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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

2011

Open to Public  
Inspection

A For the 2011 calendar year, or tax year beginning

, and ending

B Check if applicable

 Address change Name change Initial return Terminated Amended return Application pending

C Name of organization

Gainesville Community Ministry, Inc

Doing Business As

Number and street (or P O box if mail is not delivered to street address)

238 SW 4th Avenue

D Employer identification number

59-1724202

City or town, state or country, and ZIP + 4

Gainesville FL 32601

Room/suite

E Telephone number

352-372-8162

F Name and address of principal officer

Michael Wright  
238 SW 4th Avenue  
Gainesville FL 32601

G Gross receipts\$ 681,803

I Tax-exempt status

501(c)(3)

501(c)

( )

◀ (insert no.)

4947(a)(1) or

527

H(a) Is this a group return for affiliates?  Yes  NoH(b) Are all affiliates included?  Yes  No

If "No," attach a list. (see instructions)

H(c) Group exemption number ►

J Website. ►

www.gcmhelp.org

K Form of organization

 Corporation Trust Association Other ►

L Year of formation 1977

M State of legal domicile FL

## Part I Summary

1 Briefly describe the organization's mission or most significant activities:

Gainesville Community Ministry provides help and hope to families and individuals in Crisis.

2 Check this box ►  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 6

4 Number of independent voting members of the governing body (Part VI, line 1b)

4 6

5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)

5 26

6 Total number of volunteers (estimate if necessary)

6 98

7a Total unrelated business revenue from Part VIII, column (G), line 12

7a 0

b Net unrelated business taxable income from Form 990-T, line 34

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8 Contributions and grants (Part VIII, line 1h)

Prior Year 538,046 Current Year 528,520

9 Program service revenue (Part VIII, line 2g)

9,927 12,901

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)

15 13

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9g, 10e, and 11e)

26,307 38,265

12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)

574,295 579,699

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)

243,660 241,973

14 Benefits paid to or for members (Part IX, column (A), line 4)

223,620 202,120

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)

202,120 184,129

16a Professional fundraising fees (Part IX, column (A), line 11e)

173,364 155,763

b Total fundraising expenses (Part IX, column (D), line 25) ► 9,350

18 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)

139,379 108,723

19 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)

606,659 552,816

20 Revenue less expenses Subtract line 18 from line 12

-32,364 26,883

21 Total assets (Part X, line 16)

375,736 383,763

22 Total liabilities (Part X, line 26)

202,985 184,129

23 Net assets or fund balances. Subtract line 21 from line 20

172,751 199,634

Net Assets or Fund Balances

Beginning of Current Year 375,736 End of Year 383,763

Beginning of Current Year 202,985 End of Year 184,129

Beginning of Current Year 172,751 End of Year 199,634

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## Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission.

**Gainesville Community Ministry provides help and hope to families and individuals in Crisis.**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 organization's program service accomplishments for each of its three largest program services, as measured 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.

4a (Code ) (Expenses \$ 203,729 including grants of \$ 57,325 ) (Revenue \$ 7,924 )

**Client Assistance: Provided assistance to individuals and families by providing prescription assistance, assistance paying utility bills, housing assistance, helping people with special needs and providing dental, medical, vision and counseling services. 2,859 individuals served.**

4b (Code: ) (Expenses \$ 192,858 including grants of \$ 148,575 ) (Revenue \$ 4,977 )

**Emergency Assistance programs: Food pantry for persons in need of emergency food assistance. After three months, clients are required to enroll in STEPS Program designed to help them achieve self-sufficiency. 20,402 individuals served.**

4c (Code. ) (Expenses \$ 117,816 including grants of \$ 36,073 ) (Revenue \$ )

**Emergency Assistance Programs: Thrift Shop. Provide clothing and household items to individuals and families in need due to emergency or other crisis. After three months, clients are required to enroll in STEPS Program designed to help them achieve self-sufficiency. 325 individuals served.**

4d Other program services. (Describe in Schedule O.)

(Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_ ) (Revenue \$ \_\_\_\_\_ )

4e Total program service expenses ► 514,403

## Part IV Checklist of Required Schedules

|     | Yes                                 | No                                  |
|-----|-------------------------------------|-------------------------------------|
| 1   | <input checked="" type="checkbox"/> |                                     |
| 2   | <input checked="" type="checkbox"/> |                                     |
| 3   |                                     | <input checked="" type="checkbox"/> |
| 4   |                                     | <input checked="" type="checkbox"/> |
| 5   |                                     | <input checked="" type="checkbox"/> |
| 6   |                                     | <input checked="" type="checkbox"/> |
| 7   |                                     | <input checked="" type="checkbox"/> |
| 8   |                                     | <input checked="" type="checkbox"/> |
| 9   |                                     | <input checked="" type="checkbox"/> |
| 10  |                                     | <input checked="" type="checkbox"/> |
| 11a | <input checked="" type="checkbox"/> |                                     |
| 11b |                                     | <input checked="" type="checkbox"/> |
| 11c |                                     | <input checked="" type="checkbox"/> |
| 11d |                                     | <input checked="" type="checkbox"/> |
| 11e |                                     | <input checked="" type="checkbox"/> |
| 11f | <input checked="" type="checkbox"/> |                                     |
| 12a |                                     | <input checked="" type="checkbox"/> |
| 12b |                                     | <input checked="" type="checkbox"/> |
| 13  |                                     | <input checked="" type="checkbox"/> |
| 14a |                                     | <input checked="" type="checkbox"/> |
| 14b |                                     | <input checked="" type="checkbox"/> |
| 15  |                                     | <input checked="" type="checkbox"/> |
| 16  |                                     | <input checked="" type="checkbox"/> |
| 17  |                                     | <input checked="" type="checkbox"/> |
| 18  |                                     | <input checked="" type="checkbox"/> |
| 19  |                                     | <input checked="" type="checkbox"/> |
| 20a |                                     | <input checked="" type="checkbox"/> |
| 20b |                                     | <input checked="" type="checkbox"/> |

## Part IV Checklist of Required Schedules (continued)

21 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

22 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

23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J

24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25

b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?

