> </u>				
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate · Commercial	L						
17	Real estate - Other							
18	Collectibles		-	1 006 000	EGETWA MED	000	~~~	
19	Food inventory	X		1,986,038.	ESTIMATED	COST	OF.	<u>IT</u>
20	Drugs and medical supplies							
21	Taxidermy .	L		 				
22	Historical artifacts							
23	Scientific specimens					_		
24	Archeological artifacts			<u> </u>				
25	Other ()			<u></u>				
26	Other ()	<u> </u>		 				
27	Other ()			 				
28_	Other (لــــــــــــــــــــــــــــــــــــــ		<u> </u>	l			
29	Number of Forms 8283 received by the organ							
	for which the organization completed Form 82	83, Part IV, L	Jonee Acknowled	Igment29			V	
				D		[Yes	No
30a	During the year, did the organization receive b							į
	at least three years from the date of the initial	contribution,	and which is not	required to be used for exen	npt purposes for	20-		х
	the entire holding period?					30a	-	_ ^
	If "Yes," describe the arrangement in Part II.		Ab a mannan		utiana?	24		х
31	Does the organization have a gift acceptance					31	 	_ ^
32a	Does the organization hire or use third parties	or related or	ganizations to so	licit, process, or sell noncash		20-		х
_	contributions?			- •	•	32a		
	If "Yes," describe in Part II.	- ali	- 41ma af	hu far which arturn (a) is the	akad	1		
33	If the organization did not report revenues in o	olumn (C) for	a type of proper	ty for which column (a) is che	uneu,			
ш,	describe in Part II.	A A A Notice	soo the Instruc	tions for Form 000	Schedule	M /For	m 00n	2000

SCHEDULE O

(Form 990)

Supplemental Information to Form 990

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

Attach to Form 990.

2009
Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

CREENSRORO LIBRAN MINISTRY INC.

Employer identification number 56-0890545

GREENSBORO URBAN MINISTRY, INC.	56-0890545
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:	
PROVIDE CHAPLAINCY SERVICES TO INDIVIDUALS IN NEED.	
EXPENSES \$ 78205. INCLUDING GRANTS OF \$ 0. REVENUE \$	0.
FORM 990, PART VI, SECTION B, LINE 11: FORM 990, PART VI,	SECTION A, LINE
10: THE FORM 990 IS REVIEWED AND APPROVED BY THE FINANCE	COMMITTEE AND
PRESENTED TO THE BOARD.	
FORM 990, PART VI, SECTION B, LINE 12C: CONFLICT OF INTER	EST - FORMS ARE
DISTRIBUTED AND COLLECTED BY THE DIRECTOR OF FINANCE AT T	HE FIRST MEETING
OF THE FISCAL YEAR.	
FORM 990, PART VI, SECTION B, LINE 15: THE PROGRAM PERSON	NEL COMMITTEE
REVIEWS THE EXECUTIVE DIRECTOR'S PERFORMANCE EACH YEAR.	THE EXECUTIVE
DIRECTOR REVIEWS THE ASSISTANT EXECUTIVE DIRECTOR, DIRECTOR	OR OF FINANCE AND
THE ADMINISTRATIVE DIRECTOR. ALL CHANGES ARE PROPOSED BY	THE PERSONNEL
COMMITTEE, REVIEWED BY THE FINANCE COMMITTEE AND THE BOAR	D APPROVES THE
BUDGET.	
FORM 990, PART VI, SECTION C, LINE 19: FORM 990, PART VI,	SECTION C, LINE
19: ALL GOVERNING DOCUMENTS ARE PROVIDED UPON REQUEST TO	THE BOARD OF
TRUSTEES.	
THE ORGANIZATION'S FINANCE COMMITTEE REVIEWS THE AUDIT AN	D MAKES
RECOMMENDATIONS AS TO THE INDEPENDENT AUDITOR TO BE USED.	

Schedule O (Form 990) 2009

SCHEDULE 0

Department of the Treasury Internal Revenue Service

(Form 990)

Supplemental Information to Form 990

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

Attach to Form 990.



Name of the organization GREENSBORO URBAN MINISTRY, INC.	Employer identification number 56-0890545
SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTEREST	ED PERSONS:
(A) NAME OF PERSON: ERIC STURDIVANT	
(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZAT	ION:
ON BOARD OF DIRECTORS	· · · · · · · · · · · · · · · · · · ·
(D) DESCRIPTION OF TRANSACTION: PROVIDES TRANSPORTATION	FROM ADULT
SHELTER TO INTERACTIVE RESOURCE CENTER	