** PUBLIC DISCLOSURE COPY **

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Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Open to Public

Department of the Treasury

▶ Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information. Inspection and ending A For the 2021 calendar year, or tax year beginning Check if applicable: C Name of organization D Employer identification number Address change GALVESTON URBAN MINISTRIES Name change 27-4207828 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Final return/ 409-497-2460 3727 BALL STREET termin-ated 1,266,443. G Gross receipts \$ City or town, state or province, country, and ZIP or foreign postal code Amended return 77550 GALVESTON, TX H(a) Is this a group return Applica-F Name and address of principal officer: JOSH DORRELL Yes X No for subordinates? pending P.O. BOX 612, GALVESTON, TX77553 H(b) Are all subordinates included? Yes No Tax-exempt status: X = 501(c)(3) = 501(c)() ◀ (insert no.) L __ 4947(a)(1) or [If "No," attach a list. See instructions J Website: ► WWW.GALVESTONURBANMINISTRIES.ORG **H(c)** Group exemption number ▶ **K** Form of organization: **X** Corporation Association L Year of formation: 2011 M State of legal domicile: TX Part I Summary EOUIPPING AND Briefly describe the organization's mission or most significant activities: ENGAGING, Activities & Governance EMPOWERING THE POOR AND MARGINALIZED IN THE CITY OF GALVESTON. Check this box I if the organization discontinued its operations or disposed of more than 25% of its net assets. 9 Number of voting members of the governing body (Part VI, line 1a) 9 Number of independent voting members of the governing body (Part VI, line 1b) 15 5 Total number of individuals employed in calendar year 2021 (Part V, line 2a) 404 6 Total number of volunteers (estimate if necessary) 0. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a b Net unrelated business taxable income from Form 990-T, Part I, line 11 **Prior Year Current Year** $9\overline{14,173}$ 765,839. Contributions and grants (Part VIII, line 1h) Revenue 15,430. 22,014. Program service revenue (Part VIII, line 2g) 21,206. -25,833. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 26,312. 69,875. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 828,787. 980,229. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 0. 0. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. Ō. Benefits paid to or for members (Part IX, column (A), line 4) 442,551. 485,056. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 259,974. 324,027. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 702,525. 809,083. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 171,146. 126,262. Revenue less expenses. Subtract line 18 from line 12 Beginning of Current Year **End of Year** 1,695,299. 1,854,833. 20 Total assets (Part X, line 16) 13,367. 1,755. 21 Total liabilities (Part X, line 26) 853,078. 681,932. Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign JOSH DORRELL, EXECUTIVE DIRECTOR Here Type or print name and title

Preparer's signature

STE 600

NANCY A. LIVINGSTON 05/16/22

P.C.

X Yes No

PTIN

P00044678

if self-employed

Firm's EIN > 74 - 2533381

Phone no. (254)776-4190

WACO, TX 76710-4459

Firm's name JAYNES, REITMEIER, BOYD & THERRELL,

Print/Type preparer's name

NANCY A. LIVINGSTON

Firm's address 5400 BOSQUE BLVD

May the IRS discuss this return with the preparer shown above? See instructions

Paid

Preparer

Use Only

Pa	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission:	N THE
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	Yes X No
_	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total exercise, if any, for each program service reported.	
4a	(Code:) (Expenses \$ 347,817. including grants of \$) (Revenue \$ EMPOWERMENT PROGRAMS FOR ADULT INCLUDING WORK PROGRAMS, TRAINING COMMUNITY SUPPORT.	1,724.) NG, AND
4b	(Code:)(Expenses \$ 347,817. including grants of \$) (Revenue \$	22,015.
4c	(Code:) (Expenses \$)
4d	Other program services (Describe on Schedule O.)	
4e	(Expenses \$ including grants of \$) (Revenue \$ Total program service expenses ▶ 695,634 •)
		Form 990 (2021)

Form 990 (2021) GALVESTON URBAN MINISTRIES Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			v
	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		х
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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
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		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			3,7
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	-		
3	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
•	as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
а	Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
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		X
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			7.7
	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	40-		X
h	Schedule D, Parts XI and XII	12a		Α.
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			<u> </u>
~	investment, and program service activities outside the United States, or aggregate 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? If "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 Part IX,			۱ ,,
	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 Part VIII, lines	4.	Х	
40	1c and 8a? If "Yes," complete Schedule G, Part II	18	^	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	10		X
20a	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19 20a		X
∠∪a b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х
				-

Part IV		quired Schedu	

			Yes	No
22	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? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		Х
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	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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 disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?			Х
00	"Yes," complete Schedule L, Part IV	28c	Х	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Λ	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		
52	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	- 02		
-	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	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	34		х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	<u> </u>		
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
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	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			Ш
	1 1 -		Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
_	(gambling) winnings to prize winners?	1c	000	(000:
13200	4 12-09-21	⊢orm	990	(2021

021) GALVESTON URBAN MINISTRIES Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

					Yes	No	
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		1 -				
	filed for the calendar year ending with or within the year covered by this return	2a	15		37		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns the control of t			2b	X		
_	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions					Х	
				3a		Α.	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule			3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other		•	4-		x	
L	financial account in a foreign country (such as a bank account, securities account, or other financial If "Yes," enter the name of the foreign country	accoul	π,	4a			
D	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccoun	to (EBAD)				
52	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		х	
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year?			5b		X	
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c			
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the						
	any contributions that were not tax deductible as charitable contributions?			6a		х	
b	If "Yes," did the organization include with every solicitation an express statement that such contribut						
	were not tax deductible?		-	6b			
7	Organizations that may receive deductible contributions under section 170(c).						
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set	vices p	rovided to the payor?	7a		Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b			
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as req	uired				
	to file Form 8282?			7с		Х	
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d					
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	ontrac	t?	7e		X	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit control	act?		7f		Х	
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	orm 88	99 as required?	7g			
h							
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the	e				
				8			
9	Sponsoring organizations maintaining donor advised funds.						
a				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:	100					
a b	Initiation fees and capital contributions included on Part VIII, line 12	10a 10b					
11	Section 501(c)(12) organizations. Enter:	100					
'' a	Gross income from members or shareholders	11a					
	Gross income from other sources. (Do not net amounts due or paid to other sources against						
_	amounts due or received from them.)	11b					
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		•	12a			
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year						
13	Section 501(c)(29) qualified nonprofit health insurance issuers.						
а	Is the organization licensed to issue qualified health plans in more than one state?			13a			
	Note: See the instructions for additional information the organization must report on Schedule O.						
b	Enter the amount of reserves the organization is required to maintain by the states in which the						
	organization is licensed to issue qualified health plans	13b					
С	Enter the amount of reserves on hand	13c					
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		X	
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu			14b			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune					₩	
	excess parachute payment(s) during the year?			15		X	
10	If "Yes," see the instructions and file Form 4720, Schedule N.	4 5		40		Х	
16	Is the organization an educational institution subject to the section 4968 excise tax on net investmen	t incoi	ne?	16		_^	
17	If "Yes," complete Form 4720, Schedule O.	anı,					
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17			
	If "Yes," complete Form 6069.			- '			

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

	Check if Schedule O contains a response or note to any line in this Part VI			X					
Sec	tion A. Governing Body and Management								
			Yes	No					
1a	Enter the number of voting members of the governing body at the end of the tax year	1							
	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 on Schedule O.								
b	Enter the number of voting members included on line 1a, above, who are independent 1b	1							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other								
	officer, director, trustee, or key employee?	2		<u> </u>					
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision								
	of officers, directors, trustees, or key employees to a management company or other person?	3		_X_					
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X					
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X					
6	Did the organization have members or stockholders?	6		X					
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			7.7					
	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			7.7					
	persons other than the governing body?	7b		X					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	_	37						
а	The governing body?	8a	X						
	Each committee with authority to act on behalf of the governing body?	8b	Х						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			v					
800	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X					
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		.,						
10-	Did the conscinction have lead about an househor as affiliates 0	40-	Yes	No X					
	Did the organization have local chapters, branches, or affiliates?	10a							
Б	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b							
112	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	11a	Х						
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	11a							
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	х						
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X						
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	120							
·	on Schedule O how this was done	12c	Х						
13	Did the organization have a written whistleblower policy?	13	Х						
14	Did the organization have a written document retention and destruction policy?	14	Х						
15	Did the process for determining compensation of the following persons include a review and approval by independent								
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?								
а	The organization's CEO, Executive Director, or top management official	15a	Х						
	Other officers or key employees of the organization	15b		X					
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.								
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a								
	taxable entity during the year?	16a		X					
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation								
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's								
	exempt status with respect to such arrangements?	16b							
Sec	tion C. Disclosure								
17	List the states with which a copy of this Form 990 is required to be filed ► NONE								
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3))s only) availa	able					
	for public inspection. Indicate how you made these available. Check all that apply.								
	X Own website Another's website X Upon request Other (explain on Schedule O)								
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	nd finai	ncial						
	statements available to the public during the tax year.								
20	State the name, address, and telephone number of the person who possesses the organization's books and records								
	THE ORGANIZATION - 409-497-2460								
	3727 BALL STREET, GALVESTON, TX 77550								

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

Check if Schedule O contains a response or note to any line in this Part VII

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

See the instructions for the order in which to list the persons above.