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?

d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?

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

b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I

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

27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III

28 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).

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV

c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV

29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M

30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M

31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I

32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II

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

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

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2

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

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

38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O

|     | Yes | No |
|-----|-----|----|
| 21  |     | X  |
| 22  | X   |    |
| 23  | X   |    |
| 24a | X   |    |
| 24b |     |    |
| 24c |     |    |
| 24d |     |    |
| 25a | X   |    |
| 25b | X   |    |
| 26  | X   |    |
| 27  | X   |    |
| 28a | X   |    |
| 28b | X   |    |
| 28c | X   |    |
| 29  | X   |    |
| 30  | X   |    |
| 31  | X   |    |
| 32  | X   |    |
| 33  | X   |    |
| 34  | X   |    |
| 35a | X   |    |
| 35b | X   |    |
| 36  | X   |    |
| 37  | X   |    |
| 38  | X   |    |

**Part V Statements Regarding Other IRS Filings and Tax Compliance**  
 Check if Schedule O contains a response to any question in this Part V

1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable **1**

1b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? **1c**

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return **2a 26**

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 (see instructions)

3a Did the organization have unrelated business gross income of \$1,000 or more during the year? **3a**

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 instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts.

5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? **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 line 5a or 5b, did the organization file Form 8886-T? **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? **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 receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? **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 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 If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? **7g**

h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? **7h**

8 **Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? **8**

9 **Sponsoring organizations maintaining donor advised funds.**

a Did the organization make any taxable distributions under section 4966? **9a**

b Did the organization make a distribution to a donor, donor advisor, or related person? **9b**

10 **Section 501(c)(7) organizations.** Enter:

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:

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 **12b**

13 **Section 501(c)(29) qualified nonprofit health insurance issuers.**

a Is the organization licensed to issue qualified health plans in more than one state? **13a**  
**Note.** See the instructions for additional information the organization must report on Schedule O.

b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans **13b**

c Enter the amount of reserves on hand **13c**

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

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O **14b**

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

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

### Section A. Governing Body and Management

1a Enter the number of voting members of the governing body at the end of the tax year  
If the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.

1b Enter the number of voting members included in line 1a, above, who are independent

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?

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?

4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?

5 Did the organization become aware during the year of a significant diversion of the organization's assets?

6 Did the organization have members or stockholders?

7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?

b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?

8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following

a The governing body?

b Each committee with authority to act on behalf of the governing body?

9 Is there any officer, director, 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

|    | 1a | 6 | Yes | No |
|----|----|---|-----|----|
| 1b | 6  |   |     |    |
| 2  |    |   | X   |    |
| 3  |    |   | X   |    |
| 4  |    |   | X   |    |
| 5  |    |   | X   |    |
| 6  |    |   | X   |    |
| 7a |    |   | X   |    |
| 7b |    |   | X   |    |
| 8a |    | X |     |    |
| 8b |    | X |     |    |
| 9  |    |   | X   |    |

### Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

10a Did the organization have local chapters, branches, or affiliates?

b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?

11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?

b Describe in Schedule O the process, if any, used by the organization to review this Form 990

12a Did the organization have a written conflict of interest policy? If "No," go to line 13

b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?

c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done

13 Did the organization have a written whistleblower policy?

14 Did the organization have a written document retention and destruction policy?

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

b Other officers or key employees of the organization

If "Yes" to line 15a or 15b, 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?

b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

|     | Yes | No |
|-----|-----|----|
| 10a |     | X  |
| 10b |     |    |
| 11a | X   |    |
| 12a | X   |    |
| 12b | X   |    |
| 12c | X   |    |
| 13  | X   |    |
| 14  |     | X  |
| 15a |     | X  |
| 15b |     | X  |
| 16a |     | X  |
| 16b |     |    |

### Section C. Disclosure

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

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

Own website  Another's website  Upon request

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

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ► Michael Wright  
238 SW 4th Avenue  
Gainesville FL 32601

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Check if Schedule O contains a response to any question in this Part VII **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.

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

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

 Check this box if neither the organization nor any related organizations compensated any current officer, director, or trustee.

| (A)<br>Name and Title                           | (B)<br>Average<br>hours per<br>week<br>(describe<br>hours for<br>related<br>organizations<br>in Schedule<br>O) | (C)<br>Position<br>(do not check more than one<br>box, unless person is both an<br>officer and a director/trustee) |                       |         |              |                     | (D)<br>Reportable<br>compensation<br>from<br>the<br>organization<br>(W-2/1099-MISC) | (E)<br>Reportable<br>compensation from<br>related<br>organizations<br>(W-2/1099-MISC) | (F)<br>Estimated<br>amount of<br>other<br>compensation<br>from the<br>organization<br>and related<br>organizations |
|---|--|--|-----------------------|---------|--------------|---------------------|---|---|--|
|   |  | Individual trustee   | Institutional trustee | Officer | Key employee | Highest compensated |   |   |  |
| (1) <b>Cornelia Odom</b><br>President           | 1.00   | X  |                       | X       |              |                     | 0   | 0   | 0  |
| (2) <b>Donald Forrester</b><br>Vice President   | 1.00   | X  |                       | X       |              |                     | 0   | 0   | 0  |
| (3) <b>Audrey Urquhart</b><br>Secretary         | 1.00   | X  |                       | X       |              |                     | 0   | 0   | 0  |
| (4) <b>Keith Hostetler</b><br>Board Member      | 1.00   | X  |                       |         |              |                     | 0   | 0   | 0  |
| (5) <b>Jennifer Wright</b><br>Board Member      | 1.00   | X  |                       |         |              |                     | 0   | 0   | 0  |
| (6) <b>Mark Johnson</b><br>Treasurer            | 1.00   | X  |                       | X       |              |                     | 0   | 0   | 0  |
| (7) <b>Michael Wright</b><br>Executive Director | 40.00  |  |                       | X       |              |                     | 36,750  | 0   | 4,800  |
| (8)   |  |  |                       |         |              |                     |   |   |  |
| (9)   |  |  |                       |         |              |                     |   |   |  |
| (10)  |  |  |                       |         |              |                     |   |   |  |
| (11)  |  |  |                       |         |              |                     |   |   |  |
| (12)  |  |  |                       |         |              |                     |   |   |  |
| (13)  |  |  |                       |         |              |                     |   |   |  |
| (14)  |  |  |                       |         |              |                     |   |   |  |

