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2017
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Department of the Treasury

Internal Revenue Service

### **Return of Organization Exempt From Income Tax**

Information about Form 990 and its instructions is at www.irs.gov/form990.

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

▶ Do not enter social security numbers on this form as it may be made public.

15

OMB No 1545-0047

Ā	For th	e 2015 calen	dar year, or tax year beginning 07	/01/2015					
В	Check	ıf applıcable	C Name of organization Green	sboro Urban Minist	ry, Inc	. ]	D Employe	er identification numb	ber
	Addres	s change	Doing business as			5	6-089	0545	
Ħ	Name (	change	Number and street (or P O box if ma	all is not delivered to street address)	Room/suite		E Telephon		
Ħ	Initial re	eturn	305 W Gate City B	lvd		- le	336) 2	271-5959	
Ħ	Final retu	ım/terminated	City or town, state or province, count						
Ħ	Amend	led return	Greensboro, NC 27			- 1.	G Gross red	ceipts \$ 5 , 152 , 8	25.
Ħ		on pending		Myron W. Wilkins		$\overline{}$			No
ш				lvd Greensboro, NC	27406	1 ' '		ates included? Yes	No.
		npt status	X 501(c)(3) 501(c)(	)◀ (insert no )	527	⊣ `′		list (see instructions)	
			ensborourbanminist		321	-1		n number	
		organization			ar of formation	1970	<del></del>	ate of legal domicile	NC
_	art I	Summa		Coldination   L Tex	ar or formation ,	1970	1 00	ate or regar donnere	110
	_			et exercisemet estantes					
_			ribe the organization's mission or mo	God to people in n	and the			ianl nati	
Governance			pract	lical acti	on_				
T.	1 - '		greater Greensbo			<del></del>			
Š	1			nued its operations or disposed of moi	re than 25% of i	its net ass	1 - 1		~~
ő	ı		voting members of the governing bod	• •		•	3		29
Activities &			ndependent voting members of the g	,			4		28
Ę	5	Total numbe	er of individuals employed in calendar	year 2015 (Part V, line 2a)		•	5		83
€	6	Total number	er of volunteers (estimate if necessar	у) .	•		6	2	000
¥	7a '	Total unrelat	ted business revenue from Part VIII,	•	•	7a		<u>0.</u>	
	b	Net unrelate	d business taxable income from Fori	m 990-T, line 34			7b		<u>0.</u>
	ļ				<u> </u>	r Year		Current Year	
	8	Contribution	s and grants (Part VIII, line 1h)	5,	<u>248,2</u>		5,058,2	<u>49.</u>	
E .	9	Program sei	rvice revenue (Part VIII, line 2g)			2,1	.23.		
Revenue	10	Investment i	income (Part VIII, column (A), lines 3		<u>123,1</u>	.89.	94,5		
&	11 4	Other reven	ue (Part VIII, column (A), lines 5, 6d,	8c, 9c, 10c, and 11e) .		<u>-46,8</u>	97.	-46,8	
	12	Total revenu	ue – add lines 8 through 11 (must eq	ual Part VIII, column (A), line 12)	5,:	<u>326,6</u>	49.	5,105,9	<u>30.</u>
	13	Grants and	sımılar amounts paid (Part IX, colum	n (A), lines 1-3)	2,	807,5	76.	2,798,3	<u>22.</u>
	14	Benefits par	d to or for members (Part-IX,-column	(A), line 4)					
	15	Salaries, oth	ner compensation, employee benefits	(Part (X) contumo (A), lines 5-10)	2,:	260,8	29.	2,525,4	76.
Expenses	16a	Professiona	l fundraising fees (Part IX, column (A	A), line 11e)					
ă	b b	Total fundra	ıısıng expenses (Part IXԸԸիսդրդ (D),	iine 25) 2017 (3) 62,027.					
Ä			nses (Part IX, column (A) Jines 11a-1	1d, 11f-24e)	1,	293,1	94.	1,266,4	06.
	18	Total expens	ses Add lines 13-17 (must equal Pa	rt IX, column (A), line 25)	6,	361,5	99.	6,590,2	04.
	19	Revenue les	ss expenses. Subtract line 18 Par	PEN IT	-1,	034,9	50.	-1,484,2	74.
≂ s	1				Beginning o	of Curren	t Year	End of Year	
ets or	20	Total assets	(Part X, line 16) .			009,2		8,217,8	
Net Asse Fund Bal	21	Total habilitie	es (Part X, line 26)			185,6	06.	166,1	48.
풀풀	22		or fund balances Subtract line 21 fro	m line 20 .		823,6		8,051,6	
P	art II		ure Block						
Un	der pen	alties of pequ	ury, I declare that I have examined this re	turn, including accompanying schedules a	nd statements, ar	nd to the b	est of my kn	nowledge and belief, it	ıs
tru	e, corre	ct, and compl	lete Declaration of peparer (other than	officer) is based on all information of which	n preparer has an	y knowled	ge		
		<b>▶</b> //	May William			$\Box 5$	-5-	77	
Si	ign	Signatur	e o officer		<del>-</del>	Date			
	ere	▶ Mvrc	on W. Wilkins, Exe	cutive Director					
	ĺ		print name and title						
P	aid	Prin	nt/Type preparer's name	Preparer's signature	Date		Check	ıf PTIN	
	repar	er					self-empl	oyed	
	se Or		n's name	·		Firm'	s EIN 🕨		
J.	Je UI	•••	n's address			Phon			
		]					- ··· <del>··</del>		
Mar	v the IR	S discuss ti	his return with the preparer shown at	pove? (see instructions)		_ <del></del> _		Yes	No
.410	,		The record with the property shown at		_ <del></del> _	<del></del>			

Form	990 (2015) Greensboro Urban Ministry, Inc. 56	-0890545 Page 2
	t III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission	
	To express the love of God to people in need through practic	al action
	in the Greater Greensboro area.	
		<del></del>
	<del></del>	
2	3	□ v 👽 и.
	prior Form 990 or 990-EZ?	🗌 Yes 🗓 No
3	If "Yes," describe these new services on Schedule O  Did the organization cease conducting, or make significant changes in how it conducts, any program	
3	services?	. Yes X No
	If "Yes," describe these changes on Schedule O.	. [ les [A NO
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 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 \$2,015,307. including grants of \$ 1,615,376.) (Revenue \$	)
	Food Bank - Redistributes donated and surplus food from groc	ers,
	wholesalers, organizations and individuals to families and i	
	who need food assistance. Received 1,191,126 lbs of donated	
	provided 21,769 bags to feed 19,792 households. Distributed	
	lbs of food. A food pantry serving needy families and indiv	
	various on-site feeding programs serving breakfast, lunch an	d dinner.
	(Code ) (Expenses \$1,062,511. including grants of \$ 365,435.) (Revenue \$	
46	Beyond GUM - Case management services to 1,135 residents at	Weaver
	House and 56 families at Pathways. Provided 125 households	
	housing and financial assistance.	··
	562.047	
4c	(Code) (Expenses \$ 967, 322. including grants of \$ 563, 347. ) (Revenue \$	)
	Emergency Assistance - Provides utility, water and rental as to individuals who qualify. Individuals are interviewed and	
	crisis is used to determine eligibility. Clients must be a	
	of Greensboro or Guilford County depending on the type of	resident
	assistance needed. EAP assisted 1,819 clients with utilitie	s. 172
	clients with water and 271 clients with rental assistance.	3, 1,2
	olicito with water and it olicito with length about disc.	
4d	Other program services (Describe in Schedule O.)	
	(Expenses \$2,131,244. including grants of \$ 253,663.) (Revenue \$	
4e	Total program service expenses	6,176,384.
UYA		Form <b>990</b> (2015)

		_	Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		<u>X</u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C	_		.,
	Part III	_5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	<del>"</del>		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a			
	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	1		
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	) ',	1 alv 1	,
	VII, VIII, IX, or X as applicable		-	-
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"	144	v	
ь	complete Schedule D, Part VI  Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more	11a	X	
J	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
С	Did the organization report an amount for investments–program related in Part X, line 13 that is 5% or more			
-	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	1		
	Schedule D, Parts XI and XII	12a	<u> </u>	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if	401		v
12	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13 14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		$\frac{\mathbf{\hat{x}}}{\mathbf{x}}$
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	170		
	fundraising, business, investment, and program service activities outside the United States, or aggregate	1		
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV .	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization for yes, "complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X_
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	1		
	Part IX, column (A), lines 6 and 11e? If "Yes." complete Schedule G, Part I (see instructions)	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
40	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		<u>X</u> _
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?  If "Yes," complete Schedule G, Part III	19		х
IVA	ii 190, Oompool Galloud O, Faltiii		. 000	/2016\