Check this box if neither the organization (A)	(B)	(C)				(D)	(E)	(F)			
Name and title	Average			Pos	ition			Reportable	Reportable	Estimated	
Name and the	hours per					than is bot		compensation	compensation	amount of	
	week	offic	cer an	nd a d	irecto	r/trus	tee)	from	from related	other	
	(list any	ector						the	organizations	compensation	
	hours for	or dire				ted		organization	(W-2/1099-MISC/	from the	
	related	stee	truste		ao	ben sa		(W-2/1099-MISC/	1099-NEC)	organization	
	organizations	nal tru	onal t		ploye	co m		1099-NEC)		and related	
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations	
(1) JOSH DORRELL	40.00	드	드	5	포	포등	요				
EXECUTIVE DIRECTOR	40.00	1		x				78,531.	0.	0.	
(2) BRIAN LEPO	2.00			122				70,331.	•	•	
VICE PRESIDENT	2.00	X		х				0.	0.	0.	
(3) JASON HARDCASTLE	2.00			<u>^`</u>				0.	0.	•	
PRESIDENT	2.00	X		х				0.	0.	0.	
(4) MAGGIE KELSO	2.00							0.	•	0.	
SECRETARY	2.00	x		x				0.	0.	0.	
(5) VIRGINIA WEBER	2.00							· ·	•	•	
TREASURER	2,00	x		x				0.	0.	0.	
(6) CATHY EINECKE	2.00										
BOARD MEMBER		x						0.	0.	0.	
(7) MONICA HERNANDEZ	2.00	 						•		•	
BOARD MEMBER		x						0.	0.	0.	
(8) SCOTT LEIMER	2.00							-			
BOARD MEMBER		Х						0.	0.	0.	
(9) ROBERT LEWEY	2.00										
TREASURER		Х		Х				0.	0.	0.	
(10) WILLIAM STEPHENSON	2.00										
BOARD MEMBER		Х						0.	0.	0.	
		L_		L_	<u> </u>	<u> </u>	L				
		L		L							

132007 12-09-21 Form **990** (2021)

Par	T VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	/ees	, an	d Hi	ighe	st C	compensated Employe	es (continued)				
	(A)	(B)	(C)						(D)	(E)			(F)	
	Name and title	Average	I (do not check more than one					one	Reportable	Reportable		Est	imate	d
		hours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensatio			ount o	of
		week (list any	├			I	I	100)	from	from related			other	L:
		hours for	directo						the organization	organization (W-2/1099-MIS			ensatom the	
		related	e or (stee			nsateo		(W-2/1099-MISC/	1099-NEC)	,0,		ınizati	
		organizations	trust	nal tru		yee	ompe		1099-NEC)	ĺ		_	relate	
		below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	nizatio	ns
		line)	ᄪ	lus	ij,	Key	Hig	쥰						
			1											
			Γ											
			<u> </u>											
			<u> </u>											
			1											
			•											
			\vdash											
			<u> </u>											
			-											
1b	Subtotal							<u> </u>	78,531.		0.			0.
	Total from continuation sheets to Part V							>	0.		0.			0.
d	Total (add lines 1b and 1c)								78,531.		0.			0.
2	Total number of individuals (including but n	ot limited to th	ose	liste	ed al	bove	e) wł	no re	eceived more than \$100	0,000 of reportab	e			,
	compensation from the organization		—										Yes	No
3	Did the organization list any former officer,	director trust	-ee 1	kev i	-mn	love	A 01	r hia	shest compensated emr	Novee on	ľ		163	140
	line 1a? If "Yes," complete Schedule J for s			•		•	-	_		•		3		Х
4	For any individual listed on line 1a, is the su													
	and related organizations greater than \$15	0,000? <i>If</i> "Yes,	" co	mpl	ete S	Sche	edule	e J f	for such individual			4		Х
5	Did any person listed on line 1a receive or a	=				-			-					
_	rendered to the organization? If "Yes," com	plete Schedul	e J f	for s	uch	pers	son .					5		X
	tion B. Independent Contractors		-1			4.			de alt une a strand une une liberare	Φ4.00.000 - f		-41		
1	Complete this table for your five highest co the organization. Report compensation for										ipens	ation ir	OIII	
	(A)	the dalendar y	oui ,	ona	iiig v	VICI 1	01 11	<u> </u>	(B)	your.		(C)	
	Name and business	address	N	INC	E				Description of s	ervices	C	ompen		1
								\dashv						
	Total number of independent contractors (noluding but a	ot I	mito	d +c	the	SC 15	etec	Labovo) who received a	oro than				
_	Total number of independent contractors (i \$100,000 of compensation from the organi		. J. III		.u 10	(0	J. C	above, who received in	iore triail				

Form 990 (2021) GALVESTO Part VIII Statement of Revenue

		Check if Schedule O contains a response of	or note to any lin	a in this Dart \/III			
		Check if Schedule O contains a response of	I Hote to arry III	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenue excluded
				Total Tevenue		business revenue	
							sections 512 - 514
nts	1 :	Federated campaigns 1a					
ir a	- 1	Membership dues 1b					
Contributions, Gifts, Grants and Other Similar Amounts		Fundraising events 1c	49,465.				
# Z		Related organizations 1d	-				
3, ⊟		Government grants (contributions)					
Sig		All other contributions, gifts, grants, and					
iğ E	'		864,708.				
흔히			FF 720				
E P		Noncash contributions included in lines 1a-1f 1g \$	55,738.	014 172			
<u>a</u> 0		Total. Add lines 1a-1f		914,173.			
			Business Code				
မွ	2 :		812900	14,716.	14,716.		
اھ جَ	-	SCHOOL SUPPLY STORE	812900	7,298.	7,298.		
Program Service Revenue							
E §	Ì	. ———					
gra							
ဥ							
-	1	All other program service revenue		22 014			
		Total. Add lines 2a-2f		22,014.			
	3	Investment income (including dividends, interes	st, and				
		other similar amounts)	▶	513.			513.
	4	Income from investment of tax-exempt bond pr	roceeds 🕨				
	5	Royalties					
		(i) Real	(ii) Personal				
	6 :	26 024					
		Less. Territal experises					
		` ' —		26,934.	26,934.		
		Net rental income or (loss)		20,934.	40,934.		
	7 :	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a	231,816.				
	ı	Less: cost or other basis					
Ę		and sales expenses	258,162.				
Revenue		Gain or (loss) 7c	-26,346.				
Be		Net gain or (loss)	•	-26,346.	-26,346.		
ther		Gross income from fundraising events (not			,		
됩		including \$ 49,465. of					
		contributions reported on line 1c). See	66,868.				
		Part IV, line 18 8a					
		Less: direct expenses 8b	25,064.	41 004			41 004
		Net income or (loss) from fundraising events	>	41,804.			41,804.
	9 8	Gross income from gaming activities. See					
		Part IV, line 199a					
	-	Less: direct expenses 9b					
		Net income or (loss) from gaming activities					
		Gross sales of inventory, less returns					
		l I	1,620.				
			2,988.				
		Less: cost of goods sold 10b	_	1 260	1 260		
\rightarrow		Net income or (loss) from sales of inventory		-1,368.	-1,368.		
ရွ			Business Code	0 400	0 100		
eor Ie	11 8	MISCELLANEOUS	900099	2,400.	2,400.		
an	1	BACKGROUND CHECK	900099	105.	105.		
Miscellaneous Revenue	(:					
∄š	(All other revenue					
2		Total. Add lines 11a-11d	b	2,505.			
	12	Total revenue See instructions		980,229.	23.739.	0.	42 317.

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

3601	Check if Schodulo O contains a reapor				
Do	Check if Schedule O contains a respor not include amounts reported on lines 6b,	(A)	this Part IX	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
_	individuals. See Part IV, line 22				
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,	78,531.	47,119.	15,706.	15,706.
6	trustees, and key employees Compensation not included above to disqualified	70,331.	47,1100	15,700.	13,700.
O	persons (as defined under section 4958(f)(1)) and				
	navaga described in section 4000(a)(0)(D)				
7		274,062.	232,952.	24,666.	16,444.
7 8	Other salaries and wages Pension plan accruals and contributions (include	2/3/0024	252,552.	24,000	TO, TTT.
0	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	25,500.	21,675.	1,785.	2,040.
10	Payroll taxes	106,963.	86,640.	11,766.	8,557.
11	Fees for services (nonemployees):	200,3001	00,0101	2277000	0,00,0
	Management				
	Legal				
	Accounting				
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
J	column (A), amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion	6,100.	5,490.	427.	183.
13	Office expenses	1,149.	1,034.	81.	34.
14	Information technology	722.	650.	72.	
15	Royalties				
16	Occupancy	50,881.	45,793.	3,562.	1,526.
17	Travel	4,925.	3,447.		1,478.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	2,483.	2,483.		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	55,706.	50,136.	3,899.	1,671.
23	Insurance	20,552.	18,497.	2,055.	
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),				
	amount, list line 24e expenses on Schedule 0.)				
а	IN-KIND EXPENSE	55,738.	55,738.		
b	COMMUNITY PROGRAMS	28,276.	28,276.		
С	STUDENT MINISTRIES	26,800.	26,800.		
d	PAY WHAT YOU CAN FOOD B	15,899.	15,899.	1 000	
е	All other expenses	54,796.	53,005.	1,092.	699.
25	Total functional expenses. Add lines 1 through 24e	809,083.	695,634.	65,111.	48,338.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				Eorm 990 (2021)
	0 10 00 01				