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

| (A)<br>Name and title  | (B)<br>Average<br>hours per<br>week<br>(describe<br>hours for<br>related<br>organizations<br>in Schedule<br>O) | (C)<br>Position<br>(do not check more than one<br>box, unless person is both an<br>officer and a director/trustee) |                          |         |              |                                 | (D)<br>Reportable<br>compensation<br>from<br>the<br>organization<br>(W-2/1099-MISC) | (E)<br>Reportable<br>compensation from<br>related<br>organizations<br>(W-2/1099-MISC) | (F)<br>Estimated<br>amount of<br>other<br>compensation<br>from the<br>organization<br>and related<br>organizations |
|--|--|--|--------------------------|---------|--------------|---------------------------------|---|---|--|
|  |  | Individual<br>trustee  | Institutional<br>trustee | Officer | Key employee | Highest compensated<br>employee |   |   |  |
| (15)   |  |  |                          |         |              |                                 |   |   |  |
| (16)   |  |  |                          |         |              |                                 |   |   |  |
| (17)   |  |  |                          |         |              |                                 |   |   |  |
| (18)   |  |  |                          |         |              |                                 |   |   |  |
| (19)   |  |  |                          |         |              |                                 |   |   |  |
| (20)   |  |  |                          |         |              |                                 |   |   |  |
| (21)   |  |  |                          |         |              |                                 |   |   |  |
| (22)   |  |  |                          |         |              |                                 |   |   |  |
| (23)   |  |  |                          |         |              |                                 |   |   |  |
| (24)   |  |  |                          |         |              |                                 |   |   |  |
| (25)   |  |  |                          |         |              |                                 |   |   |  |
| <b>1b Sub-total</b>  |  |  |                          |         |              |                                 | <b>36,750</b>   |   | <b>4,800</b>   |
| <b>c Total from continuation sheets to Part VII, Section A</b> |  |  |                          |         |              |                                 |   |   |  |
| <b>d Total (add lines 1b and 1c)</b>                           |  |  |                          |         |              |                                 | <b>36,750</b>   |   | <b>4,800</b>   |

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ► 0

|  | Yes | No |
|--|-----|----|
| 3 Did the organization list any <b>former</b> 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 or individual 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. Report compensation for the calendar year ending with or within the organization's tax year.

| (A)<br>Name and business address | (B)<br>Description of services | (C)<br>Compensation |
|----------------------------------|--------------------------------|---------------------|
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► 0

## Part VIII Statement of Revenue

|  |   |                   | (A)<br>Total revenue | (B)<br>Related or<br>exempt<br>function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue<br>excluded from tax<br>under sections<br>512, 513, or 514 |
|--|---|-------------------|----------------------|--|---|---|
|  |   |                   |                      |  |   |   |
| Grants, Gifts, and Other Similar Amounts | 1a Federated campaigns  | 1a <b>14,687</b>  |                      |  |   |   |
|  | b Membership dues   | 1b                |                      |  |   |   |
|  | c Fundraising events  | 1c                |                      |  |   |   |
|  | d Related organizations   | 1d                |                      |  |   |   |
|  | e Government grants (contributions)   | 1e <b>56,256</b>  |                      |  |   |   |
|  | f All other contributions, gifts, grants, and similar amounts not included above                                      | 1f <b>457,577</b> |                      |  |   |   |
|  | g Noncash contributions included in lines 1a-1f   | \$ <b>161,801</b> |                      |  |   |   |
|  | <b>h Total. Add lines 1a-1f</b>   | ► <b>528,520</b>  |                      |  |   |   |
| Program Service Revenue                  |   | Busn. Code        |                      |  |   |   |
|  | 2a Dental Clinic  |                   | <b>7,674</b>         | <b>7,674</b>                                       |   |   |
|  | b Angel Food  |                   | <b>4,977</b>         | <b>4,977</b>                                       |   |   |
|  | c Vision Clinic   |                   | <b>250</b>           | <b>250</b>   |   |   |
|  | d   |                   |                      |  |   |   |
|  | e   |                   |                      |  |   |   |
|  | f All other program service revenue   |                   |                      |  |   |   |
|  | <b>g Total. Add lines 2a-2f</b>   | ► <b>12,901</b>   |                      |  |   |   |
| Other Revenue                            | 3 Investment income (including dividends, interest, and other similar amounts)  |                   | <b>13</b>            |  |   | <b>13</b>   |
|  | 4 Income from investment of tax-exempt bond proceeds  |                   |                      |  |   |   |
|  | 5 Royalties   |                   |                      |  |   |   |
|  |   | (i) Real          | (ii) Personal        |  |   |   |
|  | 6a Gross rents  |                   |                      |  |   |   |
|  | b Less rental exps  |                   |                      |  |   |   |
|  | c Rental inc or (loss)  |                   |                      |  |   |   |
|  | <b>d Net rental income or (loss)</b>  | ►                 |                      |  |   |   |
|  | 7a Gross amount from sales of assets other than inventory   | (i) Securities    | (ii) Other           |  |   |   |
|  | b Less cost or other basis & sales exps   |                   |                      |  |   |   |
|  | c Gain or (loss)  |                   |                      |  |   |   |
|  | <b>d Net gain or (loss)</b>   | ►                 |                      |  |   |   |
|  | 8a 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  | ►                 |                      |  |   |   |
|  | 9a Gross income from gaming activities. See Part IV, line 19  | a                 |                      |  |   |   |
|  | b Less: direct expenses   | b                 |                      |  |   |   |
|  | c Net income or (loss) from gaming activities   | ►                 |                      |  |   |   |
|  | 10a Gross sales of inventory, less returns and allowances   | a <b>140,369</b>  |                      |  |   |   |
|  | b Less cost of goods sold   | b <b>102,104</b>  |                      |  |   |   |
|  | c Net income or (loss) from sales of inventory  | ► <b>38,265</b>   |                      |  |   | <b>38,265</b>   |
|  | Miscellaneous Revenue   | Busn. Code        |                      |  |   |   |
|  | 11a   |                   |                      |  |   |   |
|  | b   |                   |                      |  |   |   |
|  | c   |                   |                      |  |   |   |
|  | d All other revenue   |                   |                      |  |   |   |
|  | <b>e Total. Add lines 11a-11d</b>   | ► <b>579,699</b>  | <b>12,901</b>        | 0  |   | <b>38,278</b>   |
|  | <b>12 Total revenue. See instructions</b>   | ►                 |                      |  |   |   |