b If "Yes," to line 20a, did the organization statch a copy of its audited financial statements to this return" .  20b   2d but degramation report more than \$5,000 of grains or other assistance to any demote corpanization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Part a I and II .  21   2d but the organization report more than \$5,000 of grains or other assistance to or for domestic more than \$1.00 of the organization column (A), line 2? If "Yes," complete Schedule I, Part a I and III .  22   X   2d but the organization answer "Yes" to Part VII. Section A, line 3, 4, or 5 about compensation of the organization column answer "Yes" to Part VII. Section A, line 3, 4, or 5 about compensation of the organization column answer "Yes" to Part VII. Section A, line 3, 4, or 5 about compensation of the organization column answer "Yes" to Part VII. Section A, line 3, 4, or 5 about compensation of the organization column answer "Yes" to Part VII. Section A, line 3, 4, or 5 about compensation of the organization answer Test and the Yes" answer lines 24b through 24d and complete Schedule K if "No." or 10 to 10 the 20 and complete Schedule K if "No." or 10 time 25a through 24d and complete Schedule K if "No." or 10 time 25a through 24d and complete Schedule K if "No." or 10 to 10 the 20 and complete Schedule K if "No." or 10 to 10 the 20 and complete Schedule K if "No." or 10 time 25a through 24d and complete Schedule K if "No." or 10 time 25a section 50 (16),3 501(c)(4), and 501(c)(29) organizations. Did the organization was an in the capaged in an excess benefit transaction with a disquisition behalf of "issuer for bonds custanding at any time during the year?  25a Section 501(c)(3),501(c)(4), and 501(c)(29) organizations. Did the organization was an office in dargaged in an excess benefit transaction with a disquisition provide and analysis organization was an office organization was an office. A part II I is this organization was an office in subject to the organization was an off				Yes	No
21 Did the organization report more than \$5.000 of grants or other assistance to any domestic programation or domestic government on Part IX. column (A), Ine 1° If "Yes," complete Schedule I, Parts I and III 22 Did the organization report more than \$5.000 of grants or other assistance to or for domestic individuals on Part IX. column (A), Ine 2? If "Yes," complete Schedule I, Parts I and III. 22 J Did the organization answer "Yes" to Part IVI, Sechodule I, Parts I and III. 23 Did the organization answer "Yes" or Part IVI, Sechodule I, Parts I and III. 24 Did the organization answer "Yes" or Part IVI, Sechodule I, Parts I and III. 25 J Did the organization answer "Yes" or Part IVI, Sechodule I, Parts I and III. 26 J Did the organization make a tax-exempt bonds issue with an outstanding principal amount of more than 5100,000 as of the last day of the year, that was sessued after December 31, 2002? If "Yes," answer Innex 24b through 24d and complete Schedule K If "No," go to line 25s Did the organization makes an escrow account other than a refunding escrow at any time during the year? 10 Did the organization makes any proceeds of tax-eveript bonds beyond a temporary period exception? 10 Did the organization and as on the behalf of "issuer for bonds outstanding at any time during the year? 12 Did the organization and the parts of the behalf of "issuer for bonds outstanding at any time during the year? 13 Section 501(c)(3), 501(c)(4), and 501(c)(2)) organizations. Did the organization engage in an excess benefit transaction with a disqualified person in a prior year, and that the transaction the person during the year? 15 Did the organization and any are one than 500 organization and as one of the section of the organization in a prior or year, and that the transaction than other bears in port of the assistance to any of the organization is port of any of the organization is port of any organization and the part of ordanization organization and any of the organization with a disqualified persons of "Yes," complete	20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
domestic government on Part IX. column (A). Inte 1? "I "Pas", "complete Schedule I, Parts 1 and II	b	If "Yes," to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
2 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, Column (A), line 2 I. "Yes," complete Schedule I, Part I and III.  2 Did the organization answer "Yes" to Part VII, Section A, line 3.4, or 5 about compensation of the organization answer "Yes" to Part VIII, Section A, line 3.4, or 5 about compensation of the organization answer "Yes" to Part VIII, Section A, line 3.4, or 5 about compensation of the organization answer "Yes" to Part VIII, Section A, line 3.4, or 5 about compensation of the organization answer in the year, that was issued after December 31, 2002 If "Yes," answer line 24b through 24d and complete Schedule II. If "Yes," to for the 25s through 24d and complete Schedule II. If "Yes," to for the 25s through 24d and complete Schedule II. If "Yes," to for the 25s through 24d and complete Schedule II. If "Yes," to for the 25s through 24d and complete Schedule II. If "Yes," answer line 24b through 24d and complete Schedule II. If "Yes," answer line 24b through 24d and complete Schedule II. If "Yes," answer line 24b through 24d and complete Schedule II. If "Yes," answer line 24b through 24d and complete Schedule II. If and 15th 15th 15th 15th 15th 15th 15th 15th	21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
Pert IX. cotumn (A), Ine 2? If "Yes," complete Schedule I, Parts I and III.  20 Ind the organization answer "Yes" to Pert VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, frustees, key employees, and highest compensated employees? If "Yes," complete Schedule J.  21 Dut the organization have tax-exempt bond assue with an outstanding principal amount of more than \$100,000 as of the least day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24 and complete Schedule K If "No." jo to line 25a.  22 b Did the organization minest any proceeds of tax-exempt bonds beyond a temporary pend exception?  23 c Did the organization minest any proceeds of tax-exempt bonds beyond a temporary pend exception?  24 c Did the organization minest any proceeds of tax-exempt bonds beyond a temporary pend exception?  25 Section SCH(S), 80.16(4), 4 and 501(c)(23) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I Did the organization aware that it engaged in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, furtises, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereat, a grant assistance to an officer, director, trustee, key employees, substantial contributor or employee thereat, a grant assistance to an officer, director, trustee, key employees, substantial contributor or employee thereat, a grant assistance to an officer, director, trustee, key employees of a family member thereof) was an officer, director, trustee, or key		domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II .	21		X
23 De 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, frustees, key employees, and highest compensated employees? If "Yes," complete Schedule J. Part III 23 de la de de ganization have a tax-exempt bond saue 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 25a 24a 100 but the organization maintain an escrow account other than a refunding secrow at any time during the year to defease any tax-exempt bonds? 24b 25a 3 exclos 501(c)(3), 501(c)(4), and 501(c)(2) organizations. Did the organization are an on behalf of "issuer for bonds cutstanding at any time during the year? 24d 25a 3 exclos 501(c)(3), 501(c)(4), and 501(c)(2) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule I. Part II 25a 1 b Is this 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-E2? If "Yes," complete Schedule I. Part II 25b 2 b I the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current of former officers, directors, trustees, key employees, or disqualified persons? If "Yes," complete Schedule I. Part II 26 Did the organization propriet and propriet schedule I. Part II 26 Did the organization propriet organization or party or a business transaction with one of the following parties (see Schedule I. Part III 27b	22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	1		Ì
organization's current and former officers, directors, frustees, key employees, and highest compensated employees? If Yes," complete Schedule J.  23 J. 24 a Did the organization have a tax-exempt bond susu with an outstanding principal amount of more than \$100,000 as of the lest day of the year, that was issued after December 31, 2002? If Yes," answer lines 24b through 24d and complete Schedule K If Win 2 to time 25a through 24d and complete Schedule K If Win 2 to time 25a D b Did the organization mises any proceeds of tax-exempt bonds beyond a temporary period exception?  24b D c Did the organization mises any proceeds of tax-exempt bonds beyond a temporary period exception?  24c Did the organization are sective account other than a refunding escrive at any time during the year to defease any tax-exempt bonds?  24d D did the organization are as an 'no hebald of 'issuer for bonds outstanding at any time during the year?  24d D did the organization are as an 'in behald of 'issuer for bonds outstanding at any time during the year?  24d D did the organization are as an 'in behald of 'issuer for bonds outstanding at any time during the year?  25a Section 501(c/s), 501(c)(4), and 501(c)(23) organizations. Did the organization engage in an excess benefit transaction with a disquilled person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E2?  25a J Yes, 'organization are as a final that the prior officers, directors, transaction or payables to any current or former officers, directors, trustees, key employees, or disquilled persons' if 'Yes, 'organization's prior behald in the prior officers, directors, trustees, key employees, or disquilled persons' if 'Yes, 'organization are as a final selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes, 'organization member, or to a 35% controlled entity or family member of any of these persons? If 'Yes, 'organization's prior that organization and that is a d		Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	<u> </u>
employees? If "Yes," complete Schedule J  2	23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	1		
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 25a 24b Did the organization missue and are serow account their than a refunding escrew at any time during the year to defease any tax-exempt bonds? 20 Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24d Did the organization invest any time during the year to defease any tax-exempt bonds? 24c Did the organization and as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d Did the organization and the standard of the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L. Part I Dis this organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L. Part I Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, by the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, by disputational persons? If "Yes," complete Schedule L. Part II Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contribution or employee thereof, a grant selection committee member, or to a 35% controlled arithy or family member of any of these persons? If "Yes," complete Schedule L. Part III Did Did the organization party to a business transaction with one of the following parties (see Schedule L. Part IV Did Did the organization or even force, director, trustee, or key employee (o		organization's current and former officers, directors, trustees, key employees, and highest compensated	ļ i		[
\$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 25a  b. Did the organization meantain an escrew account other than a refunding escrow at any time during the year to defease any fuse-exempt bonds?  c. Did the organization and as an "on behalf of" issuer for bonds outstanding at any time during the year?  d. Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  d. Did the organization with a disqualified person during the year? If "Yes," complete Schedule L. Part I  b. Is this organization aware that it engaged in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L. Part I  b. Is this 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 reperted on any of the organizations proof arms 90 or 990-E2?  If "Yes," complete Schedule L. Part II  D. Did the organization report any amount on Part X. line 5, 6, or 22 for receivebles from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L. Part II  D. Did the organization provate agrant or other assistance to an officer, director, trustee, key employee, substantial contribution 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 IV  28 Was the organization a party to a business transaction with one of the following parties (see 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? If "Yes," complete Schedule IV, Part II  D. Did the organization liquidate, te		employees? If "Yes," complete Schedule J	23		X
through 24d and complete Schedule K. If "No." go to line 25a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  by the organization minest any proceeds of tax-exempt bonds beyond a temporary period exception?  c Did the organization maintain an escrow account other than a retunding escrow at any time during the year to defease any tax-exempt bonds?  d Did the organization and as an "on behalf of" issuer for bonds outstanding at any time during the year?  24d Did to governation aware that it engaged in an excess benefit transaction with a disqualified person during the year? If "Yes." complete Schedule L, Part I I Is this 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-E2?  If "Yes," complete Schedule L, Part I I 25b J Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, in the propagation of the organization provide a grant or other assistance to an officer, director, trustee, key employees, 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 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 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 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 Instructions for instructions for applicable filing thresholds, conditions	24 a	• • • •	}		ļ
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d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  25 a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualited person during the year? If "yes," complete Sendedule I, Part I    b Is this 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 99 or 990-EZ? If "Yes," complete Schedule I, Part II    50 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, fusites, key employees, individually current or former officers, directors, fusites, key employees, or disqualified persons? If "Yes," complete Schedule I, Part II    71 Did the organization provide a grant or other assistance to an officer, director, fusites, key employee, or disqualified contribution 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 I, Part III    72 Did the organization a party to a business transaction with one of the following parties (see Schedule I, Part IV    73 Did the organization of a current or former officer, director, fusites, or key employee? If "Yes," complete Schedule I, Part IV    74 Did the organization of a current or former officer, director, fusites, or key employee? If "Yes," complete Schedule I, Part IV    75 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule I, Part IV    75 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 II    76 Did the organization ordaled to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part I, III, or IV, and Part V, line 1    77 Did t	С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			1
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transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a			24d		<b>.</b>
b Is this 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-E27 / 11" Ves." completed L. Part I / 25b	25 a				
year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?    25b			25a		X
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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  29 X  30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M  30 Jan Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I  31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II  31 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  32 Jan Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1  33 Did the organization have a controlled entity within the meaning of section 512(b)(13)?  34 Jan Did the organization have a controlled entity within the meaning of section 512(b)(13)?  35 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization. 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 V, line 2  36 Jif 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 V, line 2  37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			28h		x
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conservation contributions? If "Yes," complete Schedule M					
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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	36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	1 1		1
and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,  Part VI		·	36_		X
Part VI	37	·			1
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			[ ,		
			37_	<u> </u>	X
19? Note. All Form 990 filers are required to complete Schedule O	38	·			1
Farm 990 (2)		19? Note. All Form 990 filers are required to complete Schedule O	38_		L