Form 990 (2021)
Part X | Balance Sheet

Ра	rt X	Balance Sheet					
		Check if Schedule O contains a response or	note to any	/ line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	469,998.	1	658,883		
	2	Savings and temporary cash investments			103,201.	2	379,427
	3	Pledges and grants receivable, net		3			
	4	Accounts receivable, net		4			
	5	Loans and other receivables from any curren					
		trustee, key employee, creator or founder, su	bstantial c	ontributor, or 35%			
		controlled entity or family member of any of t	hese perso	ons		5	
	6	Loans and other receivables from other disqu	alified per	sons (as defined			
		under section 4958(f)(1)), and persons descri		6			
ţ	7	Notes and loans receivable, net			7		
Assets	8	Inventories for sale or use			5,300.	8	0
₹	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment: cost or othe					
		basis. Complete Part VI of Schedule D	10a	1,068,675.			
	b	Less: accumulated depreciation	10b	252,152.	1,116,800.	10c	816,523
	11	Investments - publicly traded securities		11			
	12	Investments - other securities. See Part IV, lin		12			
	13	Investments - program-related. See Part IV, lin		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must e	qual line 3	3)	1,695,299.	16	1,854,833
	17	Accounts payable and accrued expenses			13,367.	17	1,755
	18	Grants payable		18			
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple	te Part IV o	of Schedule D		21	
es	22	Loans and other payables to any current or fe	ormer offic	er, director,			
Liabilities		trustee, key employee, creator or founder, su	bstantial c	ontributor, or 35%			
<u>e</u>		controlled entity or family member of any of t				22	
_	23	Secured mortgages and notes payable to un				23	
	24	Unsecured notes and loans payable to unrela				24	
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on li	nes 17-24).	. Complete Part X			
		of Schedule D			12 267	25	1 755
	26	Total liabilities. Add lines 17 through 25			13,367.	26	1,755
Ş		Organizations that follow FASB ASC 958, o	heck here				
nce	l	and complete lines 27, 28, 32, and 33.					
ala	27					27	
<u>Б</u>	28	Net assets with donor restrictions				28	
Ë		Organizations that do not follow FASB ASC	C 958, che	ck here			
<u>6</u>		and complete lines 29 through 33.			0		0
əts	29	Capital stock or trust principal, or current fun		0.	29	0	
SS	30	Paid-in or capital surplus, or land, building, or				30	<u>~</u>
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated			1,681,932.	31	1,853,078
ž	32	Total net assets or fund balances			1,681,932.	32	1,853,078
	33	Total liabilities and net assets/fund balances			1,695,299.	33	1,854,833

Form **990** (2021)

Pa	T XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI				Ш			
1	Total revenue (must equal Part VIII, column (A), line 12)	1		0,2				
2	Total expenses (must equal Part IX, column (A), line 25)	2			83. 46.			
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 32, column (A)) 4 1							
5	Net unrealized gains (losses) on investments	5						
6	Donated services and use of facilities	6						
7	Investment expenses	7						
8	Prior period adjustments	8						
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,							
	column (B))	10	1,85	3,0	78.			
Pa	t XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII				Щ			
				Yes	No			
1	Accounting method used to prepare the Form 990: X Cash Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.							
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X			
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d 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?		2b		X			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,						
	consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the							
	review, or compilation of its financial statements and selection of an independent accountant?		2c					
	If the organization changed either its oversight process or selection process during the tax year, explain on Sci							
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit								
	Act and OMB Circular A-133?		. 3a		X			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ							
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b					
			Earm	gan	(2021)			

Form **990** (2021)

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

➤ Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number Name of the organization GALVESTON URBAN MINISTRIES 27-4207828 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other ì your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

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.)

Sec	ction A. Public Support		<u> </u>				
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1,128,630.	787,399.	626,548.	765,839.	914,173.	4,222,589.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	1,128,630.	787,399.	626,548.	765,839.	914,173.	4,222,589.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						930,466.
	Public support. Subtract line 5 from line 4.						3,292,123.
	ction B. Total Support	ı			T	r - 1	
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019 626, 548.	(d) 2020	(e) 2021	(f) Total
	Amounts from line 4	1,128,630.	787,399.	626,548.	765,839.	914,173.	4,222,589.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	202	F 40C		04 010	07 447	E7 22E
	and income from similar sources	382.	5,496.		24,010.	27,447.	57,335.
9	Net income from unrelated business						
	activities, whether or not the	2 004		1 277			1 201
	business is regularly carried on	2,904.		1,377.			4,281.
10	Other income. Do not include gain						
	or loss from the sale of capital	4,435.	2,428.	4,800.	1,685.	2,505.	15,853.
	assets (Explain in Part VI.)	4,433.	2,420.	4,000.	1,005.	2,303.	4,300,058.
11	• • • • • • • • • • • • • • • • • • • •	-4- /				40	136,096.
12	Gross receipts from related activities,			for which the second		12	130,090.
13	First 5 years. If the Form 990 is for the organization, check this box and store	- 1					>
Sec	ction C. Computation of Publ		rcentage				·····
	Public support percentage for 2021 (l			column (f))		14	76.56 %
15	Public support percentage from 2020					15	81.22 %
	16a 33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						
b	33 1/3% support test - 2020. If the o						
~	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the fact	-					
	meets the facts-and-circumstances to		·			viriow the organiz	
h	10% -facts-and-circumstances tes	-	· · · · · · · · · · · · · · · · · · ·		-		
~	more, and if the organization meets the	_					
	organization meets the facts-and-circ		•		•		
18	Private foundation. If the organization						s

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

(Complete only if you checked the box on line 10 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.)

Se	ction A. Public Support	siow, picase com	piete i dit ii.)				
	endar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and		` ,	` ,	<u> </u>	, ,	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ-						
7	ization's benefit and either paid to or expended on its behalf						
_	The value of services or facilities						
5	furnished by a governmental unit to						
_	the organization without charge						
	Total. Add lines 1 through 5		-	-	-		
	a Amounts included on lines 1, 2, and 3 received from disqualified persons						
ŀ	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
(Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support						
Cale	endar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
ŀ	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
(Add lines 10a and 10b						
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)		<u> </u>	L	<u>l</u>	1	<u> </u>
14	First 5 years. If the Form 990 is for th	e organization's f	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organizat	ion,
-	check this box and stop here						_
	ction C. Computation of Publ					1 1	
	Public support percentage for 2021 (I						%
	Public support percentage from 2020 ction D. Computation of Inves					16	%
						47	0/
17							%
18	Investment income percentage from 2					18	%
198	a 33 1/3% support tests - 2021. If the						i / is not
ŀ	more than 33 1/3%, check this box at 33 1/3% support tests - 2020. If the	organization did ı	not check a box or	n line 14 or line 19a	a, and line 16 is m	nore than 33 1/3%,	
	line 18 is not more than 33 1/3%, che	ck this box and st	top here. The orga	anization qualifies a	as a publicly supp	orted organization	▶□
20	Private foundation. If the organizatio	n did not check a	hox on line 14 10	a or 19h check t	his hox and see ir	nstructions	

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 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 class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c 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.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **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.
- c 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 Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, 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).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to 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.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined on 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.
- **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 line 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
3b		
3с		
4a		
4b		
4c		
5a		
5b 5c		
00		
6		
7		
8		
9a		
9b		
9с		
40		
10a		
10b		

Pai	t IV Su	pporting Organizations (continued)			
	•			Yes	No
11	Has the org	ganization accepted a gift or contribution from any of the following persons?			
а		tho directly or indirectly controls, either alone or together with persons described on lines 11b and			
		the governing body of a supported organization?	11a		
b		ember of a person described on line 11a above?	11b		
	•	trolled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Pa		11c		
Sec		rpe I Supporting Organizations			
				Yes	No
1	Did the gov	verning body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supp	orted organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
		or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
		operated, supervised, or controlled the organization's activities. If the organization had more than one supported in, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	•	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2		anization operate for the benefit of any supported organization other than the supported			
		n(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	•	v providing such benefit carried out the purposes of the supported organization(s) that operated,			
		or controlled the supporting organization.	2		
Sec		/pe II Supporting Organizations			
		,,		Yes	No
1	Were a ma	ority of the organization's directors or trustees during the tax year also a majority of the directors			110
		of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
		ment of the supporting organization was vested in the same persons that controlled or managed			
	_	ted organization(s).	1		
Sec		I Type III Supporting Organizations			
				Yes	No
1	Did the ord	anization provide to each of its supported organizations, by the last day of the fifth month of the			110
-	_	n's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
		copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
		n's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2		of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	·		
_		n(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	-	ation maintained a close and continuous working relationship with the supported organization(s).	2		
3	_	of the relationship described on line 2, above, did the organization's supported organizations have a			
Ū		voice in the organization's investment policies and in directing the use of the organization's			
	-	assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
		organizations played in this regard.	3		
Sec		rpe III Functionally Integrated Supporting Organizations			
1		box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions)			
a		organization satisfied the Activities Test. Complete line 2 below.	•		
b		organization is the parent of each of its supported organizations. Complete line 3 below.			
c		organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	structio	ns).	
2		est. Answer lines 2a and 2b below.		Yes	No
a		ntially all of the organization's activities during the tax year directly further the exempt purposes of			
		ted organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
		ported organizations and explain how these activities directly furthered their exempt purposes,			
		ganization was responsive to those supported organizations, and how the organization determined			
		activities constituted substantially all of its activities.	2a		
b		ivities described on line 2a, above, constitute activities that, but for the organization's involvement,			
-		e of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
		reasons for the organization's position that its supported organization(s) would have engaged in			
		ities but for the organization's involvement.	2b		
3		supported Organizations. Answer lines 3a and 3b below.			
а		anization have the power to regularly appoint or elect a majority of the officers, directors, or			
	_	each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b		anization exercise a substantial degree of direction over the policies, programs, and activities of each			

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Support	ing Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on	Nov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu	ust complete	e Sections A through E.	
Sect	ion 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		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	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		
е	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 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 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		

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

Schedule A (Form 990) 2021

instructions).

Sche	dule A (Form 990) 2021 GALVESTON URB				7-420/828 Page 7
Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations _{(continu}	ued)	
Secti	ion D - Distributions		•		Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		1	
2	Amounts paid to perform activity that directly furthers exempt				
	organizations, in excess of income from activity	2			
3	Administrative expenses paid to accomplish exempt purpos	es of supported organization	IS	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which t	he organization is responsive	Э		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2021	ns	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
a	From 2016				
b	From 2017				
	From 2018				
d	From 2019				
e	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				

Schedule A (Form 990) 2021

and 4c. 8 Breakdown of line 7: a Excess from 2017 **b** Excess from 2018 c Excess from 2019 d Excess from 2020 e Excess from 2021

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12;
	Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V,
	line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 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 Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
	(See instructions.)