**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).

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

| <b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>  | <b>(A)<br/>Total expenses</b> | <b>(B)<br/>Program service<br/>expenses</b> | <b>(C)<br/>Management and<br/>general expenses</b> | <b>(D)<br/>Fundraising<br/>expenses</b> |
|--|-------------------------------|---|--|---|
| 1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21  |                               |   |  |   |
| 2 Grants and other assistance to individuals in the U.S. See Part IV, line 22  | <b>241,973</b>                | <b>241,973</b>                              |  |   |
| 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   | <b>34,296</b>                 | <b>21,643</b>                               | <b>6,406</b>                                       | <b>6,247</b>                            |
| 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   | <b>154,358</b>                | <b>146,294</b>                              | <b>8,064</b>                                       |   |
| 8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)  |                               |   |  |   |
| 9 Other employee benefits  |                               |   |  |   |
| 10 Payroll taxes   | <b>13,466</b>                 | <b>11,987</b>                               | <b>1,033</b>                                       | <b>446</b>                              |
| 11 Fees for services (non-employees)   |                               |   |  |   |
| a Management   |                               |   |  |   |
| b Legal  |                               |   |  |   |
| c Accounting   | <b>6,600</b>                  |   | <b>6,600</b>                                       |   |
| d Lobbying   |                               |   |  |   |
| e Professional fundraising services See Part IV, line 17   |                               |   |  |   |
| f Investment management fees   |                               |   |  |   |
| g Other  |                               |   |  |   |
| 12 Advertising and promotion   | <b>3,713</b>                  | <b>3,341</b>                                | <b>260</b>   | <b>112</b>                              |
| 13 Office expenses   | <b>8,625</b>                  | <b>7,571</b>                                | <b>735</b>   | <b>319</b>                              |
| 14 Information technology  | <b>11,020</b>                 | <b>9,604</b>                                | <b>990</b>   | <b>426</b>                              |
| 15 Royalties   |                               |   |  |   |
| 16 Occupancy   | <b>34,646</b>                 | <b>32,604</b>                               | <b>1,427</b>                                       | <b>615</b>                              |
| 17 Travel  |                               |   |  |   |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials  |                               |   |  |   |
| 19 Conferences, conventions, and meetings  |                               |   |  |   |
| 20 Interest  | <b>8,596</b>                  | <b>7,652</b>                                | <b>659</b>   | <b>285</b>                              |
| 21 Payments to affiliates  |                               |   |  |   |
| 22 Depreciation, depletion, and amortization   | <b>16,214</b>                 | <b>14,433</b>                               | <b>1,244</b>                                       | <b>537</b>                              |
| 23 Insurance   | <b>9,410</b>                  | <b>8,376</b>                                | <b>722</b>   | <b>312</b>                              |
| 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)                                       |                               |   |  |   |
| a Dental Clinic Supplies   | <b>6,049</b>                  | <b>6,049</b>                                |  |   |
| b Bank Charges   | <b>2,220</b>                  | <b>2,118</b>                                | <b>71</b>  | <b>31</b>                               |
| c Miscellaneous  | <b>806</b>                    |   | <b>806</b>   |   |
| d Membership dues  | <b>600</b>                    | <b>534</b>                                  | <b>46</b>  | <b>20</b>                               |
| e All other expenses   | <b>224</b>                    | <b>224</b>                                  |  |   |
| 25 Total functional expenses. Add lines 1 through 24e  | <b>552,816</b>                | <b>514,403</b>                              | <b>29,063</b>                                      | <b>9,350</b>                            |
| 26 Joint costs. Check here ► <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) 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)<br>Beginning of year |     | (B)<br>End of year |
|-----------------------------|---|--------------------------|-----|--------------------|
| Assets                      | 1 Cash—non-interest bearing   | 8,394                    | 1   | 43,106             |
|                             | 2 Savings and temporary cash investments  | 1,071                    | 2   | 3,074              |
|                             | 3 Pledges and grants receivable, net  |                          | 3   |                    |
|                             | 4 Accounts receivable, net  | 1,285                    | 4   |                    |
|                             | 5 Receivables from current and former officers, directors, trustees, key 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)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) |                          | 6   |                    |
|                             | 7 Notes and loans receivable, net   |                          | 7   |                    |
|                             | 8 Inventories for sale or use   | 26,000                   | 8   | 19,000             |
|                             | 9 Prepaid expenses and deferred charges   | 1,800                    | 9   | 1,800              |
|                             | 10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D  | 513,997                  |     |                    |
|                             | b Less accumulated depreciation   | 197,214                  | 10c | 316,783            |
|                             | 11 Investments—publicly traded securities   |                          | 11  |                    |
|                             | 12 Investments—other securities. See Part IV, line 11   |                          | 12  |                    |
|                             | 13 Investments—program-related. See Part IV, line 11  |                          | 13  |                    |
|                             | 14 Intangible assets  |                          | 14  |                    |
|                             | 15 Other assets See Part IV, line 11  |                          | 15  |                    |
|                             | 16 Total assets. Add lines 1 through 15 (must equal line 34)  | 375,736                  | 16  | 383,763            |
| Liabilities                 | 17 Accounts payable and accrued expenses  | 15,523                   | 17  | 9,900              |
|                             | 18 Grants payable   |                          | 18  |                    |
|                             | 19 Deferred revenue   |                          | 19  |                    |
|                             | 20 Tax-exempt bond liabilities  |                          | 20  |                    |
|                             | 21 Escrow or custodial 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   | 173,179                  | 23  | 162,746            |
|                             | 24 Unsecured notes and loans payable to unrelated third parties   | 14,283                   | 24  | 11,483             |
|                             | 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D  |                          | 25  |                    |
|                             | 26 Total liabilities. Add lines 17 through 25   | 202,985                  | 26  | 184,129            |
| Net Assets or Fund Balances | Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.   |                          |     |                    |
|                             | 27 Unrestricted net assets  | 161,214                  | 27  | 183,715            |
|                             | 28 Temporarily restricted net assets  | 11,537                   | 28  | 15,919             |
|                             | 29 Permanently restricted net assets  |                          | 29  |                    |
|                             | Organizations that do not follow SFAS 117, check here <input type="checkbox"/> 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  | 172,751                  | 33  | 199,634            |
|                             | 34 Total liabilities and net assets/fund balances   | 375,736                  | 34  | 383,763            |