Part						_
	Check if Schedule O contains a response or note to any line in this Part V	_ <del>·</del>		_	· ·	Щ
_	<b>-</b>	1. 1	01[		Yes	No
1 a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	91	l		į
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	[1b]	~박			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and		1	. 1	v	1
ο -	reportable gaming (gambling) winnings to prize winners?	1 1	.  -	<u>1c</u>	<u> </u>	
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		83			
_	Statements, filed for the calendar year ending with or within the year covered by this return	[2a ]	<u>03</u>	ا ء	v	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	•	ŀ	2b	X	<del></del>
2 -	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	•	1			v
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	•	·	3a 3b		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	• •	⊦	30		<u> </u>
4 a	At any time during the calendar year, did the organization have an interest in, or a signature of other authorit	у	- }	- 1		}
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial		ĺ	4.		v
	account)?		ŀ	4a		X
Ь	If "Yes," enter the name of the foreign country  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accou		-	- [		
	(FBAR).	iiis		ı		
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		1	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?		ŀ	5c		<b>-</b>
6 a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the		·	30		-
V a	organization solicit any contributions that were not tax deductible as charitable contributions?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or		ŀ			
	gifts were not tax deductible?		-	6b		
7	Organizations that may receive deductible contributions under section 170(c).		Ė			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods		İ	1		
	and services provided to the payor?			7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		Ī	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was					
	required to file Form 8282?		.	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	_0			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract	? .	$\Box$	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .		Ĺ	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 889	9 as required? .		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file	e a Form 1098-C?	. [	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by	the		ļ		
	sponsoring organization have excess business holdings at any time during the year?		.	8		
9	Sponsoring organizations maintaining donor advised funds.		-			-
а	Did the sponsoring organization make any taxable distributions under section 4966?	•	L	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	•		9b		
10	Section 501(c)(7) organizations. Enter	1 1				
а	Initiation fees and capital contributions included on Part VIII, line 12 .	10a		l		İ
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10Ы		- 1		
11	Section 501(c)(12) organizations. Enter	1 1	Ī	- 1		
a	Gross income from members or shareholders	11a		\		
þ	Gross income from other sources (Do not net amounts due or paid to other sources	ll	l	- [		
	against amounts due or received from them )	116				
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 104	1 1	-	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.		}	420		<del></del>
а	Is the organization licensed to issue qualified health plans in more than one state?	•	ŀ	13a		<del> </del>
٤.	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	13Ы	1	1		l
_	the organization is licensed to issue qualified health plans	136				
с 14 а	Did the organization receive any payments for indoor tanning services during the tax year?	1301	-+	14a		x
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		_	14b		<b></b>
<u> </u>		<del></del>		. 70		L

Form 990 (2015) Greensboro Urban Ministry, Inc. 56-0890545 Page 6 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 or note to any line in this Part VI X Section A. Governing Body and Management Yes No 29 1 a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. 28 b Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 2 X 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 X X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 X Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 7 a 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? 7a X b Are any governance decisions of the organization reserved to (or subject to approval by) members. stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following X a The governing body? 8a b Each committee with authority to act on behalf of the governing body? 8b X 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 X 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) Yes No 10a 10 a Did the organization have local chapters, branches, or affiliates? X b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 10b affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a X 11 a 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 12 a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a 12b X 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 was done 12c 13 13 X Did the organization have a written whistleblower policy? 14 Did the organization have a written document retention and destruction policy? 14 X Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official 15a X **b** Other officers or key employees of the organization 15b X If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions), 16 a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement 16a Х 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

Section		

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

organization's exempt status with respect to such arrangements?

- 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
  - X Another's website X Upon request X Own website Other (explain in Schedule O)

participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the

- 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.
- State the name, address, and telephone number of the person who possesses the organization's books and records > (336) 553-2643 20

16b

orm 990 (2015) Greensboro Urban Ministry, I	nc

56-0890545 Page 7

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- 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 definintion 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 organization compensated any current officer, director, or trustee.

Check this box is ficially the organization	1		· <u>9</u>	(C		30	<del>, , , , , , , , , , , , , , , , , , , </del>	[		.017 01 (140100)
(A)	(B)			Posi	tion			(D)	(E)	(F)
Name and Title	Average	(do n				than o	ne	Reportable	Reportable	Estimated
	hours per		unles	s pe	rson	ıs both	an	compensation	compensation from	amount of
	week (list any	Office		ad	rect	or/truste	ee)	from	related	other
	hours for related	오글	Į,	♀	줎	g. <u>∓</u>	F	the organization	organizations (W-2/1099-MISC)	compensation from the
	organizations	Individual trustee or director	텵	Officer	Key employee	ploy	Former	(W-2/1099-MISC)	(** 2 1000 111100)	organization
	below dotted	or la	eno	١,	횽	/ee c		( 2		and related
	line)	l rust	T T		yee	m mg		1	,	organizations
		e e	Institutional trustee			Highest compensated employee		]		
	_		-		_	e <u>e</u>	_	 		
(1) Margaret Bertrand	01.00									
Director		X								
(2) Charlie Broadaway	01.00		П							
Director		X								
(3) Rich Lerner	01.00		П							
Director		x								
(4) Blake Absher	01.00									
Director		<b>X</b>								
(5) Rodney Baker	01.00							}		
Director		X								
(6) Turner Battle	01.00	<u> </u>								
Director		X								
(7) Cynthia Bowen	01.00									<del>-</del>
Director		X						<u> </u>		
(8) Howard Coates	01.00									
<u>Director</u>		X	L			L	$oxed{oxed}$			
(9) Pete Dalldorf	01.00	]	Ì		Ì	)	1	1		
Director	<u></u>	X			L					
(10) James Gale	01.00	]	1							
Director		X	Ш		<u> </u>		<u> </u>	L		
(11) Wendy Gatlin	01.00				ĺ					
Director		X	$\sqcup$	<u> </u>	<u> </u>	L-	L			
(12) Keith Hennessy	01.00	]						1		
Director	1	<u> </u>	$\sqcup$	X	<u> </u>	<u> </u>	_			
(13) Steve Hestenes	01.00						l			
Director		X		<u> </u>			<u>_</u>			
(14) Don Hughes	01.00							1		
Director		X	$oldsymbol{ol}}}}}}}}}}}}}}}}}}$	L		L	<u>L</u>	<u> </u>	L	
UYA										Form <b>990</b> (20