Schedule B

Schedule of Contributors

GALVESTON URBAN MINISTRIES

Attach to Form 990 or Form 990-PF.

27-4207828

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990 for the latest information.

Name of the organization Employer identification number

Organization type (check one): Filers of: Section: X = 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year ______ 🕨 \$ _ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2021)

Name of organization Employer identification number

GALVESTON URBAN MINISTRIES

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution			
1		Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution			
2		Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution			
3		Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a)	(b)	(c) (d)			
No. 4	Name, address, and ZIP + 4	Total contributions Type of contribution Person X Payroll I Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution			
5		Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution			
6		Person X Payroll Noncash (Complete Part II for noncash contributions.)			

Name of organization Employer identification number

GALVESTON URBAN MINISTRIES

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a)	(b)	(c)	(d)		
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution		
7		\$ 20,291.	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
8		\$ 36,000.	Person X Payroll		
(a)	(b)	(c)	(d)		
No. 9	Name, address, and ZIP + 4	Total contributions \$ 26,126.	Person X Payroll		
(a)	(b)	(c)	(d)		
No. 10	Name, address, and ZIP + 4	* 40,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a)	(b) Name address and ZID + 4	(c) Total contributions	(d) Type of contribution		
No.	Name, address, and ZIP + 4	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		

Name of organization Employer identification number

GALVESTON URBAN MINISTRIES

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			

Schedule B (Form 990) (2021) Name of organization **Employer identification number** 27-4207828 GALVESTON URBAN MINISTRIES Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year Part III from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held

Parti				
_				
		(e) Transfer	of gift	
	Transferee's name, address, a	nd ZIP + 4	Re	elationship of transferor to transferee
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	:	(d) Description of how gift is held
- -				
		(e) Transfer	of gift	
	Transferee's name, address, a	ind ZIP + 4	Re	elationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

►Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

GALVESTON URBAN MINISTRIES

Employer identification number 27-4207828

Par	organizations Maintaining Donor Advise organization answered "Yes" on Form 990, Part IV, lin		s or Accounts.Complete if the
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	, ,	. ,
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advis	sed funds
	are the organization's property, subject to the organization's	_	
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor of		
	impermissible private benefit?	······································	Yes No_
Par			
1	Purpose(s) of conservation easements held by the organizati	on (check all that apply).	
	Preservation of land for public use (for example, recrea	tion or education)	f a historically important land area
	Protection of natural habitat	Preservation of	f a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form	
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		
С	Number of conservation easements on a certified historic str		
d	Number of conservation easements included in (c) acquired a	•	
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the	e organization during the tax
	year ▶		
4	Number of states where property subject to conservation eas		
5	Does the organization have a written policy regarding the per		
_	violations, and enforcement of the conservation easements if		
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing con	servation easements during the year
_	<u> </u>		
7	Amount of expenses incurred in monitoring, inspecting, hand	iling of violations, and enforcing conserva	ation easements during the year
	▶ \$ Does each conservation easement reported on line 2(d) above	o antinfo the conscionments of anotice 170	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
8			
0	and section 170(h)(4)(B)(ii)?		
9	,	•	
	balance sheet, and include, if applicable, the text of the footr organization's accounting for conservation easements.	iote to the organization's illiancial statem	ients that describes the
Par		f Art. Historical Treasures. or O	Other Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under FASB ASC 95		and balance sheet works
	of art, historical treasures, or other similar assets held for put	·	
	service, provide in Part XIII the text of the footnote to its finar		•
b	If the organization elected, as permitted under FASB ASC 95		
_	art, historical treasures, or other similar assets held for public		
	provide the following amounts relating to these items:	,,,	,
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
2	If the organization received or held works of art, historical tre		
_	the following amounts required to be reported under FASB A		g, p. e
а	Revenue included on Form 990, Part VIII, line 1	_	▶ \$
	Assets included in Form 990, Part X		

Pa	rt III Organizations Maintaining C	ollections of A	rt, Hist	torical Tr	easures, d	or Othe	r Simila	r Asse	ts (contin	ued)				
3	Using the organization's acquisition, accessi	on, and other record	ls, checl	k any of the	following tha	t make si	gnificant u	se of its						
	collection items (check all that apply):													
а	Public exhibition	d	· 🖳	Loan or exc	hange progra	am								
b	Scholarly research	е	(Other										
С	Preservation for future generations													
4	Provide a description of the organization's co	ollections and explai	n how th	ney further t	he organizati	on's exem	npt purpos	se in Par	t XIII.					
5	During the year, did the organization solicit o	r receive donations	of art, hi	storical trea	sures, or oth	er similar	assets		_		_			
	to be sold to raise funds rather than to be ma								Yes		_ No			
Pa	t IV Escrow and Custodial Arran	-	ete if the	organizatio	n answered '	"Yes" on I	Form 990,	Part IV,	line 9, or					
	reported an amount on Form 990, Par													
1a	Is the organization an agent, trustee, custodi		•						٦		٦			
	on Form 990, Part X?							🗀	Yes		∐ No			
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing t	table:					A 4					
	C Reginning halance													
c Beginning balance 1c														
	Additions during the year													
_	Distributions during the year													
Ť	Ending balance								1,,		т			
	Did the organization include an amount on Fo						•		Yes	-	∐ No			
	If "Yes," explain the arrangement in Part XIII. T V Endowment Funds. Complete in						<u></u>							
ı a	Endowment i unus: Complete i	(a) Current year		rior year	(c) Two year			ars hack	(e) Four	vears	hack			
4	Designation of coord belongs	(a) Ourrent year	(6)	noi yeai	(C) TWO your	J DUCK (uj mico yo	uro buon	(e) i oui	yours	Daon			
	Beginning of year balance													
	Contributions													
	Net investment earnings, gains, and losses													
	Grants or scholarships													
е	Other expenditures for facilities													
	and programs													
	Administrative expenses													
g	End of year balance		- /!: 4	/	-\\ -									
2	Provide the estimated percentage of the curr	ent year end baland		g, column (a)) neid as:									
	Board designated or quasi-endowment	0/	_%											
	Permanent endowment	% %												
С		· -												
0-	The percentages on lines 2a, 2b, and 2c sho	•	-4: 41					.4:						
Sa	Are there endowment funds not in the posse	ssion of the organiz	ation the	at are rielu a	and administe	erea for th	e organiza	ILION	Γ	Yes	No			
	by:								-		110			
	(i) Unrelated organizations													
h	(ii) Related organizations													
4	Describe in Part XIII the intended uses of the								30					
	t VI Land, Buildings, and Equipm		WITIETIL	iulius.										
. u	Complete if the organization answere). Part I\	/. line 11a. 9	See Form 990). Part X. I	ine 10.							
	Description of property	(a) Cost or o			t or other		cumulated		(d) Book	c valu				
	Description of property	basis (investr			(other)	` '	reciation	'	(u) Door	· vaiu	ic			
12	Land	· '	,		8,909.	G. 5 p			148	3 . 9	09.			
	Land Buildings				4,897.	1	83,21	3.			84.			
	Leasehold improvements				_, _, .		,	- 		_ ,				
	Equipment			2	9,664.		28,93	7.		7	27.			
	Other				5,205.		40,00				03.			
	I. Add lines 1a through 1e. (Column (d) must e		X colun				,	<u> </u>			23.			
<u>. 5.6</u>	in rica in loo ta till bagit to loolattiit la/ tilast c	4	., colui	(2), 11110						. , -				

Schedule D (Form 990) 2021 GALVESTON UR	RBAN MINISTRI	ES 2	27-4207828 Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes" o			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or e	end-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H) Tatal (Col. (h) must agual Form 000, Port V. col. (D) line 10.)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶ Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" o	n Form 990 Part IV line	11c See Form 990 Part V line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or	end-of-vear market value
	(b) Book value	(c) Wethod of Valuation. Cost of C	cha or year market value
(1)			
(2)			
(3)			
(4) (5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" o	n Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
	escription		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15.)		•
Part X Other Liabilities.			
Complete if the organization answered "Yes" or	n Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line	25.
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(4)			

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 liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII... Schedule D (Form 990) 2021

	rt XI Reconciliation of Revenue per Audited Financial State	tements With Reven	ue per Return.	- rago -
	Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a.		
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities			
С	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d			
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 . 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	·····		
b	Other (Describe in Part XIII.)	·		
c	Add lines 4a and 4b			
5 Da	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Sta			
ı a	Complete if the organization answered "Yes" on Form 990, Part IV, line	-	nises per neturn.	
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments			
c	Other losses			
d	Other (Describe in Part XIII.)			
e	Add lines 2a through 2d	·	2e	
3	Subtract line 2e from line 1			
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18			
Pa	rt XIII Supplemental Information.			
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide an		Part V, line 4; Part X, line 2; Pal	rt XI,

SCHEDULE G (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization

GALVESTON URBAN MINISTRIES

Employer identification number 27-4207828

Part I Fundraising Activities required to complete this par	Complete if the organization answe	red "Y	'es" or	n Form 990, Part IV,	line 17. Form 990-E2	Z filers are not					
Indicate whether the organization raised funds through any of the following activities. Check all that apply. a											
(i) Name and address of individual or entity (fundraiser)	ual (ii) Activity			(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization					
		Yes	No								
Total 3 List all states in which the organization or licensing.	on is registered or licensed to solicit o	contrib	outions	s or has been notified	d it is exempt from re	egistration					