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response to any question in this Part XI 

- 1 Total revenue (must equal Part VIII, column (A), line 12) **1 579,699**
- 2 Total expenses (must equal Part IX, column (A), line 25) **2 552,816**
- 3 Revenue less expenses. Subtract line 2 from line 1 **3 26,883**
- 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) **4 172,751**
- 5 Other changes in net assets or fund balances (explain in Schedule O) **5 0**
- 6 Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) **6 199,634**

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response to any question in this Part XII 

- 1 Accounting method used to prepare the Form 990  Cash  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**
- 2b Were the organization's financial statements audited by an independent accountant? **2b X**
- 2c 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. **2c X**
- 3a If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: **3a X**
- 3b  Separate basis  Consolidated basis  Both consolidated and separate basis **3b**
- 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**
- 3b 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 (2011)

**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

**2011**Open to Public  
Inspection

Name of the organization

**Gainesville Community Ministry, Inc**Employer identification number  
**59-1724202**
**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: (For lines 1 through 11, check only one box.)

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)**.  
 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  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 Part III.)

10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.  
 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?

(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?  
 (ii) A family member of a person described in (i) above?  
 (iii) A 35% controlled entity of a person described in (i) or (ii) above?

h Provide the following information about the supported organization(s)

|          | Yes | No |
|----------|-----|----|
| 11g(i)   |     |    |
| 11g(ii)  |     |    |
| 11g(iii) |     |    |

| (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? |    | (V) Did you notify the organization in col. (I) of your support? |    | (VI) Is the organization in col. (I) organized in the U.S.? |    | (VII) Amount of support |
|------------------------------------|----------|---|---|----|--|----|---|----|-------------------------|
|                                    |          |   | Yes   | No | Yes  | No | Yes   | No |                         |
| (A)                                |          |   |   |    |  |    |   |    |                         |
| (B)                                |          |   |   |    |  |    |   |    |                         |
| (C)                                |          |   |   |    |  |    |   |    |                         |
| (D)                                |          |   |   |    |  |    |   |    |                         |
| (E)                                |          |   |   |    |  |    |   |    |                         |
| <b>Total</b>                       |          |   |   |    |  |    |   |    |                         |

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

Schedule A (Form 990 or 990-EZ) 2011

## Schedule A (Form 990 or 990-EZ) 2011 Gainesville Community Ministry, Inc 59-1724202

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**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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ►   | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")   | 527,235  | 531,353  | 552,327  | 538,046  | 525,520  | 2,674,481 |
| 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 <b>Total.</b> Add lines 1 through 3   | 527,235  | 531,353  | 552,327  | 538,046  | 525,520  | 2,674,481 |
| 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 <b>Public support.</b> Subtract line 5 from line 4  |          |          |          |          |          | 202,223   |
|   |          |          |          |          |          | 2,472,258 |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ►  | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (f) Total                  |
|--|----------|----------|----------|----------|----------|----------------------------|
| 7 Amounts from line 4  | 527,235  | 531,353  | 552,327  | 538,046  | 525,520  | 2,674,481                  |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources   | 234      |          |          | 15       | 13       | 262                        |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on   | 81,596   | 60,796   | 38,512   | 26,716   | 38,353   | 245,973                    |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)   |          |          |          |          | 0        |                            |
| 11 <b>Total support.</b> Add lines 7 through 10  |          |          |          |          |          | 2,920,716                  |
| 12 Gross receipts from related activities, etc. (see instructions)   |          |          |          |          | 12       | 32,217                     |
| 13 <b>First five years.</b> 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 <b>stop here</b> |          |          |          |          |          | ► <input type="checkbox"/> |