Part VII Section A. Officers, Directors, Tr	ustees, Ke	y Em	ploy	/ee	s, a	nd Hi	gh	est Compensa	ted Employe	es (∞	ntinued)	<u> </u>	
	l	}		(0	>)			1		1			
(A)	(B)	1		Posi	tion			(D)	(E)	1	(	F)	
Name and Title	Average	(do n	ot che	eck i	more	than o	пе	Reportable	Reportable	1		nated	
	hours per		unies	s pe	rson	ıs both	an	compensation	compensations from	· {		unt of	
	week (list any hours for	office		i a d	irecto	or/truste	ee)	from the	related organizations	1		her ensatioi	n
	related	Individual trustee or director	1	Q	8	em J'H	2	organization	(W-2/1099-MISC)	-	•	n the	"
	organizations	dividual I	🖺	Officer	Key employee	ples ples	Former	(W-2/1099-MISC)	, ,	1		nization	
	below dotted	등 교	<u>§</u>		큫	9 cc	] ]	(		- (	•	related	
	line)	Sp.	គ		yee	ğ	1	}		1	organi	ızatons	
	}	8	Institutional trustee			Highest compensated employee	1	1		- (			
	}	ł	°		ł	i ed	1	1		}			
(15) Gary Kellogg	01.00		1-1	_					<del></del>				
Director	02.00	x			}					}			
(16) Fritz Kreimer	01.00		$\vdash$	_				1		_			
Secretary	1	x	} }	X			ł	}		- 1			
(17) Mike Mango	01.00	<del></del>	$\vdash$				_	<del> </del>					
Director	02.00	x			ł	}	ł			- }			
(18) Russ Parmele	01.00	<del> </del> -	1			,	-	<del> </del>	<del></del>	+-			
Director	02.00	x			ł	}		}	•	-			
(19) Susan Phillips	01.00			_		ļ		† <del></del>	<del></del> -				
Director	1	x	1 1		l	ł		ł		- {			
(20) Bonita Porter	01.00		1-1	_			1	t	<del></del>	_			
Vice Chair	1	x	} }	X	l	}	ł	ł		-			
(21) Robert Routh	01.00		1-1							_			
Director	1	x	1 1		l	ł	ł	<u> </u>		- {			
(22) Pete Salassi	01.00									1-			
Treasurer		x	1 1	X		1	1	l					
(23) James Shell	01.00									1			
Director	1	X	1 1		1	}	1	Ì		Ì			
(24) Craig Siler	01.00												
Chair		X	li	Х		ļ	1	}		- }			
(25) Kelly Starkey	01.00		$\Box$		Г					7			
Director		X	1 1	}	]	}		j		-			
1b Sub-total													
c Total from continuation sheets to P	art VII, Sec	tion	Α.					205,572.				3,7	94.
d Total (add lines 1b and 1c)							<b>&gt;</b>	205,572.				3,7	94.
2 Total number of individuals (including	but not limi	ted to	tho	se	liste	ed abo	ove)	) who received	more than \$10	0,000	0 of		
reportable compensation from the orga	anization 🕨												
-												Yes	No
3 Did the organization list any former office					-		-	e, or highest c	ompensated				{
employee on line 1a? If "Yes," comple									•		3	L	X
4 For any individual listed on line 1a, is the										the	} }		1
organization and related organizations g	reater than	\$150	0,000	)?	lf	"Yes,	" cc	omplete Schedi	ule J for such				
individual											4		X
5 Did any person listed on line 1a receive		-							zation or ındıvı	idual			
for services rendered to the organization	? If "Yes,"	comp	olete	Sc	hea	ule J	for	such person	<u></u>	<u>.                                    </u>	5		X
Section B. Independent Contractors								<del></del>					
1 Complete this table for your five highest													
compensation from the organization. Re	port compe	ensati	on to	or t	ne c	caiend	ar	year ending wi	th or within the	orga	nizati	ons	
tax year. (A)							1	(B)			(C	<u>,                                    </u>	
Name and business address							<u> </u>	Description of	services	c	ompen		
							1_						
	<del></del>						1						
							↓_						
							├-						
<del></del>	- <i>i</i>												
2 Total number of independent contractor							se I	isted above) w	no }				
received more than \$100,000 of comper	isation from	ı ine	orga	INIZ	allo	n							

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (D) (B) (C) Unrelated Total revenue Related or exempt Revenue excluded business from tax under function revenue sections 512-514 revenue Contributions, Gifts, Grants and Other Similar Amounts 1a Federated campaigns 1a 1b b Membership dues 1c c Fundraising events d Related organizations 1d 113,143 1e e Government grants (contributions) f All other contributions, gifts, grants, 1f 4,945,106 and similar amounts not included above g Noncash contributions included in lines 1a-1f: \$ 1,613,712 h Total. Add lines 1a-1f 5,058,249 **Business Code** Program Service Revenue f All other program service revenue g Total. Add lines 2a-2f Investment income (including dividends, interest, 94,573. 94,573. and other similar amounts) . Income from investment of tax-exempt bond proceeds Royalties (i) Real (II) Personal 3 6a Gross rents 46,895 b Less rental expenses -46,892. c Rental income or (loss) -46,892 d Net rental income or (loss) (i) Securities (II) Other 7a Gross amount from sales of assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) Other Revenue 8a Gross income from fundraising events (not including \$\_ of contributions reported on line 1c) See Part IV, line 18 . b Less direct expenses c Net income or (loss) from fundraising events 9a Gross income from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold Net income or (loss) from sales inventory **Business Code** Miscellaneous Revenue 11a d All other revenue . Total. Add lines 11a-11d 5,105,930. 94,573 Total revenue. See instructions

	Check if Schedule O contains a response or note to ar	<del></del>	<del> </del>	(0)	<u> </u>
	ot include amounts reported on lines 6b, 7b, 8b, 9b, 10b of Part VIII.	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
			expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
•	and domestic governments See Part IV, line 21			<del>-</del> -	
2	Grants and other assistance to domestic	2 700 200	0 700 200		
	ındıvıduals See Part IV, line 22	2,798,322.	2,798,322.		
3	Grants and other assistance to foreign organizations,				
	foreign governments, and foreign individuals See Part IV,				
	lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees,	001 710	104 000	00 010	4 700
	and key employees	281,719.	194,020.	82,910.	4,789
6	Compensation not included above, to disqualified persons				
	(as defined under section 4958(f)(1)) and persons			1	
_	described in section 4958(c)(3)(B)	1 600 001	1 160 600	400 000	
7	Other salaries and wages .	1,698,331.	1,169,603.	499,908.	28,820
8	Pension plan accruals and contributions (include section	00.000	1		<b>5.40</b>
	401(k) and 403(b) employer contributions)	23,390.	16,749.	6,098.	543
9	Other employee benefits	382,010.	273,535.	99,600.	8,875
10	Payroll taxes	140,026.	105,018.	32,633.	2,375
11	Fees for services (non-employees)		į		
а	Management				
b	Legal				
	Accounting	23,375.	187.	22,468.	720
d	Lobbying .				
е	Professional fundraising services See Part IV, line 17				<u> </u>
f	Investment management fees .	44,880.		44,880.	
g	Other (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O)	92,174.	92,174.		
12	Advertising and promotion .				
13	Office expenses	392,262.	54,809.	123,346.	214,107
14	Information technology .				
15	Royalties .				
16	Occupancy .	490,645.	247,686.	242,585.	374
17	Travel .				
18	Payments of travel or entertainment expenses for any				
	federal, state, or local public officials .				
19	Conferences, conventions, and meetings .				
20	Interest .				
21	Payments to affiliates .				
22	Depreciation, depletion, and amortization .	176,124.	168,231.	7,893.	
23	Insurance .	20,235.	18,427.	747.	1,061
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	1			
	expenses on Schedule O )				
а	Telephone	26,711.	22,394.	3,954.	363
b	Allocation of Expenses		1,015,229.	-1,015,229.	
С					<del></del>
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	6,590,204.	6,176,384.	151,793.	262,027
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined		ļ		
	• • • • • • • • • • • • • • • • • • • •		t l		
	educational campaign and fundraising solicitation. Check				

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Form 990 (2015)

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 284,517 1 1,064,070. Cash - non-interest-bearing Savings and temporary cash investments 2 2 Pledges and grants receivable, net 3 36,591 72,689 4 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, 5 and highest compensated employees. Complete Part II of Schedule L Loans and other 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). Complete Part II of Schedule L 6 125,000. Notes and loans receivable, net 125,000 7 129,458 Inventories for sale or use 8 137,115. Prepaid expenses and deferred charges 20,611 9 48,662. 10 a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 7,080,361 10b 3,329,331.3,964,671. 10c 3,751,030. b Less accumulated depreciation 11 11 Investments - publicly traded securities 12 12 Investments -- other securities See Part IV, line 11 Investments — program-related See Part IV, line 11 13 13 14 Intangible assets 14 3,019,277. 15 Other assets See Part IV, line 11 4,448,426 15 8,217,843. 16 Total assets. Add lines 1 through 15 (must equal line 34) 10,009,274 16 166,148. 17 Accounts payable and accrued expenses 185,606 17 18 Grants payable 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 Liabilities Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 Loans and other payables to current and former officers, directors, trustees, key employees, 22 highest compensated employees, and disqualified persons. Complete Part II of Schedule L. 22 23 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 24 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 25 185,606. 166,148. Total liabilities. Add lines 17 through 25 26 26 Balances Organizations that follow SFAS 117 (ASC 958), check here X and complete lines 27 through 29, and lines 33 and 34. 5,874,134. 311,001 27 Unrestricted net assets . 27 1,395,669 1,060,563. 28 28 Temporarily restricted net assets Fund ,116,998. 29 1,116,998. 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. Assets or 30 Capital stock or trust principal, or current funds 30 31 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 32 Net' 9,823,668. 8,051,695. 33 33 Total net assets or fund balances 217,843. 10,009,274 34 Total liabilities and net assets/fund balances 34