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000

		of fundraising event contributions and gr	oss income on Form 990	FEZ, IIII es T and ob. List	events with gross receip	ots greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			GUM	GOLF	NONE	(add col. (a) through
			BALL/GALA EV	SCRAMBLE		col. (c))
Φ			(event type)	(event type)	(total number)	001. (0))
Revenue						
3ev	1	Gross receipts	77,644.	38,689.		116,333.
_			22 24 7	44 440		40.465
	2	Less: Contributions	38,017.	11,448.		49,465.
			20 627	27 241		66 060
	3	Gross income (line 1 minus line 2)	39,627.	27,241.		66,868.
	,	Cook prizos				
	4	Cash prizes				
	5	Noncash prizes		3,600.		3,600.
es	ľ	Tronodon prized				7,000
ens	6	Rent/facility costs	1,080.			1,080.
Direct Expenses	_					,
덫	7	Food and beverages	10,027.	4,337.		14,364.
Ë						
	8	Entertainment				
	9	Other direct expenses	3,107.	2,913.		6,020.
		Direct expense summary. Add lines 4 through	. ,		>	25,064.
D -		Net income summary. Subtract line 10 from li				41,804.
Pa	rt I		answered "Yes" on Form	n 990, Part IV, line 19, or	reported more than	
		\$15,000 on Form 990-EZ, line 6a.	Γ	(b) Pull tabs/instant		(d) Total gaming (add
ne			(a) Bingo	bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue				3 1 3 3		
æ	4	Gross revenue				
	Ė	CI COSC TOVATION				
S	2	Cash prizes				
nse						
Direct Expenses	3	Noncash prizes				
벙						
jre	4	Rent/facility costs				
	5	Other direct expenses		1		
		W. L	Yes %	Yes%	Yes %	
	6	Volunteer labor	└── No	└── No	└── No	
	7	Direct expense summary. Add lines 2 through	a 5 in column (d)			
	′	bilect expense summary. Add lines 2 through	13 III coldifiir (d)			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		•	
9	Ent	ter the state(s) in which the organization condu	ucts gaming activities:			
а	ls t	the organization licensed to conduct gaming a	ctivities in each of these	states?		Yes No
b	If "	No," explain:				
		ere any of the organization's gaming licenses re	evoked, suspended, or to	erminated during the tax	year?	Yes No
b	If "	Yes," explain:				

Sch	nedule G (Form 990) 2021 GALVESTON URBAN MINISTRIES 27-4	207	828	Page 3
	Does the organization conduct gaming activities with nonmembers?		Yes	☐ No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?		Yes	└─ No
	Indicate the percentage of gaming activity conducted in:	l	ı	
	a The organization's facility	13a		<u>%</u>
	o An outside facility Enter the name and address of the person who prepares the organization's gaming/special events books and records:	13b		%
14				
	Name ►			
	Address			
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	☐ No
k	o If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount			
	of gaming revenue retained by the third party ▶\$			
(If "Yes," enter name and address of the third party:			
	Name			
	Address ►			
	Address			
16	Gaming manager information:			
	Name ▶			
	Gaming manager compensation ▶ \$			
	Description of services provided			
	Description of services provided P			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
	a Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?	. Ш	Yes	└── No
k	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
Da	organization's own exempt activities during the tax year > \$ Int IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III	4 111 1:	naa 0	0h 10h
1 6	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	t III, II	1165 9,	90, 100,

132083 10-21-21 Schedule G (Form 990) 2021

Schedule G	(Form 990)	GALVESTON URBAN	N MINISTRIES	27-4207828 Page 4
Part IV	(Form 990) Supplemental Infor	mation (continued)		

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public . Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization GALVESTON URBAN MINISTRIES Employer identification number 27-4207828

21 Taxidermy 22 Historical artifacts 23 Scientific specimens 24 Archeological artifacts 25 Other ▶ (FURNITURE/FIX) X 10 23,718. 26 Other ▶ (FURNITURE/FIX) X 69 12,484. 27 Other ▶ (SUPPLIES) X 27 4,897. 28 Other ▶ (TICKETS/GIFT) X 17 3,971. 29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement 29 10 During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? 29 If "Yes," describe the arrangement in Part II. 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 X 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? 31 X 32b If "Yes," describe in Part II. 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,	Par	rt I Types of Property							
applicable contributions or amounts reported on noncash contribution amounts 1									
Art - Works of art Art - Historical treasures Art - Fractional interests Books and publications X								•	_
2 At - Historical treasures 3 At - Fractional interests. 4 Books and publications 5 Clothing and household goods X 1 724. 5 Clothing and household goods X 1 9,626. 7 Boats and planes 8 Intellectual property 9 Securities - Publicly traded 10 Securities - Publicly traded 11 Securities - Partnership, LLC, or 12 trust interests 12 Securities - Publicly traded 13 Cloudified conservation contribution - Historic structures 14 Qualified conservation contribution - Historic structures 15 Qualified conservation contribution - Other 16 Real estate - Commercial - Real estate - Commercial - Real estate - Commercial - Real estate - Other - Real estate - Residential - Real estate - Other - Real estate - Real estate - Real estate - Other - Real estate - Real estate - Other - Real estate - Real e			applicable			noncash contribu	tion am	ounts	3
2 At - Historical treasures 3 At - Fractional interests. 4 Books and publications 5 Clothing and household goods X 1 724. 5 Clothing and household goods X 1 9,626. 7 Boats and planes 8 Intellectual property 9 Securities - Publicly traded 10 Securities - Publicly traded 11 Securities - Partnership, LLC, or 12 trust interests 12 Securities - Publicly traded 13 Cloudified conservation contribution - Historic structures 14 Qualified conservation contribution - Historic structures 15 Qualified conservation contribution - Other 16 Real estate - Commercial - Real estate - Commercial - Real estate - Commercial - Real estate - Other - Real estate - Residential - Real estate - Other - Real estate - Real estate - Real estate - Other - Real estate - Real estate - Other - Real estate - Real e	1	Art - Works of art							
3 Art - Fractional interests	2								
Solvis and publications	3								
5 Clothing and household goods	4		X		318.				
6 Cars and other vehicles	5		Х		724.				
8 Intellectual property 9 Securities - Publicity traded 10 Securities - Publicity traded 11 Securities - Publicity traded 12 Securities - Publicity traded 13 Qualified conservation contribution 14 Qualified conservation contribution 15 Real estate - Structures 16 Real estate - Commercial 17 Real estate - Commercial 18 Collectibles 19 Food inventory 20 Drugs and medical supplies 21 Taxidermy 22 Historical artifacts 23 Scientific specimens 24 Archeological artifacts 25 Other ▶ (FURNITURE/FIX) X 10 23,718. 26 Other ▶ (FURNITURE/FIX) X 10 23,718. 27 Other ▶ (FURNITURE/FIX) X 17 3,971. 28 Number of Forms 2835 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Done Acknowledgement 29 During the year, did the organization receive by contribution and which isn't required to be used for exempt purposes for the entire holding period? 20 buring the year, did the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 30a	_		Х	1	9,626.				
8 Intellectual property 9 Securities - Closely held stock 11 Securities - Pathership, LLC, or trust interests 12 Securities - Miscellaneous 13 Qualified conservation contribution - Historic structures 14 Qualified conservation contribution - Other 15 Real estate - Residential 16 Real estate - Commercial 17 Real estate - Commercial 18 Collectibles 19 Food inventory 20 Drugs and medical supplies 21 Taxidermy 22 Historical artifacts 23 Scientific specimens 24 Archeological artifacts 25 Other ▶ (TOYS) X 69 12,484 27 Other ▶ (TOYS) X 69 12,484 27 Other ▶ (SUPPLIES) X 27 4,897 29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgment 29 Lings the organization completed Form 8283, Part V, Donee Acknowledgment 29 Lings the organization of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? 30a During the year, did the organization hier or use third parties or related organizations to solicit, process, or sell noncash contributions? 31	_				-				
9 Securities - Publicity traded 10 Securities - Closely held stock 11 Securities - Partnership, LLC, or trust interests 12 Securities - Miscellaneous 13 Qualified conservation contribution - Historic structures 14 Qualified conservation contribution - Other 15 Real estate - Residential 16 Real estate - Commercial 17 Real estate - Other 19 Food inventory 20 Drugs and medical supplies 21 Taxidermy 21 Historical artifacts 23 Scientific specimens 24 Archeological artifacts 25 Other	8								
10 Securities - Closely held stock	9								
11 Securities - Partnership, LLC, or trust interests 12 Securities: Miscellaneous 13 Qualified conservation contribution - Historic structures 14 Qualified conservation contribution - Other. 15 Real estate - Residential 16 Real estate - Commercial 17 Real estate - Other 18 Collectibles 19 Food inventory 10 Drugs and medical supplies 21 Taxidermy 21 Historical artifacts 23 Scientific specimens 24 Archeological artifacts 25 Other	10								
trust interests 12. Securities - Miscellaneous 13. Qualified conservation contribution - Historic structures 14. Qualified conservation contribution - Other. 15. Real estate - Residential 16. Real estate - Commercial 17. Real estate - Other 18. Collectibles 19. Food inventory 20. Drugs and medical supplies 21. Taxidermy 22. Historical artifacts 23. Scientific specimens 24. Archeological artifacts 25. Other	11	F							
12 Securities - Miscellaneous		trust interests							
13 Qualified conservation contribution - Historic structures 14 Qualified conservation contribution - Other	12								
14 Qualified conservation contribution - Other 15 Real estate - Residential 16 Real estate - Commercial 17 Real estate - Other 18 Collectibles 19 Food inventory 20 Drugs and medical supplies 21 Taxidermy 22 Historical artifacts 23 Scientific specimens 24 Archeological artifacts 25 Other ▶ (FURNITURE/FIX) X 10 23,718. 26 Other ▶ (TOYS) X 69 12,484. 27 Other ▶ (SUPPLIES) X 27 4,897. 28 Other ▶ (TICKETS/GIFT) X 17 3,971. 29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement 29 If "Yes," describe the arrangement in Part II. 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 32	13								
15 Real estate - Commercial 16 Real estate - Commercial 17 Real estate - Other 18 Collectibles 19 Food inventory 20 Drugs and medical supplies 21 Taxidermy 22 Historical artifacts 23 Scientific specimens 24 Archeological artifacts 25 Other ▶ (FURNITURE/FIX) X 10 23,718. 26 Other ▶ (TOYS) X 69 12,484. 27 Other ▶ (SUPPLIES) X 27 4,897. 28 Other ▶ (TICKETS/GIFT) X 17 3,971. 29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement 29 During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? 10 If "Yes," describe the arrangement in Part II. 11 Does the organization hive or use third parties or related organizations to solicit, process, or sell noncash contributions? 25 If "Yes," describe in Part II. 26 Other ▶ (FURNITURE/FIX) X 17 3, 971. 27 Other ▶ (SUPPLIES) X 27 4,897. 28 Other ▶ (TICKETS/GIFT) X 17 3,971. 29 Noncarrangement in Form 8283, Part V, Donee Acknowledgement 29 Yes No 30a X		Historic structures							
16 Real estate · Commercial 17 Real estate · Other 18 Collectibles 19 Food inventory 20 Drugs and medical supplies 21 Taxidermy 22 Historical artifacts 23 Scientific specimens 24 Archeological artifacts 25 Other ▶ (FURNITURE/FIX) X 10 23,718 · 26 Other ▶ (TOYS) X 69 12,484 · 27 Other ▶ (SUPPLIES) X 27 4,897 · 28 Other ▶ (TICKETS/GIFT) X 17 3,971 · 29 Number of Forms 2283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement 29 Ves No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? 30a X b If "Yes," describe the arrangement in Part II. 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 X 32a Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 X b If "Yes," describe in Part II. 33 If the organization in didn't report an amount in column (c) for a type of property for which column (a) is checked,	14	Qualified conservation contribution - Other							
17 Real estate - Other 18 Collectibles 19 Food inventory 20 Prugs and medical supplies 21 Taxidermy 22 Historical artifacts 23 Scientific specimens 24 Archeological artifacts 25 Other ▶ (FURNITURE/FIX) X 10 23,718 ⋅ 26 Other ▶ (FURNITURE/FIX) X 69 12,484 ⋅ 27 Other ▶ (SUPPLIES) X 27 4,897 ⋅ 28 Other ▶ (TICKETS/GIFT) X 17 3,971 ⋅ 29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement 29 10 During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? 29 10 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 30 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 X 32 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 X 32 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 X 32 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 32 V 33 If the organization in din't report an amount in column (c) for a type of property for which column (a) is checked,	15	***************************************							
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For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) 2021