**Section C. Computation of Public Support Percentage**

|   |                                       |         |
|---|---------------------------------------|---------|
| 14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f))   | 14                                    | 84.65 % |
| 15 Public support percentage from 2010 Schedule A, Part II, line 14   | 15                                    | 87.09 % |
| 16a <b>33 1/3% support test—2011.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization   | ► <input checked="" type="checkbox"/> |         |
| b <b>33 1/3% support test—2010.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization  | ► <input type="checkbox"/>            |         |
| 17a <b>10%-facts-and-circumstances test—2011.</b> 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 <b>stop here</b> . Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization    | ► <input type="checkbox"/>            |         |
| b <b>10%-facts-and-circumstances test—2010.</b> 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 <b>stop here</b> . Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization | ► <input type="checkbox"/>            |         |
| 18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions  | ► <input type="checkbox"/>            |         |

## Schedule A (Form 990 or 990-EZ) 2011 Gainesville Community Ministry, Inc 59-1724202

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

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

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ►  | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")   |          |          |          |          |          |           |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose |          |          |          |          |          |           |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513   |          |          |          |          |          |           |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  |          |          |          |          |          |           |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge  |          |          |          |          |          |           |
| <b>6 Total.</b> Add lines 1 through 5  |          |          |          |          |          |           |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons   |          |          |          |          |          |           |
| <b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year    |          |          |          |          |          |           |
| <b>c</b> Add lines 7a and 7b   |          |          |          |          |          |           |
| <b>8 Public support</b> (Subtract line 7c from line 6.)  |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ►   | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (f) Total                  |
|---|----------|----------|----------|----------|----------|----------------------------|
| <b>9</b> Amounts from line 6  |          |          |          |          |          |                            |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources   |          |          |          |          |          |                            |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975  |          |          |          |          |          |                            |
| <b>c</b> Add lines 10a and 10b  |          |          |          |          |          |                            |
| <b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on   |          |          |          |          |          |                            |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)   |          |          |          |          |          |                            |
| <b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)  |          |          |          |          |          |                            |
| <b>14 First five years.</b> 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 |          |          |          |          |          | ► <input type="checkbox"/> |

**Section C. Computation of Public Support Percentage**

|   |    |   |
|---|----|---|
| 15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f)) | 15 | % |
| 16 Public support percentage from 2010 Schedule A, Part III, line 15                      | 16 | % |

**Section D. Computation of Investment Income Percentage**

|  |    |                            |
|--|----|----------------------------|
| 17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))   | 17 | %                          |
| 18 Investment income percentage from 2010 Schedule A, Part III, line 17  | 18 | %                          |
| <b>19a 33 1/3% support tests—2011.</b> If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization         |    | ► <input type="checkbox"/> |
| <b>b 33 1/3% support tests—2010.</b> 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 |    | ► <input type="checkbox"/> |
| <b>20 Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions   |    | ► <input type="checkbox"/> |

**Schedule A (Form 990 or 990-EZ) 2011 Gainesville Community Ministry, Inc 59-1724202**

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**Part IV: Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

**SCHEDULE D**  
**(Form 990)**Department of the Treasury  
Internal Revenue Service**Supplemental Financial Statements**

OMB No 1545-0047

**2011****Open to Public  
Inspection**

Name of the organization

Employer identification number

**Gainesville Community Ministry, Inc****59-1724202****Part I: Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 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 writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?

 Yes  No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

 Yes  No**Part II: Conservation Easements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or education)  Preservation of an historically important land area  
 Protection of natural habitat  Preservation of a certified historic structure  
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

|    | Held at the End of the Tax Year |
|----|---------------------------------|
| 2a |                                 |
| 2b |                                 |
| 2c |                                 |
| 2d |                                 |

a Total number of conservation easements  
b Total acreage restricted by conservation easements  
c Number of conservation easements on a certified historic structure included in (a)  
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►

4 Number of states where property subject to conservation easement is located ►

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

 Yes  No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ►

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) (i) and section 170(h)(4)(B)(ii)?

 Yes  No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III: Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**  
Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

► \$

► \$

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or 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

► \$

► \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

► \$

► \$

a Revenues included in Form 990, Part VIII, line 1  
b Assets included in Form 990, Part X

## Schedule D (Form 990) 2011 Gainesville Community Ministry, Inc 59-1724202

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

3 Using the organization's acquisition, 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 Escrow and Custodial Arrangements.** Complete if the 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 |
|----|--------|
| 1c |        |
| 1d |        |
| 1e |        |
| 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                     |                  |                |                    |                      |                     |
| b Contributions                                  |                  |                |                    |                      |                     |
| c Net investment earnings, gains, and losses     |                  |                |                    |                      |                     |
| d Grants or scholarships                         |                  |                |                    |                      |                     |
| e Other expenditures for facilities and programs |                  |                |                    |                      |                     |
| f Administrative expenses                        |                  |                |                    |                      |                     |
| g End of year balance                            |                  |                |                    |                      |                     |

2 Provide the estimated percentage of the year end balance (line 1g) held as

a Board designated or quasi-endowment ► %

b Permanent endowment ► %

c Temporarily restricted endowment ► %

The percentages in lines 2a, 2b, and 2c should equal 100%.