Part XI Reconciliation of Net Assets  Check if Schedule O contains a response or note to any line in this Part XI  1 Total revenue (must equal Part VIII, column (A), line 12)		
Total revenue (must equal Part VIII, column (A), line 12).  Total expenses (must equal Part IX, column (A), line 25)  Revenue less expenses. Subtract line 2 from line 1  Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))  Net unrealized gains (losses) on investments  Donated services and use of facilities  Investment expenses  Prior period adjustments  Prior period adjustments  Other changes in net assets or fund balances (explain in Schedule O)  Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)).  Part XII Financial Statements and Reporting  Check if Schedule O contains a response or note to any line in this Part XII		
2 Total expenses (must equal Part IX, column (A), line 25) 3 Revenue less expenses. Subtract line 2 from line 1 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 5 Net unrealized gains (losses) on investments 6 Donated services and use of facilities 7 Investment expenses 7 Investment expenses 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))  Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII	_	
3	, <u>y</u> .	<u> 30.</u>
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))  5 Net unrealized gains (losses) on investments  6 Donated services and use of facilities  7 Investment expenses  8 Prior period adjustments  9 Other changes in net assets or fund balances (explain in Schedule O)  10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))  Part XII Financial Statements and Reporting  Check if Schedule O contains a response or note to any line in this Part XII  1 Accounting method used to prepare the Form 990 Cash X Accrual Other		
5	,2	74.
6 Donated services and use of facilities 7 Investment expenses 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))  Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII  1 Accounting method used to prepare the Form 990	, 6	68.
7 Investment expenses 7 8 Prior period adjustments 8 9 Other changes in net assets or fund balances (explain in Schedule O) 9 10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 8,051  Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII	, 69	99.
8 Prior period adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)).  10 8,051  Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII		
9 Other changes in net assets or fund balances (explain in Schedule O) 10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)).  10 8,051  Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII  1 Accounting method used to prepare the Form 990 Cash X Accrual Other		
10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)).  10 8,051  Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII  1 Accounting method used to prepare the Form 990 Cash X Accrual Other		
33, column (B)) . 10 8,051  Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII  1 Accounting method used to prepare the Form 990 Cash X Accrual Other		
Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII  1 Accounting method used to prepare the Form 990 Cash X Accrual Other		
Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII  1 Accounting method used to prepare the Form 990 Cash X Accrual Other	.,6	95.
1 Accounting method used to prepare the Form 990 Cash X Accrual Other		
1 Accounting method used to prepare the Form 990.  Cash X Accrual Other		X
1 Accounting method used to prepare the Form 990. Cash X Accrual Other	es	No
	ı	
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate		
basis, consolidated basis, or both		
Separate basis Consolidated basis Both consolidated and separate basis	}	
b Were the organization's financial statements audited by an independent accountant?	$\mathbf{x}$	•
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated	-	
basis, or both.	Ì	
IX       Separate basis       ☐ Consolidated basis       ☐ Both consolidated and separate basis		
c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight		
of the audit, review, or compilation of its financial statements and selection of an independent accountant?	$\mathbf{x}$	
If the organization changed either its oversight process or selection process during the tax year, explain in	~	
Schedule O	l	
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?		x
b if "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		<u> </u>
required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	Į	
UYA Form		

## SCHEDULE A (Form 990 or 990-EZ)

### **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.

Department of the Treasury Internal Revenue Service

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Open to Public Inspection

taille of	are organization					Linbioyer identification	ii number		
<u>Gree</u>	<u>nsboro Urban Minis</u>	try, Inc.				56-0890545	<u> </u>		
Part I							ons		
The org	anization is not a private founda	ition because it i	is <sup>.</sup> (For lines 1 throug	h 11, che	ck only o	ne box.)			
1 🔲	A church, convention of church	nes, or associati	on of churches descri	ibed in se	ection 17	0(b)(1)(A)(i).			
2	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)								
3	A hospital or a cooperative hos	spital service org	ganization described i	n section	n 170(b)(	1)(A)(iii).			
4 🗂	A medical research organization	on operated in co	onjunction with a hosi	pital desc	ribed in s	section 170(b)(1)(A	)(iii). Enter the		
	hospital's name, city, and state	e:	·						
5	An organization operated for the		ollege or university ov	vned or o	perated b	y a governmental u	init described in		
	section 170(b)(1)(A)(iv). (Cor				•				
6	A federal, state, or local gover	nment or govern	mental unit described	in secti	on 170(b	)(1)(A)(v).			
7 X	_						the general public		
	described in section 170(b)(1				3		<b>3</b>		
8 🗆	A community trust described in			e Part II.)					
9 🗀	An organization that normally			-		tributions members	thin fees and arnes		
• _	receipts from activities related								
	support from gross investment								
	acquired by the organization a					·	. 54065445		
10	An organization organized and				-	•			
11	An organization organized and						v out the ournoses of		
•• _	one or more publicly supported								
	the box in lines 11a through 11								
а [	Type I. A supporting organiz					*	~		
u <sub>L</sub>	the supported organization(s	•	1 = 1 = 1 = 1 = 1 = 1 = 1 = 1 = 1 = 1 =	-					
	organization. You must con			ot a maje	),,, O,		oo or and capporang		
ь	Type II. A supporting organiz	•		nection w	uth its su	pported organization	n(s) by having		
	control or management of the	•				•			
	organization(s). You must co			io odinio p	,0,00,10 (1	iat control of maria;	go ino oupportou		
c [	Type III functionally integra			ited in co	nnection	with and functional	ly integrated with		
٠ ر	its supported organization(s)						ry intograted man,		
d [	Type III non-functionally in						ted organization(s)		
٠.	that is not functionally integra	-		•					
	requirement (see instructions								
e ſ	Check this box if the organization	-	-				II. Type III		
٠.	functionally integrated, or Ty					* * * * * * * * * * * * * * * * * * * *	, .,,,,		
f	Enter the number of supported of								
	Provide the following information	•	orted organization(s)				L ,		
	Name of supportedorganization	(ii) EIN	<del></del>	<del></del>	rganization	(v)Amount of monetary	(vi) Amount of		
-			(described on lines 1-9	listed in you	ur governing	support (see	other support (see		
			above (see instructions))	docu	ment?	instructions)	instructions)		
				Yes	No				
/A\									
(A)									
(B)							-		
(C)					İ				
(D)									
(E)									
·-·				ļ					
Total				]	]				

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I 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	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and		_				
	membership fees received. (Do not				1	1	
	include any "unusual grants.")	5,948,242.	4,703,919.	6,410,042.	5,248,234.	5,058,249.	27,368,686.
2	Tax revenues levied for the						
	organization's benefit and either paid	,		ļ		1	
	to or expended on its behalf			<u></u>	ļ		
3	The value of services or facilities			ļ	İ	ļ	ļ
	furnished by a governmental unit to the			ļ			
	organization without charge						
4	<b>Total.</b> Add lines 1 through 3	5,948,242.	<u>4,703,919.</u>	6,410,042.	5,248,234.	5,058,249.	27,368,686.
5	The portion of total contributions by					}	
	each person (other than a			ļ			}
	governmental unit or publicly						
	supported organization) included on		Ì	ļ	]	Ì	ļ
	line 1 that exceeds 2% of the amount						
_	shown on line 11, column (f)						1,998,935.
6	Public support. Subtract line 5 from line 4	<u> </u>		<u> </u>		<u> </u>	25,369,751.
	on B. Total Support  dar year (or fiscal year beginning in)	(=) 2011	(h) 2012	(2) 2012	T (d) 2014	(-) 2015	/A Total
7	Amounts from line 4	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
8	Gross income from interest, dividends,	5,946,242.	4,703,919.	6,410,042.	5,248,234.	5,058,249.	27,368,686.
0	payments received on securities loans,				}		
	rents, royalties and income from similar		1	}	1	1	1
		125 359	139 172	209 410	123,360.	94 573	691 874
9	Net income from unrelated business	<u>123,333.</u>	133,112.	203,410.	123,200.	74,313.	031,074.
•	activities, whether or not the business					İ	
	is regularly carried on		İ				
10	Other income. Do not include gain or				<del></del>	<u> </u>	
	loss from the sale of capital assets				ļ	ļ	
	(Explain in Part VI.)						
11	Total support. Add lines 7 through 10				ļ — —		28,060,560.
12	Gross receipts from related activities, etc.	. (see ınstructi	ons)			12	136,162.
13	First five years. If the Form 990 is for th	e organization <sup>o</sup>	's first, second	l, third, fourth,	or fifth tax yea	r as a section	501(c)(3)
	organization, check this box and stop he		_ <u>.</u>		<u> </u>		
Section	on C. Computation of Public Suppo					· · · · · · · · · · · · · · · · · · ·	
14	Public support percentage for 2015 (line			11, column (f)	)	14	90.41%
15	Public support percentage from 2014 Scl					15	90.60%
16 a	33 1/3 % support test-2015. If the organ					1/3 % or more	·
	box and stop here. The organization qua	-		_			
þ	33 1/3 % support test-2014. If the organ					is 33 1/3 % or	more,
	check this box and stop here. The organ				=-		▶ ⊔
17a	10%-facts-and-circumstances test–20	•				•	
	10% or more, and if the organization me						
	Part VI how the organization meets the "f			-		· · · · · ·	
b	10%-facts-and-circumstances test-20						
	15 is 10% or more, and if the organization Explain in Part VI how the organization in					•	
					•	n qualines as a	
18	Supported organization.  Private foundation. If the organization of			3 16a 16b 17		 ck this boy and	. <b>▶</b> ∐ 1see
10	instructions						

Schedule A (Form 990 or 990-EZ) 2015 Greensboro Urban Ministry, Inc.

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.)

Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in) ▶	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees			1			<del>                                     </del>
•	received (Do not include any "unusual grants")		1	1			
2	Gross receipts from admissions, merchandise		<del>                                     </del>		<del>                                     </del>	<del> </del>	
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
2	organization's tax-exempt purpose			<del>                                     </del>		<del></del>	<del>                                     </del>
3	Gross receipts from activities that are not an		1			Į	
	unrelated trade or business under section 513		<del> </del>		<del></del>		+
4	Tax revenues levied for the		1				
	organization's benefit and either paid			ŀ		ł	
	to or expended on its behalf		<del> </del>		<u> </u>	<b></b>	<del></del>
5	The value of services or facilities						
	furnished by a governmental unit to the			ļ	1		
	organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						]
	received from disqualified persons .						
b	Amounts included on lines 2 and 3						
	received from other than disqualified		1	ļ	ļ		(
	persons that exceed the greater of \$5,000		1				
	or 1% of the amount on line 13 for the year						1
С	Add lines 7a and 7b		<u> </u>				
8	Public support (Subtract line 7c from						
_	line 6.)		1	1	Ì	}	1
Secti	on B. Total Support		<del>'</del>	<del></del>	<del></del>	<del></del>	<del></del>
	dar year (or fiscal year beginning in)	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9	Amounts from line 6	(4) 2011	(D) 20 12	(6) 20.10	(4) 2014	(0) 2010	1,710.6.
	Gross income from interest, dividends,						<del> </del>
104	payments received on securities loans, rents,						
	royalties and income from similar sources .					!	
h	Unrelated business taxable income (less					<del>                                     </del>	<del> </del>
b	section 511 taxes) from businesses				•		
	· · · · · · · · · · · · · · · · · · ·		1		<u> </u>	}	
_	acquired after June 30, 1975		<del> </del>	<del> </del>	<del></del> -	<del></del>	<del> </del>
C	Add lines 10a and 10b		<del> </del>				<del></del>
11	Net income from unrelated business				]		
	activities not included in line 10b, whether		<b>,</b>		į	ļ	ļ
	or not the business is regularly carried on		<b></b>				<del></del>
12	Other income. Do not include gain or		l		l	Į	
	loss from the sale of capital assets			]	1		
	(Explain in Part VI.)					L	
13	Total support. (Add lines 9, 10c, 11,		1	Ì	_	]	
	and 12.) . [		<u> </u>		l	<u></u>	<u> </u>
14	First five years. If the Form 990 is for the	organization	n's first, second	, third, fourth,	or fifth tax yea	r as a section	n 501(c)(3)
	organization, check this box and stop her	е		<u> </u>	<u> </u>		<u> </u>
Secti	on C. Computation of Public Support	rt Percenta	ge				
15	Public support percentage for 2015 (line	8, column (f	) divided by line	e 13, column (	(f))	15	%
16	Public support percentage from 2014 Sc	hedule A, Pa	art III, line 15			. 16	%
Secti	on D. Computation of Investment In-					<u> </u>	
17	Investment income percentage for 2015			by line 13, co	lumn (f)).	17	%
18	Investment income percentage from 201			•		. 18	<u>%</u>
19a	33 1/3 % support test-2015. If the organ				and line 15 is		
4	line 17 is not more than 331/3%, check this						
b	33 1/3 % support test–2014. If the organiz		_		-		
D	line 18 is not more than 331/3%, check this						
20	Private foundation. If the organization di		_	·			_
20	Frivate iounication, it the organization th	O HOL CHECK O	3 DOX OIT IIIIC 14	, i 3a, Ul 13D,	CHECK (IIIS DO)	vario see ii is	u ucuono 🚩 📗

#### Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

ecti	on A. All Supporting Organizations			
_			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing			
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by			<b>[</b>
_	class or purpose, describe the designation If historic and continuing relationship, explain	_1_		ļ
2	Did the organization have any supported organization that does not have an IRS determination of status			1
	under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported			}
_	organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			[
	(b) and (c) below.	3a_		ļ
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			ĺ
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the			} :
	organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)			- '
	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3с		<b> </b>
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If			1
_	"Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below	4a		<b> </b>
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion			-
	despite being controlled or supervised by or in connection with its supported organizations.	4b		ļ
С	Did the organization support any foreign supported organization that does not have an IRS determination			
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used			
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)	4-		'
E	purposes.  Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"	4c		<u> </u>
5a	answer (b) and (c) below (if applicable) Also, provide detail in <b>Part VI</b> , including (i) the names and EIN			
	numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action;			
	(iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action			
	was accomplished (such as by amendment to the organizing document)	5a	~	•
b	Type I or Type II only. Was any added or substituted supported organization part of a class already	Ja		<del> </del> -
b	designated in the organization's organizing document?	5b	1	į į
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		├──
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to	-50		<del> </del> ,
٠	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class			
	benefited by one or more of its supported organizations, or (iii) other supporting organizations that also			
	support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in			•
	Part VI.	6		} .
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			l —
-	(defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with			1
	regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		ŀ
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?			
	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	8		]
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more		_	i —
	disqualified persons as defined in section 4946 (other than foundation managers and organizations described			ļ
	In section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		1
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which			
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		İ
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit			
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9с		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section			
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			
	supporting organizations)? If "Yes," answer 10b below.	10a		<u> </u>
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to			
		10b		

Section B. Type I Supporting Organizations (continued)  1 Has the organization accepted a grit or contribution from any of the following persons?  2 A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization or the provided organization or a person described in (a) above?  2 A 33% controlled entity of a supported organization (b) or (b) above? If "Yee" to a, b, or c, provide detail or Pert V.  Section B. Type I Supporting Organizations  1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least an anjoint of the organization's directors or trustees at all times during the tax year? If "No." describe in Part VI how the supported organization's directors or trustees at all times during the tax year? If "No." describe in Part VI how the supported organization's directors or trustees were allocated among the supported organization and the remove directors or trustees were allocated among the supported organization and the remove directors or trustees were allocated among the supported organization or trustees were allocated among the supported organization organization operate for the purposes of the supported organization's the supported organization of "No." seek and the Appendix of the Appendix of the Appendix of the Appendix of the Supported organization of the Supporting organization of the Supporting organization of the Supporting organization or trustees of each of the organization should be supported organization or trustees of each of the organization should be supported organization or trustees of each of the organization of the supported organization or the supported organization or the supported organization or the supported organization or the supported organization or the supported organization or the supported organization or the date of notification, to the extent nor to recovery the organization or the extent organizat	•	'			
11. Has the organization societied a gift or contribution from any of the following persons?  a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?  b A family member of a person described in (a) above?  c A 35% controlled entity of a person described in (a) or (b) above?  c A 35% controlled entity of a person described in (a) or (b) above?  c A 35% controlled entity of a person described in (a) or (b) above?  1 Did the directors, fursities, or membership of one or more supported organizations have the power to regularly appoint or decit a least a majority of the organizations directors or trusties at all times during the lax year? If No. 'describe in Part VI how the supported organizations have the power to regularly appoint or decit a least a majority of the organizations directors or trusties and all times during the lax year? If No. 'describe in Part VI how the supported organization of the supported organization of the supported organization of the supported organization of the supported organization of the supported organization of the supported organization of the supported organization of the supported organization of the supported organization of the supported organization of the supported organization's proportion or managed of the supported organization's proportion or management of the supporting Organization's proportion or management of the supporting Organization's proportion organization's proporting Organization's proporting Organization's proporting Organization's proportion organization's proporting Organization's proporting Organization's proporting Organization's proporting Organization's proporting Organization's proporting Organization's proporting Organization's proporting Organization's proporting Organization's proportion organization's proporting Organization's proportion organization's proporting Organization's proporting Organization's proporting Organization's proportion'	Schedule	e A (Form 990 or 990-EZ) 2015 Greensboro Urban Ministry, Inc. 56-08	905	45 F	age 5
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Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):  a The organization satisfied the Activities Test. Complete line 2 below.  b The organization is the parent of each of its supported organizations. Complete line 3 below.  c The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)  2 Activities Test. Answer (a) and (b) below.  a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities described in (a) constitute activities that, but for the organization determined organization's supported organization(s) would have been engaged in these activities but for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.  3 Parent of Supported Organizations. Answer (a) and (b) below.  a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.  b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Sacti		<u> </u>	<u> </u>	
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trustees of each of the supported organizations? Provide details in Part VI.  b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each					1
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	а		3a	İ	İ
	h	· · · · · · · · · · · · · · · · · · ·	\ <u>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</u>		<u> </u>
	_		3b		L_

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Or	rgar	nizations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying			nstructions. All
other Type III non-functionally integrated supporting organizations must co			
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		<del></del>
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount	•	(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year).			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI)			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		<del></del>
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount(add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount . Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functional instructions).	ly-in	tegrated Type III support	ing organization (see

Schedul Part	e A (Form 990 or 990-EZ) 2015 Greensboro Urban M V Type III Non-Functionally Integrated 509(a)(	inistry, Inc. 3) Supporting Organ	5	6-0890545 Page 7
	on D - Distributions	-/ PP-1-11-15 3-1	(	Current Year
1	Amounts paid to supported organizations to accomplish	exempt purposes		- Janoni Faar
	Amounts paid to perform activity that directly furthers exe			
-	organizations, in excess of income from activity	mpt parposos or suppo	1100	
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nızatıons	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required	)		
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to whic (provide details in Part VI). See instructions.	h the organization is res	sponsive	
9	Distributable amount for 2015 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
Se	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1	Distributable amount for 2015 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)			· 
3	Excess distributions carryover, if any, to 2015			
a				
b				
c				
d	From 2013			
<u>e</u>	From 2014 .			
<u>f</u> _	Total of lines 3a through e			
<u>g</u>	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2015 distributable amount			
<u> </u>	Carryover from 2010 not applied (see instructions)			
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.	<del></del>		
4	Distributions for 2015 from Section D, line 7:			
a_	Applied to underdistributions of prior years			
<u>b</u>	Applied to 2015 distributable amount			
<u>c</u>	Remainder. Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6	Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7	Excess distributions carryover to 2016. Add lines 3j and 4c.			
8	Breakdown of line 7.			
а				
b				
с	Excess from 2013 .			
d	Excess from 2014			

Schedule A (F	orm 990 or 990-EZ) 2015 Greensboro Urban Ministry, Inc.	56-0890545 Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and	17a or 17b;
	lines 1 and 2; Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1 and 2; Part IV, Section E, lines 1 and 2; Part IV, Section E, lines 1 and 2; Part IV, Section E, lines 2 and 3, Part IV, Section E, lines 3 and	ines 1c, 2a, 2b,
	3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and F lines 2, 5, and 6 Also complete this part for any additional information. (See instructions.)	art V, Section E,
	,	<del></del>

#### SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

# Supplemental Financial Statements ► Complete if the organization answered "Yes" to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990.