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.
PART I, OTHER TYPES OF PROPERTY:
FOOD
(A) CHECK IF APPLICABLE = X
(B) NUMBER OF CONTRIBUTIONS = 4
(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 778.
(D) METHOD OF DETERMINING REVENUE:

SCHEDULE 0 (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047 Open to Public Inspection

Name of the organization

GALVESTON URBAN MINISTRIES

Employer identification number 27-4207828

FORM 990, PART VI, SECTION B, LINE 11B:
A COPY OF THE 990 IS PROVIDED TO THE BOARD OF DIRECTORS FOR REVIEW.
FORM 990, PART VI, SECTION B, LINE 12C:
THE BOARD OF DIRECTORS MAINTAINS AWARENESS OF AND ADHERENCE TO GUM'S
CONFLICT OF INTEREST POLICY WHEN REVIEWING FINANCIAL TRANSACTIONS AND
BUDGET REPORTS AT MONTHLY MEETINGS. BASED ON OUR CONFLICT OF INTEREST
POLICY, THE EXECUTIVE DIRECTOR IS RESPONSIBLE FOR ADMINISTERING AND
ENFORCING THIS POLICY THROUGH THE DAILY OPERATIONS OF THE ORGANIZATION AND
BRINGING ANY POTENTIAL CONFLICTS TO THE ATTENTION OF THE BOARD.
FORM 990, PART VI, SECTION B, LINE 15A:
BOARD VOTES ON COMPENSATION AFTER REVIEW OF MARKET SALARY STUDY.
FORM 990, PART VI, SECTION C, LINE 18:
THE ORGANIZATION'S GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE
AVAILABLE UPON REQUEST.
FORM 990, PART VI, SECTION C, LINE 19:
THE ORGANIZATION'S GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE
AVAILABLE UPON REQUEST.

FORM 990 PAGE 10 990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	BUILDINGS														
19	MAIN BUILDING	01/01/12	SL	39.00	MM1	16	47,215.				47,215.	9,663.		1,211.	10,874.
23	GUM HOUSE	01/01/12	SL	39.00	MM1	16	12,753.				12,753.	2,930.		327.	3,257.
25	LAND	01/01/12	L				9,680.				9,680.			0.	
30	GUM HOUSE-COMPLETION	12/01/13	SL	39.00	MM1	16	34,865.				34,865.	6,018.		894.	6,912.
32	HOUSES 3828 BALL ALLOCATED TO 714 39TH	05/01/15	SL	27.50	MM1	17	42,366.				42,366.	8,666.		1,541.	10,207.
33	(D)3 HOUSES-3828 BALL	05/01/15	SL	27.50	MM1	17	42,365.				42,365.	8,665.		578.	9,243.
34	GREY HOUSE-3727 BALL	05/28/15	SL	27.50	MM1	17	35,752.				35,752.	7,313.		1,300.	8,613.
35	CHURCH BUILDING-3818 BALL	07/02/15	SL	39.00	MM1	17	114,026.				114,026.	15,960.		2,924.	18,884.
36	EMPTY LOT-3814 BALL	10/19/15	L				13,375.				13,375.			0.	
37	(D)IMPR-3 HOUSES-3828 BALL	05/01/15	150DB	15.00	HY1	17	12,583.				12,583.	5,524.		372.	5,896.
38	IMPR-GREY HOUSE-3727 BALL	05/28/15	150DB	15.00	HY1	17	19,214.				19,214.	8,437.		1,134.	9,571.
39	IMPR-CHURCH BLDG-3818 BALL	07/02/15	150DB	15.00	HY1	17	15,367.				15,367.	6,747.		907.	7,654.
40	(D)LOT-3828 BALL	05/01/15	L				15,620.				15,620.			0.	
41	LOT-3727 BALL	05/28/15	L				3,610.				3,610.			0.	
42	LOT-CHURCH 3818 BALL	07/02/15	L				13,240.				13,240.			0.	
49	LOT - 721 38TH ST	11/01/16	L				22,774.				22,774.			0.	
50	IMPR-CHURCH BLDG-3818 BALL	01/12/16	150DB	15.00	HY1	17	5,332.			2,666.	2,666.	1,004.		166.	1,170.

FORM 990 PAGE 10 990

Asset No.	Description	Date Acquired	Method	Life	C o n v	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
51	IMPR-GREY HOUSE-3727 BALL	01/07/16	150DB	15.00	НҮ17	24,785.			12,393.	12,392.	4,669.		772.	5,441.
52	HVAC - GREY HOUSE - 3727 BALL	01/05/16	SL	39.00	MM17	9,100.				9,100.	1,156.		233.	1,389.
58	1804 69TH - RETREAT CENTER	11/16/17	SL	39.00	MM17	390,775.				390,775.	31,312.		10,020.	41,332.
59	LAND - 1804 69TH - RETREAT CENTER	11/16/17	L			85,980.				85,980.			0.	
60	(D)IMPR-3 HOUSES-3828 BALL	07/01/17	150DB	15.00	НҮ17	84.				84.	26.		3.	29.
61	IMPR-GREY HOUSE-3727 BALL	07/01/17	150DB	15.00	НУ17	25,285.				25,285.	7,774.		1,751.	9,525.
62	IMPR-CHURCH BLDG-3818 BALL	07/01/17	150DB	15.00	нү17	6,148.				6,148.	1,890.		426.	2,316.
75	(D)IMPR-3 HOUSES-3828 BALL	06/01/18	150DB	15.00	НУ17	178,533.				178,533.	41,153.		6,869.	48,022.
76	RETREAT CENTER-1804 69TH	07/01/19	150DB	15.00	НҮ17	12,122.				12,122.	1,576.		1,055.	2,631.
77	CHURCH-3818 BALL IMPR	07/01/19	150DB	15.00	НҮ17	3,599.				3,599.	522.		308.	830.
78	GREY HOUSE-3727 BALL IMPR	07/01/19	150DB	15.00	нү17	8,533.				8,533.	1,109.		742.	1,851.
79	(D)3 HOUSES 718 39TH ST IMPR	07/01/19	150DB	15.00	нү17	88,465.				88,465.	12,827.		3,782.	16,609.
80	905 43RD ST	07/01/19	SL	27.50	MM17	13,160.				13,160.	718.		479.	1,197.
82	LAND & BLDG OTHER	07/01/19	L			250.				250.			0.	
83	(D)3 HOUSES 718 39TH ST IMPR	06/30/20	150DB	15.00	нұ17	8,124.			8,124.				0.	
84	NEW HVAC-3818 BALL	06/30/20	150DB	15.00	НҮ17	24,500.			24,500.				0.	
	* 990 PAGE 10 TOTAL BUILDINGS					1,339,580.			47,683.	1,291,897.	185,659.		37,794.	223,453.
	FURNITURE & FIXTURES													