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

(i) unrelated organizations

(ii) related organizations

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

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

|        | Yes | No |
|--------|-----|----|
| 3a(i)  |     |    |
| 3a(ii) |     |    |
| 3b     |     |    |

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

| Description of property  | (a) Cost or other basis<br>(investment) | (b) Cost or other basis<br>(other) | (c) Accumulated<br>depreciation | (d) Book value |
|--|---|------------------------------------|---------------------------------|----------------|
| 1a Land  |   | 44,400                             |                                 | 44,400         |
| b Buildings  |   | 227,887                            | 79,761                          | 148,126        |
| c Leasehold improvements   |   |                                    |                                 |                |
| d Equipment  |   | 43,215                             | 42,944                          | 271            |
| e Other  |   | 198,495                            | 74,509                          | 123,986        |
| <b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) |   |                                    |                                 | 316,783        |

Schedule D (Form 990) 2011

## Schedule D (Form 990) 2011 Gainesville Community Ministry, Inc 59-1724202

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

|   |    |
|---|----|
| 1 Total revenue (Form 990, Part VIII, column (A), line 12)                                  | 1  |
| 2 Total expenses (Form 990, Part IX, column (A), line 25)                                   | 2  |
| 3 Excess or (deficit) for the year. Subtract line 2 from line 1                             | 3  |
| 4 Net unrealized gains (losses) on investments  | 4  |
| 5 Donated services and use of facilities  | 5  |
| 6 Investment expenses   | 6  |
| 7 Prior period adjustments  | 7  |
| 8 Other (Describe in Part XIV.)   | 8  |
| 9 Total adjustments (net). Add lines 4 through 8  | 9  |
| 10 Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 | 10 |

**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  |
| 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:           |    |
| a Net unrealized gains on investments   | 2a |
| b Donated services and use of facilities  | 2b |
| c Recoveries of prior year grants   | 2c |
| d Other (Describe in Part XIV.)   | 2d |
| e Add lines 2a through 2d   | 2e |
| 3 Subtract line 2e from line 1  | 3  |
| 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 |
| c Add lines 4a and 4b   | 4c |
| 5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) | 5  |

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

|  |    |
|--|----|
| 1 Total expenses and losses per audited financial statements                     | 1  |
| 2 Amounts included on line 1 but not on Form 990, Part IX, line 25               |    |
| a Donated services and use of facilities   | 2a |
| b Prior year adjustments   | 2b |
| c Other losses   | 2c |
| d Other (Describe in Part XIV.)  | 2d |
| e Add lines 2a through 2d  | 2e |
| 3 Subtract line 2e from line 1   | 3  |
| 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 |
| c Add lines 4a and 4b  | 4c |
| 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) | 5  |

**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, line 2; Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

**Part X - Liability Under FIN 48 Footnote**

Gainesville Community Ministry, Inc. (GCM) is exempt from income taxes according to the provisions of Section 501(c)(3) of the Internal Revenue Code and has not earned any unrelated taxable income. Therefore, no provision for income taxes is reflected in the accompanying financial statements. In addition, GCM qualifies for the charitable contributions deduction and has been classified by the Internal Revenue Service as a

## Schedule D (Form 990) 2011 Gainesville Community Ministry, Inc 59-1724202

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**Part VII: Investments—Other Securities.** See Form 990, Part X, line 12.

| (a) Description of security or category<br>(including name of security) | (b) Book value | (c) Method of valuation<br>Cost or end-of-year market value |
|---|----------------|---|
| (1) Financial derivatives   |                |   |
| (2) Closely-held equity interests                                       |                |   |
| (3) Other   |                |   |
| (A)   |                |   |
| (B)   |                |   |
| (C)   |                |   |
| (D)   |                |   |
| (E)   |                |   |
| (F)   |                |   |
| (G)   |                |   |
| (H)   |                |   |
| (I)   |                |   |

**Total.** (Column (b) must 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<br>Cost or end-of-year market value |
|------------------------------------|----------------|---|
| (1)                                |                |   |
| (2)                                |                |   |
| (3)                                |                |   |
| (4)                                |                |   |
| (5)                                |                |   |
| (6)                                |                |   |
| (7)                                |                |   |
| (8)                                |                |   |
| (9)                                |                |   |
| (10)                               |                |   |

**Total.** (Column (b) must 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 |
|-----------------|----------------|
| (1)             |                |
| (2)             |                |
| (3)             |                |
| (4)             |                |
| (5)             |                |
| (6)             |                |
| (7)             |                |
| (8)             |                |
| (9)             |                |
| (10)            |                |

**Total.** (Column (b) must equal Form 990, Part X, col. (B) line 15.) ►**Part X: Other Liabilities.** See Form 990, Part X, line 25.

| 1. (a) Description of liability | (b) Book value |
|---------------------------------|----------------|
| (1) Federal income taxes        |                |
| (2)                             |                |
| (3)                             |                |
| (4)                             |                |
| (5)                             |                |
| (6)                             |                |
| (7)                             |                |
| (8)                             |                |
| (9)                             |                |
| (10)                            |                |
| (11)                            |                |

**Total.** (Column (b) must equal Form 990, Part X, col. (B) line 25.) ►

2. FIN 48 (ASC 740) Footnote 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 (ASC 740).

**Part XIV Supplemental Information (continued)**

corporation that is not a private foundation. GCM holds no uncertain tax positions and, therefore, has no policy for evaluating them. GCM's Form 990, Return of Organization Exempt from Income Taxes, is subject to examination by the IRS, generally for three years after the date filed.