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Inspec

OMB No 1545-0047

Inspection

Gree	nsboro Urban Ministry, Inc.		56-0890545
Part			nds or Accounts.
	Complete if the organization answered "	Yes" on Form 990, Part IV, line 6.	<del></del>
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	<u></u>	
2	Aggregate value of contributions to (during year)		<del></del>
3	Aggregate value of grants from (during year)		<u> </u>
4	Aggregate value at end of year (during year)	<u> </u>	<u> </u>
5	Did the organization inform all donors and donor advisors in	n writing that the assets held in donor advised	funds are the organization's
	property, subject to the organization's exclusive legal control	y,	Yes No
6	Did the organization inform all grantees, donors, and donor	advisors in writing that grant funds can be us	sed only for charitable
	purposes and not for the benefit of the donor or donor advis	sor, or for any other purpose conferring imper	missible
	private benefit?	<u> </u>	Yes No
Part		V II - F - 000 B - 4 IV F - 7	
	Complete if the organization answered "	<del></del>	
1	Purpose(s) of conservation easements held by the organization	· · · · · · · · · · · · · · · · · · ·	
	Preservation of land for public use (e.g., recreation or e		storically 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 qua	lified conservation contribution in the form of	
	of the tax year		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
C	Number of conservation easements on a certified historic s	* *	<u>2c</u>
d	Number of conservation easements included in (c) acquire	d after 8/17/06, and not on a historic structure	
_	listed in the National Register	I a la la constant and an Armon and bookle	. 2d
3	Number of conservation easements modified, transferred,	released, extinguished, or terminated by the	
	organization during the tax year	an amount in located N	
4	Number of states where property subject to conservation e		lations
5	Does the organization have a written policy regarding the p and enforcement of the conservation easements it holds?	eriodic monitoring, inspection, natiding of viol	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting	handling of violations, and enforcing conser	
U	Stan and volunteer hours devoted to morntoning, inspecting	y, fianting of violations, and emorning conser	valion casements during the year
7	Amount of expenses incurred in monitoring, inspecting, ha	ndling of violations, and enforcing conservation	on easements during the year
•	►\$	numing of violations, and officially content and	an occorrients during the year
8	Does each conservation easement reported on line 2(d) ab	ove satisfy the requirements of section 170(h	)(4)(B)(ı)
•	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conserve	ation easements in its revenue and expense s	tatement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	•	
	conservation easements		
Part			Other Similar Assets.
	Complete if the organization answered "	Yes" on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (	ASC 958), not to report in its revenue stateme	ent and balance sheet works of art,
	historical treasures, or other similar assets held for public	exhibition, education, or research in furtherand	ce of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that desc	nbes these items.	
b	If the organization elected, as permitted under SFAS 116 (	ASC 958), to report in its revenue statement a	and balance sheet works of art,
	historical treasures, or other similar assets held for public	exhibition, education, or research in furtherand	ce of public service, provide the following
	amounts relating to these items		
	(i) Revenue included on 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 t		gain, provide the following amounts
	required to be reported under SFAS 116 (ASC 958) relating	7	
a	Revenue included on Form 990, Part VIII, line 1		>\$

	ule D (Form 990) 2015 Greensboro							-0890545	
Part	Organizations Maintaining	Collections of	Art, Hi	storical 1	<b>Treasures</b>	, or Ot	her Simila	r Assets (co	ntinued)
3	Using the organization's acquisition, access	ion, and other records	s, check a	any of the fo	llowing that a	re a sıgn	ificant use of its	s collection items	;
	(check all that apply)								
а	Public exhibition		d	=	or exchange	programs	5		
b	Scholarly research		е	Other	·				<del>-</del>
C	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explain	how they	further the	organization's	exempt	purpose in Pai	rt XIII.	
5	During the year, did the organization solicit or rather than to be maintained as part of the or			oncal treasu	res, or other	sımılar as	ssets to be solo	to raise funds	□No
Part			· <u>·</u> -	··		<u> </u>			
	Complete if the organization		on For	m 990, P	art IV, line	9, or i	reported an	amount on F	orm
	990, Part X, line 21.								
1a	Is the organization an agent, trustee, custod	ıan or other intermedi	ary for co	ntributions o	or other asset	s not inc	luded	_	
	on Form 990, Part X?							☐ Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing tat	ole					
						L_		Amount	
C	Beginning balance	•			•	10	;		
d	Additions during the year .			•		10	1		
e	Distributions during the year .		•		•	1e	·		
f	Ending balance	•				1f			
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for es	scrow or cus	stodial accour	nt hability	9	. LJ Yes	∐ No
b	If "Yes," explain the arrangement in Part XIII	Check here if the ex	planation	has been p	rovided in Pa	rt XIII		·	Щ
Part		1.857 - 11		000 5		40			
	Complete if the organization	<del></del>					<del></del>		
		(a) Current year	<u> </u>	Prior year	(c) Two yea		(d) Three years		ears back
1a	Beginning of year balance	4,297,481.	6,04	<u>5,522.</u>				70.4,022	
b	Contributions	ļ	<u> </u>		1,130,	000.	5,0	00. 68	<u>,999.</u>
C	Net investment earnings, gains, and		_						
	losses .	-240,695.	3	0 <u>,809</u> .	801,	445.	425,2	9083	<u>,532.</u>
d	Grants or scholarships		ļ		<u> </u>		ļ		
е	Other expenditures for facilities and				4-0				400
	programs	1,188,454.	1,77	<u>8,850.</u>	158,	857.	155,8	26. 9	<u>,483.</u>
f	Administrative expenses	0.060.000	4 00	- 401	6 045	<del>-</del>	4 0 70 0	24 2 22	
g		2,868,332.				<u>522.</u>	4,272,9	34.3,998	,470.
2	Provide the estimated percentage of the curr			column (a))	held as				
a	Board designated or quasi-endowment	► <u>42.92</u>	<u>.</u> %						
ь	Permanent endowment ▶ 38.94%								
С		<u>8.14</u> %							
	The percentages on lines 2a, 2b, and 2c sho	•							
3a	Are there endowment funds not in the posse	ession of the organiza	tion that a	are held and	l administered	for the		г.	<del>. T</del>
	organization by								es No
	(i) unrelated organizations					•		3a(i)	
	(ii) related organizations				•			3a(ii)	
b	If "Yes" on 3a(ıı), are the related organization	•				•	•	_ 3b	
4 Pos	Describe in Part XIII the intended uses of the		vment tur	nas					
Fai	Land, Buildings, and Equip Complete if the organization		on For	m 000 B	ort IV line	110	Soo Form 0	On Bort V Iii	20.10
	Description of property	<del></del>							
	Description of property	(a) Cost or oth (investm		1, ,	r other basis ther)		Accumulated epreciation	(d) Book	aiuc
40	Land	<del>-   ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` </del>			35,330.	ļ—-	· <u> </u>	035	,330.
1a b	Buildings	<del>                                     </del>			31, <u>635</u> .	<del>                                     </del>		5,581	
C	Leasehold improvements	<del></del>		1 2,26	<u>, . ,</u>	<del>                                     </del>		<del>  3,361</del>	, , , , , , .
ď	Equipment			66	3,396.	2	329,331	2,665	935
e	Other	<del>                                     </del>		1 30	<i>,</i>	<del>  ''</del>	<u> </u>	2,000	,,,,,,,
	Add lines 1a through 1e. (Column (d) must e	gual Form 990. Part 2	X. column	(B), line 10	)c )	<u> </u>		3,751	030
UYA		,,, .	,	,=,,	<del>-,</del>		<del></del>	Schedule D (For	

Schedule D (Form 990) 2015 Greensboro Urban Ministry,	Inc.	5	6-0890545	Page
Part VII Investments — Other Securities.			<u> </u>	
Complete if the organization answered "Yes" on Form	990, Part IV, line	e 11b. See Form	990, Part X, line	e 12.
(a) Description of security or category	(b) Book value	(c) Me	thod of valuation	
(including name of security)		Cost or er	nd-of-year market value	
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				_
(G)				
(H)				
Total. (Column (b) must equal Form 990, Part X, col (B) line 12 ) ▶				
Part VIII Investments — Program Related.				
Complete if the organization answered "Yes" on Form	990, Part IV, line	e 11c. See Form	990, Part X, line	e 13.
(a) Description of investment	(b) Book value	(c) Me	thod of valuation	
		Cost or er	nd-of-year market value	9
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col (B) line 13 ) ▶				
Part IX Other Assets.	-			
Complete if the organization answered "Yes" on Form	990, Part IV, line	e 11d. See Form	990, Part X, line	e 15.
(a) Description	· · · · · · · · · · · · · · · · · · ·		(b) Book valu	ie
(1) Property Held for Sale				800
(2) Investment in Related Ent			144,	145
(3) Beneficial interest endow			2,868,	332
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)		<u> </u>		
Part X Other Liabilities.				
Complete if the organization answered "Yes" on Form	990, Part IV, line	e 11e or 11f. See	Form 990, Par	t X,
line 25.				
1. (a) Description of liability (b) Book value				
(1) Federal income taxes				
(2) Property Held for Sale 6,80				
(3) Investment in Related Ent 144,14				
(4) Beneficial interest endow 2,868,33	32.			
(5)				
(6)				
(7)	t			

(8)

Total. (Column (b) must equal Form 990, Part X, col (B) line 25 ) ▶ 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's Schedule D (Form 990) 2015 liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