FORM 990 PAGE 10 990

Asset No.	Description	Date Acquired	Method	Life	C o n No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
26	APPLIANCES	01/01/12	200DB	7.00	ну17	1,259.			630.	629.	629.		0.	629.
31	COMPUTERS	06/25/13	200DB	5.00	HY17	3,164.			1,517.	1,647.	1,647.		0.	1,647.
44	COMPUTER - EXECUTIVE DIRECTOR	01/04/16	200DB	5.00	HY17	1,229.			615.	614.	579.		35.	614.
45	COMPUTERS - PROGRAM SERVICES (8)	01/18/16	200DB	5.00	HY17	2,224.			1,112.	1,112.	1,048.		64.	1,112.
46	DRILL & BLOWER	05/09/16	200DB	7.00	HY17	356.			178.	178.	138.		16.	154.
47	COMPUTER - OPERATIONS DIRECTOR	06/21/16	200DB	5.00	ну17	689.			345.	344.	324.		20.	344.
53	COMPUTER - VOLUNTEER COORDINATOR	02/13/17	200DB	5.00	HY17	476.			238.	238.	197.		27.	224.
54	FILING CABINET	02/27/17	200DB	7.00	ну17	123.			62.	61.	42.		5.	47.
56	COMPUTER - PROGRAMS	06/02/17	200DB	5.00	HY17	5,096.			2,548.	2,548.	2,108.		293.	2,401.
57	FILING CABINET	06/02/17	200DB	7.00	HY17	217.			109.	108.	74.		10.	84.
64	LENOVA/LG DESKTOP COMPUTER	02/26/17	200DB	5.00	HY17	500.			250.	250.	207.		29.	236.
68	CAMERAS	01/19/18	200DB	7.00	HY17	335.			335.				0.	
69	OFFICE PRINTER	03/14/18	200DB	5.00	HY17	380.			380.				0.	
70	OFFICE COUCH & CHAIR	06/06/18	200DB	7.00	HY17	162.			162.				0.	
71	OFFICE DESK	06/14/18	200DB	7.00	HY17	151.			151.				0.	
72	EXECUTIVE OFFICE CHAIR	06/28/18	200DB	7.00	ну17	180.			180.				0.	
73	STORAGE SUPPLY CABINET	12/20/18	200DB	7.00	HY17	186.			186.				0.	
74	OFFICE FURNITURE	06/01/18	200DB	7.00	HY17	180.			180.				0.	

FORM 990 PAGE 10 990

Asset No.	Description	Date Acquired	Method	Life	C o n No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
81	FURNITURE & EQUIPMENT	07/01/19	200DB	7.00	HY17	50.				50.	19.		9.	28.
85	2 APPLE LAPTOPS	06/30/20	200DB	5.00	HY17	3,648.			3,648.				0.	
	* 990 PAGE 10 TOTAL FURNITURE & FIXTURES					20,605.			12,826.	7,779.	7,012.		508.	7,520.
	MACHINERY & EQUIPMENT													
63	PLAYGROUND EQUIPMENT	09/15/17	200DB	7.00	ну17	4,200.			2,100.	2,100.	1,444.		187.	1,631.
65	(D)MOWER	12/12/17	200DB	7.00	ну17	1,500.			1,500.				0.	
66	PORTABLE WAREHOUSE	06/07/18	200DB	7.00	HY17	4,860.			4,860.				0.	
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT					10,560.			8,460.	2,100.	1,444.		187.	1,631.
	TRANSPORTATION EQUIPMENT													
29	TRAILER	11/12/13	200DB	7.00	HY17	1,500.				1,500.	1,500.		0.	1,500.
55	(D)NISSAN TITAN TRUCK (2005)	05/25/17	200DB	5.00	HY17	5,400.			2,700.	2,700.	2,233.		156.	2,389.
67	GMC VAN	01/07/18	200DB	5.00	HY17	30,112.				30,112.	21,440.		3,469.	24,909.
86	TRAILER	11/09/21	200DB	5.00	MQ191	13,593.			13,593.				13,593.	
	* 990 PAGE 10 TOTAL TRANSPORTATION EQUIPMENT					50,605.			16,293.	34,312.	25,173.		17,218.	28,798.
	* GRAND TOTAL 990 PAGE 10 DEPR					1,421,350.			85,262.	1,336,088.	219,288.		55,707.	261,402.
	CURRENT YEAR ACTIVITY													
	BEGINNING BALANCE					1,407,757.			71,669.	1,336,088.	219,288.			261,402.

FORM 990 PAGE 10 990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	ACQUISITIONS						13,593.			13,593.	0.	0.			0.
	DISPOSITIONS/RETIRED						352,674.			12,324.	340,350.	70,428.			82,188.
	ENDING BALANCE						1,068,676.			72,938.	995,738.	148,860.			179,214.
	ENDING ACCUM DEPR LESS DISPOSITIONS											252,152.			
	ENDING BOOK VALUE											816,524.			

Depreciation and Amortization (Including Information on Listed Property)

► Attach to your tax return.

OMB No. 1545-0172

Identifying number

Attachment Sequence No. **179**

Department of the Treasury Internal Revenue Service (99) ► Go to www.irs.gov/Form4562 for instructions and the latest information.