**SCHEDULE I**  
**(Form 990)**
Department of the Treasury  
Internal Revenue Service
**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

 OMB No 1545-0047  
**2011**  
**Open to Public  
Inspection**

Name of the organization

**Gainesville Community Ministry, Inc**

Employer identification number

**59-1724202****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? .....  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" to 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. Part II can be duplicated 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 |
|-----|--|---------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
|     |  |         |                               |                          |                                   |   |  |                                    |
| (2) | .....  | .....   | .....                         | .....                    | .....                             | .....   | .....                                  | .....                              |
| (3) | .....  | .....   | .....                         | .....                    | .....                             | .....   | .....                                  | .....                              |
| (4) | .....  | .....   | .....                         | .....                    | .....                             | .....   | .....                                  | .....                              |
| (5) | .....  | .....   | .....                         | .....                    | .....                             | .....   | .....                                  | .....                              |
| (6) | .....  | .....   | .....                         | .....                    | .....                             | .....   | .....                                  | .....                              |
| (7) | .....  | .....   | .....                         | .....                    | .....                             | .....   | .....                                  | .....                              |
| (8) | .....  | .....   | .....                         | .....                    | .....                             | .....   | .....                                  | .....                              |
| (9) | .....  | .....   | .....                         | .....                    | .....                             | .....   | .....                                  | .....                              |

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) (2011)

## Schedule I (Form 990) (2011) Gainesville Community Ministry, Inc 59-1724202

**Part III Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

| (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 |
|---------------------------------|--------------------------|--------------------------|-----------------------------------|---|--|
| <b>1 Special Needs</b>          | <b>2704</b>              | <b>17,673</b>            |                                   |   |  |
| <b>2 Rental Deposits</b>        | <b>41</b>                | <b>16,372</b>            |                                   |   |  |
| <b>3 Utility Assistance</b>     | <b>111</b>               | <b>23,280</b>            |                                   |   |  |
| <b>4 Food Assistance</b>        | <b>20402</b>             | <b>15,847</b>            | <b>132,728</b>                    | <b>FMV</b>  | <b>Food</b>                            |
| <b>5 Clothing Assistance</b>    | <b>325</b>               |                          | <b>36,073</b>                     | <b>FMV</b>  | <b>Clothing</b>                        |
| <b>6</b>                        |                          |                          |                                   |   |  |
| <b>7</b>                        |                          |                          |                                   |   |  |

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

**Part I, Line 2 – Procedures for Monitoring the Use of Grant Funds**

The Organization does not provide grants to individuals, and therefore, has no procedures for monitoring the use of grant funds.

**SCHEDULE M**  
**(Form 990)**Department of the Treasury  
Internal Revenue Service**Noncash Contributions**

OMB No 1545-0047

**2011****Open To Public  
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Name of the organization

**Gainesville Community Ministry, Inc**Employer identification number  
**59-1724202****Part I : Types of Property**

|  | (a)<br>Check if<br>applicable | (b)<br>Number of contributions or<br>items contributed | (c)<br>Noncash contribution<br>amounts reported on<br>Form 990, Part VIII, line 1g | (d)<br>Method of determining<br>noncash contribution amounts |
|--|-------------------------------|--|--|--|
| 1 Art—Works of art   |                               |  |  |  |
| 2 Art—Historical treasures   |                               |  |  |  |
| 3 Art—Fractional interests   |                               |  |  |  |
| 4 Books and publications   |                               |  |  |  |
| 5 Clothing and household<br>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,<br>or trust interests  |                               |  |  |  |
| 12 Securities—Miscellaneous  |                               |  |  |  |
| 13 Qualified conservation<br>contribution—Historic<br>structures   |                               |  |  |  |
| 14 Qualified conservation<br>contribution—Other  |                               |  |  |  |
| 15 Real estate—Residential   |                               |  |  |  |
| 16 Real estate—Commercial  |                               |  |  |  |
| 17 Real estate—Other   |                               |  |  |  |
| 18 Collectibles  |                               |  |  |  |
| 19 Food inventory  | X                             | 132728   | 132,728  | Estimated at \$1.00 per lb                                   |
| 20 Drugs and medical supplies  |                               |  |  |  |
| 21 Taxidermy   |                               |  |  |  |
| 22 Historical artifacts  |                               |  |  |  |
| 23 Scientific specimens  |                               |  |  |  |
| 24 Archeological artifacts   |                               |  |  |  |
| 25 Other ►( )  |                               |  |  |  |
| 26 Other ►( )  |                               |  |  |  |
| 27 Other ►( )  |                               |  |  |  |
| 28 Other ►( )  |                               |  |  |  |
| 29 Number of Forms 8283 received by the organization during the tax year for contributions for<br>which the organization completed Form 8283, Part IV, Donee Acknowledgement |                               |  | 29   | 0  |

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1–28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?  
b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?  
b If "Yes," describe in Part II

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

|     | Yes | No |
|-----|-----|----|
| 30a |     | X  |
| 31  |     | X  |
| 32a |     | X  |

Schedule M (Form 990) (2011) **Gainesville Community Ministry, Inc** 59-1724202 Page 2

**Part II** **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
► Attach to Form 990 or 990-EZ.

OMB No 1545-0047

**2011****Open to Public  
Inspection**

Name of the organization

Gainesville Community Ministry, IncEmployer identification number  
**59-1724202**

**Form 990, Part VI, Line 11b – Organization's Process to Review Form 990**

**The Form is prepared with the assistance of an independent CPA and reviewed  
and approved by the Board at a board meeting.**

**Form 990, Part VI, Line 12c – Enforcement of Conflicts Policy**

**Board members sign conflict of interest statements annually. If a conflict  
does arise, the board member declares a conflict and abstains from voting  
on the item.**

**Form 990, Part VI, Line 19 – Governing Documents Disclosure Explanation**

**Governing Documents are made available to the public upon request.**