, Schedu	le D (Form 990) 2015 Greensboro Urban Ministry, In	_		56_	0890545 Page 4
Part		ents V	•		<del></del>
1	Total revenue, gains, and other support per audited financial statements .	<u> </u>		1	4,820,243.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		•	H	4,020,233.
		1 20 1	-287,699.		
a	Net unrealized gains (losses) on investments	2a	-201,099.	1	
b	Donated services and use of facilities	2b		1	
C	Recoveries of prior year grants	2c		ł l	
d	Other (Describe in Part XIII.)	2d	<del></del>	1 .	207 600
e	Add lines 2a through 2d		•	2e	-287,699. 5 107 043
3	Subtract line 2e from line 1	1 1	•	3	5,107,942.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	1.1	44 000		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	44,880.	1	
р	Other (Describe in Part XIII.)	4b	-46,892.	1 1	0.010
С	Add lines 4a and 4b			4c	-2,012.
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		14771 =	5	5,105,930.
Part	XII Reconciliation of Expenses per Audited Financial States Complete if the organization answered "Yes" to Form 990, F		• •	er Re	turn.
1	Total expenses and losses per audited financial statements	<u>,</u>		1	<del></del>
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				<del></del>
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b		1	
c	Other losses	2c		1	
d	Other (Describe in Part XIII.)	2d		<b>i</b>	
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	1 1	•	١Ť	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	· · · · · · · · · · · · · · · · · · ·		
b	Other (Describe in Part XIII )	4b		i	
	Add lines 4a and 4b	40		45	
с 5	Total expenses Add lines 3 and 4c.(This must equal Form 990, Part I, line 18.)		•	4c 5	<del></del>
	XIII Supplemental Information.		<u>_</u> _:	3	<del></del>
		lunna 1h	and the Dark V. June 4. De		
	the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any			τ X, III	le 2,
•	Ln 4 tion of the endowment funds are for gener	al o	perating exp	ens	es, portion
for	maintenance and the income from the perm	anen	tly restrict	ed	funds are
temp	porarily restricted until such time as it	is	spent. It is	th	en moved to
unre	estricted.				
	Ln 2				
	organization is a nonprofit organization	tha	t is exempt	fro	m income
	es under Internal Revenue Code (IRC) Sect				
	vision for income taxes is reflected in t				
		11G 9	CCOmpanying	<u> </u>	ancrar
	cements.			<del></del>	
taxe	<u>es under Internal Revenue Code (IRC) Sect</u>	lon	<u>501 (C) (3) . A</u>	CCO	rdingly, no

provision for income taxes is reflected in the accompanying financial

statements.

Part XIII Supplemental Information (continued)	56-0890545 rages
Part XIII Supplemental Information (continued)	
P11, Ln 4b	
Expenses related to rentals -46,892 P12, Ln 2d	
P12, Ln 2d	
Expenses related to rentals 46,892	<del></del>
	<del></del>
	<del> </del>
	<del></del>

Schedule D (Form 990) 2015

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**SCHEDULE 1** (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Inc.

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

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

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. ▶ Attach to Form 990.

OMB No 1545-0047	2015

Open to Public Inspection

**Employer identification number** 

56-0890545

Complete if the organization answered "Yes" on Form 990, (h) Purpose of grant or assistance X Yes Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (g) Description of non-cash assistance Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (c) IRC section (d) Amount of cash (e) Amount of non- (f) Method of valuation if applicable grant cash assistance other) Grants and Other Assistance to Domestic Organizations and Domestic Governments. Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table General Information on Grants and Assistance the selection criteria used to award the grants or assistance? (p) EIN Greensboro Urban Ministry, (a) Name and address of organization or government Partl Part II  $\widehat{\mathbb{S}}$ € (10) (12)Ξ 3 (2) (9) 8 6 Ε

Schedule I (Form 990) (2015)

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

Schedule I (Form 990) (2015) **Greensboro Urban Ministry, Inc.**Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on 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	(c) Amount of	(d) Amount of	(e) Method of valuation (book, EMV anneaes other)	(f) Description of non-cash assistance
		5		( included the control of the contro	
1 Food Shelter Utility Housi 42156	42156	1,182,946.	1,615,376.	. FMV	Soup kit Food Bank Shelter
2					
K				:	
4					
S.					
			,		
9					
7					
art IV Supplemental Information.	rovide the informatic	on required in Part	I, line 2, Part III, o	Provide the information required in Part I, line 2, Part III, column (b), and any other additional information	dditional information.
		;			
UYA		į			Schedule I (Form 990) (2015)

#### **SCHEDULE M** (Form 990)

#### **Noncash Contributions**

OMB No 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

Attach to Form 990.

Information about Schedule M (Form 990) and its instructions is at www.ire.gov/form990.

Employer identification number

56-0890545

	<u>ensboro Urban Minist</u>	try, In	ic	<u>56-08</u>	390545			
Part	Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method noncash co	(d) of dete	rminine	g ounts
1	Art – Works of art							
2	Art - Historical treasures							
3	Art – Fractional interests							
4	Books and publications .							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes .							
8	Intellectual property							
9	Securities - Publicly traded	X	15	37,110	. FMV			
10	Securities - Closely held stock							
11	Securities – Partnership, LLC,							
	or trust interests .							
12	Securities – Miscellaneous .							
13	Qualified conservation contribution – Historic							
	structures .							
14	Qualified conservation .	L	<u> </u>		<u> </u>			
	contribution - Other .							
15	Real estate – Residential							
16	Real estate - Commercial							
17	Real estate – Other							
18	Collectibles .							
19	Food inventory .	X	1191827	1,613,712	. FMV			
20	Drugs and medical supplies	<u> </u>						
21	Taxidermy .							
22	Historical artifacts				<del></del>			
23	Scientific specimens							
24	Archeological artifacts	<u> </u>	<u></u>	<u> </u>	<u> </u>			
25	Other ()				<u> </u>			
26	Other ►()				<u> </u>			
27	Other ► ()				<del></del>			
<u> 28</u>	Other (	<u> </u>	<u> </u>	L	<del> </del>			
29	Number of Forms 8283 received by the	•	•	ions for which the				_
	organization completed Form 8283, Pa	rt IV, Donee A	Acknowledgement	•	29		Yes	No
30 a	During the year, did the organization re	ceive by cont	ribution any property reported in	Part I, lines 1 through 28,				
	that it must hold for at least three years	from the date	e of the initial contribution, and w	which is not required to be used	for exempt			
	purposes for the entire holding period?					30a		X
b	If "Yes," describe the arrangement in P	Part II.						
31	Does the organization have a gift accep	ptance policy	that requires the review of any n	on-standard		L		
	contributions?				•	31		X
32 a	Does the organization hire or use third	parties or rela	ated organizations to solicit, proc	ess, or sell noncash				
	contributions?					32a	<u> </u>	X
b	If "Yes," describe in Part II							
33	If the organization did not report an am	ount in colum	n (c) for a type of property for wi	hich column (a) is checked,				1

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Schedule M (Forr		Page <b>2</b>
the	e organization is reporting in Part I, column (b), the number of contributions, the number of iten	
	a combination of both. Also complete this part for any additional information.	
P1, Col		food
Greensbo	of contributions for food inventory represents pounds of pro Urban Ministry, Inc. 56-0890545 as received.	1000
		<del></del>
<del></del>		
-		
		· -
-		· · · · · · · · · · · · · · · · · · ·
		NA 18
LIVA	Schedule	M (Form 990) (2015)

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

#### 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.

Department of the Treasury Internal Revenue Service

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2015
Open to Public Inspection

Employer identification number Name of the organization 56-0890545 Greensboro Urban Ministry, Inc. Form 990 Part I Ln 6 The number given here represents individuals who registered through our volunteer services department. We have many groups (churches, businesses,\_ etc.) volunteer as well. The number given does not include the individuals associated with these various groups. Form 990 Part VI Sect B Ln 11 The 990 is first reviewed by the Finance Committee. After approval, the 990 is provided to the Board for its review and approval. Then the 990 is signed and filed. Form 990 Part VI Sect B Ln 12c Every year each board member is required to complete a conflict of interest questionnaire. This is required by the City of Greensboro grant. GUM monitors that each member returns a completed form. Form 990 Part VI Sect B Ln 15 Compensation for the Executive Director is set by a subcommittee of the Personnel Committee. The ED receives an annual review. After the subcommittee suggest an amount, this goes to the Executive Committee. For other management, an annual review is performed and the ED suggests an amount. These amounts are included in total with all the staff raises. The total goes to the Personnel Committee. After approval, the motion goes before the Board. Form 990 Part VI Sect C Ln 19 These documents are available to the public upon request. Form 990 Part VII Sect A Col F The organization, in a full transparency posture to reporting, is reporting all benefits in full in column F, Part VII and not applying the \$10,000 per item exception for certain benefits. Form 990 Part XII Ln 2c The organizations oversight of the audit of its financial statements and the selection of an independent accountant has not changed since the prior year.

Schedule O (Form 990 or 990-EZ) (2015)	Page 2
Name of the organization	Employer identification number
Greensboro Urban Ministry, Inc.	56-0890545
Part III Line 4d	
Expenses: \$612151.00 including grants of: \$181325.00 Rev	venue: \$0.00
Part III Line 4d	
Potter's House	
Part III Line 4d	
Expenses: \$480944.00 including grants of: \$8671.00 Rever	iue: \$0.00
Part III Line 4d	
Pathways	
Part III Line 4d	¢0 00
Expenses: \$937227.00 including grants of: \$61508.00 Reve	ande. \$0.00
Part III Line 4d	
Weaver House/WE Shelters	
Part III Line 4d	
Expenses: \$100922.00 including grants of: \$2159.00 Rever	ma: \$0.00
Expenses. V100922.00 Including grants of. V2133.00 Keven	1de. 90.00
Part III Line 4d	
Chaplaincy	
	<del></del>
	<del></del>
	<del></del>