Business or activity to which this form relates Name(s) shown on return

FORM 990 PAGE 10 27-4207828

990

GA.	LVESTON URBAN MINIS						PAGE 10		27-4207828
Pa	rt Election To Expense Certain Prope	erty Under Section 1	79 Note: If you	have any lis	sted pr	operty,	complete Par	V before	you complete Part I.
1	Maximum amount (see instructions)							1	1,050,000.
2	Total cost of section 179 property place	ced in service (see	instructions)					2	
3	Threshold cost of section 179 property	3	2,620,000.						
4	Reduction in limitation. Subtract line 3								
5	Dollar limitation for tax year. Subtract line 4 from lin	5							
6	(a) Description of p	cost							
_									
	Listed property. Enter the amount fron					7			
	Total elected cost of section 179 prop								
	Tentative deduction. Enter the smalle Carryover of disallowed deduction fror								
	Business income limitation. Enter the								
	Section 179 expense deduction. Add		•		•				
	Carryover of disallowed deduction to 2							12	
	: Don't use Part II or Part III below for								
	rt II Special Depreciation Allowa				e listed	prope	rtv.)		
14	Special depreciation allowance for qua		- '						
	the tax year						-	14	13,593.
15	Property subject to section 168(f)(1) el							-	
	Other depreciation (including ACRS)							16	2,432.
Pa	rt III MACRS Depreciation (Don'	t include listed pro	perty. See inst	ructions.)					
			Sect	ion A					
17	MACRS deductions for assets placed	in service in tax ye	ears beginning	before 202	1		<u></u>	<u></u> 17	39,682.
18									
	f you are electing to group any assets placed in se								
	r you are electing to group any assets placed in set Section B - Assets	Placed in Service	e During 2021	Tax Year				ation Syst	em
				Tax Year epreciation stment use	Using (d) F				(g) Depreciation deduction
19a	Section B - Assets	(b) Month and year placed	(c) Basis for de (business/inve	Tax Year epreciation stment use	Using (d) F	the Ge	neral Depreci		
19a b	Section B - Assets (a) Classification of property	(b) Month and year placed	(c) Basis for de (business/inve	Tax Year epreciation stment use	Using (d) F	the Ge	neral Depreci		
	Section B - Assets (a) Classification of property 3-year property	(b) Month and year placed	(c) Basis for de (business/inve	Tax Year epreciation stment use	Using (d) F	the Ge	neral Depreci		
b	Section B - Assets (a) Classification of property 3-year property 5-year property	(b) Month and year placed	(c) Basis for de (business/inve	Tax Year epreciation stment use	Using (d) F	the Ge	neral Depreci		
b c	Section B - Assets (a) Classification of property 3-year property 5-year property 7-year property 10-year property 15-year property	(b) Month and year placed	(c) Basis for de (business/inve	Tax Year epreciation stment use	Using (d) F	the Ge	neral Depreci		
b c d	Section B - Assets (a) Classification of property 3-year property 5-year property 7-year property 10-year property 15-year property 20-year property	(b) Month and year placed	(c) Basis for de (business/inve	Tax Year epreciation stment use	(d) F	the Ge	neral Depreci	(f) Method	
b c d	Section B - Assets (a) Classification of property 3-year property 5-year property 7-year property 10-year property 15-year property	s Placed in Servic (b) Month and year placed in service	(c) Basis for de (business/inve	Tax Year epreciation stment use	(d) F	Recovery period	(e) Convention	(f) Method	
b c d e f	Section B - Assets (a) Classification of property 3-year property 5-year property 7-year property 10-year property 15-year property 20-year property 25-year property	s Placed in Service (b) Month and year placed in service	(c) Basis for de (business/inve	Tax Year epreciation stment use	(d) F F F F F F F F F F F F F F F F F F F	Recovery period 5 yrs. 5 yrs.	(e) Convention	(f) Method	
b c d e f	Section B - Assets (a) Classification of property 3-year property 5-year property 7-year property 10-year property 15-year property 20-year property 25-year property	(b) Month and year placed in service	(c) Basis for de (business/inve	Tax Year epreciation stment use	(d) F F 25 27 27	Recovery period 5 yrs. 5 yrs. 5 yrs.	(e) Convention MM MM	(f) Method S/L S/L S/L	
b c d e f	Section B - Assets (a) Classification of property 3-year property 5-year property 7-year property 10-year property 15-year property 20-year property 25-year property	s Placed in Service (b) Month and year placed in service	(c) Basis for de (business/inve	Tax Year epreciation stment use	(d) F F 25 27 27	Recovery period 5 yrs. 5 yrs.	(e) Convention MM MM MM	(f) Method S/L S/L S/L S/L S/L	
b c d e f g	Section B - Assets (a) Classification of property 3-year property 5-year property 7-year property 10-year property 20-year property 25-year property Residential rental property Nonresidential real property	s Placed in Service (b) Month and year placed in service // // //	(c) Basis for di (business/inve only - see ins	Tax Year preciation stment use tructions)	25 27 27	5 yrs. .5 yrs. .5 yrs. .9 yrs.	(e) Convention MM MM MM MM MM	(f) Method S/L S/L S/L S/L S/L S/L S/L	(g) Depreciation deduction
b c d e f g h	Section B - Assets (a) Classification of property 3-year property 5-year property 10-year property 15-year property 20-year property 25-year property Residential rental property Nonresidential real property Section C - Assets	s Placed in Service (b) Month and year placed in service // // //	(c) Basis for di (business/inve only - see ins	Tax Year preciation stment use tructions)	25 27 27	5 yrs. .5 yrs. .5 yrs. .9 yrs.	(e) Convention MM MM MM MM MM	(f) Method S/L S/L S/L S/L S/L S/L S/L S/L S/L S/	(g) Depreciation deduction
b c d e f g	Section B - Assets (a) Classification of property 3-year property 5-year property 7-year property 10-year property 20-year property 25-year property Residential rental property Nonresidential real property Section C - Assets I	s Placed in Service (b) Month and year placed in service // // //	(c) Basis for di (business/inve only - see ins	Tax Year preciation stment use tructions)	29 27 27 30 sing th	5 yrs. .5 yrs. .5 yrs. .9 yrs.	(e) Convention MM MM MM MM MM	(f) Method S/L S/L S/L S/L S/L S/L S/L	(g) Depreciation deduction
b c d e f g h	Section B - Assets (a) Classification of property 3-year property 5-year property 10-year property 15-year property 20-year property 25-year property Residential rental property Nonresidential real property Section C - Assets	s Placed in Service (b) Month and year placed in service // // //	(c) Basis for di (business/inve only - see ins	Tax Year preciation stment use tructions)	25 27 27 38 sing th	5 yrs. 5 yrs. 5 yrs. 9 yrs.	(e) Convention MM MM MM MM MM	(f) Method S/L S/L S/L S/L S/L S/L S/L S/L S/L S/	(g) Depreciation deduction
b c d e f g h i 20a b	Section B - Assets (a) Classification of property 3-year property 5-year property 7-year property 10-year property 20-year property 25-year property Residential rental property Nonresidential real property Section C - Assets Class life 12-year 30-year	s Placed in Service (b) Month and year placed in service // // //	(c) Basis for di (business/inve only - see ins	Tax Year preciation stment use tructions)	25 27 27 38 sing th	5 yrs. 5 yrs. 5 yrs. 9 yrs.	MM	(f) Method S/L S/L S/L S/L S/L S/L S/L S/L S/L S/	(g) Depreciation deduction
b	Section B - Assets (a) Classification of property 3-year property 5-year property 7-year property 10-year property 20-year property 25-year property Residential rental property Nonresidential real property Section C - Assets Class life 12-year 30-year	b Placed in Service (b) Month and year placed in service / / / / / Placed in Service	(c) Basis for di (business/inve only - see ins	Tax Year preciation stment use tructions)	25 27 27 38 sing th	5 yrs. 5 yrs. 5 yrs. 9 yrs. 2 yrs.	MM	(f) Method S/L S/L S/L S/L S/L S/L S/L S/L S/L S/	(g) Depreciation deduction
b c d e f g h	Section B - Assets (a) Classification of property 3-year property 5-year property 7-year property 10-year property 20-year property 25-year property Residential rental property Nonresidential real property Section C - Assets I Class life 12-year 30-year 40-year	s Placed in Service (b) Month and year placed in Service / / / / Placed in Service	(c) Basis for di (business/inve only - see ins	Tax Year U	29 27 27 30 sing th	5 yrs. 5 yrs. 5 yrs. 9 yrs. 9 yrs. 0 yrs.	MM	(f) Method S/L S/L S/L S/L S/L S/L S/L S/L S/L S/	(g) Depreciation deduction
b c d e f g h	Section B - Assets (a) Classification of property 3-year property 5-year property 7-year property 10-year property 20-year property 25-year property Residential rental property Nonresidential real property Section C - Assets Class life 12-year 30-year 40-year Tt IV Summary (See instructions.)	S Placed in Service (b) Month and year placed in Service / / / / Placed in Service / / / / e 28	ce During 2021 (c) Basis for di (business/inve only - see ins During 2021	Tax Year epreciation stment use tructions) Tax Year U	25 27 27 27 39 sing th	5 yrs. 5 yrs. 5 yrs. 9 yrs. 9 yrs. 0 yrs.	MM	(f) Method S/L S/L S/L S/L S/L S/L S/L S/L S/L S/	(g) Depreciation deduction
b c d e f g h	Section B - Assets (a) Classification of property 3-year property 5-year property 10-year property 15-year property 20-year property 25-year property Residential rental property Nonresidential real property Section C - Assets Class life 12-year 30-year 40-year rt IV Summary (See instructions.)	Placed in Service (b) Month and year placed in Service / / / Placed in Service / / / e 28	ce During 2021 (c) Basis for di (business/inve only - see ins (business/inve only - see ins (c) Basis for di (business/inve only - see ins (d) During 2021	Tax Year U	29 27 27 30 sing th	5 yrs. 5 yrs. 5 yrs. 9 yrs. 0 yrs. 0 yrs.	MM	s/L	(g) Depreciation deduction
b c d	Section B - Assets (a) Classification of property 3-year property 5-year property 10-year property 15-year property 20-year property 25-year property Residential rental property Nonresidential real property Section C - Assets Class life 12-year 30-year 40-year rt IV Summary (See instructions.) Listed property. Enter amount from lin Total. Add amounts from line 12, lines	Placed in Service (b) Month and year placed in service / / / / Placed in Service / / / 4 through 17, lins of your return. Possible service	ce During 2021 (c) Basis for di (business/inve only - see ins During 2021	Tax Year U Tax Year U Tax Year U Tax Year U	29 27 27 30 sing th	5 yrs. 5 yrs. 5 yrs. 9 yrs. 0 yrs. 0 yrs.	MM	s/L	(g) Depreciation deduction

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable

	24b, columns (c) of Section A. on and Other I							imite for	nassano	ar autor	mohiles '		
	a Do you have evidence to s						es [•) ☑ Yes ☐	
248	(a) Type of property (list vehicles first)	(b) Date placed in service	b) (c) ate Business/ ed in investment		(d) Cost or		Basis for deprecia (business/investm use only)		(f)	Me	(es," is the evide (g) Method/ Convention		(h) Depreciation deduction		Noted n 179 st
 25	Special depreciation allo				/ placed	in servi	ce duri	ng the	tax year a	nd					<u> </u>
	used more than 50% in				•			•	•		. 25				
26	Property used more tha														
	. ,	1 1	9	1									-	1	
		1 1	9/										-	1	
		: :	9/	6											
27	Property used 50% or le	ess in a qual		_		I				- I					
	. ,		9	6						S/L -					
		: :	9/	6						S/L -				1	
		: :	9/	6						S/L -				1	
28	Add amounts in column	(h), lines 25	through 27. E	nter her	e and or	n line 21	, page	1			28			1	
	Add amounts in column										_		. 29		
					B - Infor										
	mplete this section for ve your employees, first ans			on C to		u meet a				ing this	-	or those	-		
30	Total business/investment	miles driven d	uring the		nicle	1	hicle	,	Vehicle	1	Vehicle				cle
	year (don't include commu	ting miles)													
31	Total commuting miles														
	Total other personal (no driven	ncommuting) miles												
33	Total miles driven during Add lines 30 through 32	g the year.													
34	Was the vehicle availab			Yes	No	Yes	No	Ye	s No	Yes	No	Yes	No	Yes	No
	during off-duty hours?														
35	Was the vehicle used p														
	than 5% owner or relate	ed person?													
36	Is another vehicle availause?	=													
			- Questions f	or Emp	loyers V	Vho Pro	vide V	ehicles	for Use k	y Their	Employ	ees			
Ans	swer these questions to	determine if	you meet an ex	ception	n to com	pleting	Section	n B for	vehicles u	sed by e	mployee	s who a	ren't		
	ore than 5% owners or rel														
37	Do you maintain a writte	en policy stat	tement that pro	ohibits a	all persoi	nal use	of vehi	cles, in	cluding co	mmuting	, by you	r		Yes	No
	employees?														
38	Do you maintain a writte										your				
	employees? See the ins	structions for	vehicles used	by corp	orate of	fficers, c	director	s, or 19	% or more	owners					
39	Do you treat all use of v	ehicles by er	mployees as p	ersonal	use?										
40	Do you provide more th	an five vehic	les to your em	ployees	, obtain	informat	tion fro	m your	employee	s about					
	the use of the vehicles,														
41	Do you meet the require	ements conc	erning qualified	d autom	obile de	monstra	ation us	se?							
	Note: If your answer to	37, 38, 39, 4	0, or 41 is "Ye	s," don'	t comple	ete Sect	ion B f	or the c	covered ve	hicles.					
P	art VI Amortization														
	(a) Description o	f costs		(b) imortization begins		(c) Amortizal amount	ble t		(d) Code section	(e) Amortiza period or per		rtization Ar		(f) mortization or this year	
42	Amortization of costs th	at begins du	ıring your 2021	tax yea	ar:									· ·	
				: :											
				: :											
43	Amortization of costs th	at began be	fore your 2021	tax yea	ar							43			
44	Total. Add amounts in o	column (f). Se	ee the instructi	ons for	where to	o report						44			