** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

| Α | For the | 2022 calendar year, or tax year beginning and en | nding | | | |
|---------------|---------------------------------------|--|-------------|-------------------------------------|---|--|
| В | Check if applicable | C Name of organization | | D Employer identifi | cation number | |
| Г | Addres | GALVESTON URBAN MINISTRIES | | | | |
| | Name change | | | 27-42078 | 28 | |
| | Initial return Final return/ | Number and street (or P.O. box if mail is not delivered to street address) 3727 BALL STREET | oom/suite | E Telephone numbe | | |
| | termin- ated | City or town, state or province, country, and ZIP or foreign postal code | | G Gross receipts \$ | 3,251,800. | |
| | Amend | GALVESTON, TX 77550 | | H(a) Is this a group re | | |
| | Application pendin | | | for subordinates | | |
| | | 3/2/ BALL STREET, GALVESTON, TX //553 | | H(b) Are all subordinates in | ncluded? Yes No | |
| <u></u> | Tax-exe | empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or | 527 | If "No," attach a | list. See instructions | |
| | Websit | | _ | H(c) Group exemptio | | |
| | | organization: X Corporation Trust Association Other | L Year o | of formation: 2011 | M State of legal domicile: $\mathbf{T}\mathbf{X}$ | |
| Р | | Summary | TNO | EQUIEDDING A | MD | |
| çe | 1 ! | Briefly describe the organization's mission or most significant activities: ENGAGEMPOWERING THE POOR AND MARGINALIZED IN THE | TNG, | EQUIPPING A | ND ND | |
| Jan | - | | | | | |
| Governance | | Check this box if the organization discontinued its operations or disposed | | I = | ssets. | |
| ဇ္ | | Number of voting members of the governing body (Part VI, line 1a) | | 3 4 | 9 | |
| ళ | | Total number of individuals employed in calendar year 2022 (Part V, line 2a) | | | 16 | |
| ij | | Total number of individuals employed in calendar year 2022 (Fart V, line 2a) Total number of volunteers (estimate if necessary) | | ····· | 440 | |
| Activities & | | Total unrelated business revenue from Part VIII, column (C), line 12 | | | 0. | |
| ď | | Net unrelated business taxable income from Form 990-T, Part I, line 11 | | | 0. | |
| | | | | Prior Year | Current Year | |
| Revenue | 8 | Contributions and grants (Part VIII, line 1h) | | 914,173. | 3,174,023. | |
| | | Program service revenue (Part VIII, line 2g) | | 22,014. | 24,596. | |
| ě | 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | | -25,833. | 5,194. | |
| Œ | | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | 69,875. | 20,779. | |
| | 12 | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | | 980,229. | 3,224,592. | |
| | 13 | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | | 0. | 0. | |
| | 14 | Benefits paid to or for members (Part IX, column (A), line 4) | | 0. | 0. | |
| es | 15 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) $_{\dots}$ | | 485,056. | | |
| Expenses | 16a I | Professional fundraising fees (Part IX, column (A), line 11e) | <u>.</u> | 0. | 0. | |
| ă X | þ. | Total fundraising expenses (Part IX, column (D), line 25) 56,549 | _ | 204 005 | 220 160 | |
| ш | 1/ ' | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | | 324,027. | | |
| | | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | | 809,083. | 931,772. | |
| | 19 | Revenue less expenses. Subtract line 18 from line 12 | | 171,146. | | |
| Net Assets or | | T | <u> </u> | ginning of Current Year 1,854,833. | End of Year | |
| SSE | 20 | Total assets (Part X, line 16) | | 1,755. | 4,198,681. | |
| let / | 21 | Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20 | | 1,853,078. | 4,176,822. | |
| P | art II | Signature Block | | 1,055,070 | 4,170,022 | |
| _ | | Ities of perjury, I declare that I have examined this return, including accompanying schedules a | and stateme | ents, and to the hest of m | v knowledge and helief it is | |
| | | t, and complete. Declaration of preparer (other than officer) is based on all information of whicl | | | y miowioago ana bonon, icio | |
| | ,, | y and complete Decial and to proper of (care and care) to become on an information of the | p. opa. o. | The any time meager | | |
| Sig | ın İ | Signature of officer | | Date | | |
| He | | JOSH DORRELL, EXECUTIVE DIRECTOR | | | | |
| | | Type or print name and title | | | | |
| | | Print/Type preparer's name Preparer's signature | | Date Check | PTIN | |
| Pai | | NANCY A. LIVINGSTON NANCY A. LIVINGS | TON 0 | 5/04/23 if self-employ | P00044678 | |
| Pre | parer | Firm's name JAYNES, REITMEIER, BOYD & THERRELI | L, P. | C Firm's EIN 7 | 4-2533381 | |
| Use | Only | Firm's address 5400 BOSQUE BLVD STE 600 | | | | |
| | | WACO, TX 76710-4459 | | Phone no. (2 | 54)776-4190 | |
| Ма | y the IF | S discuss this return with the preparer shown above? See instructions | | | X Yes No | |

Page 2

Form **990** (2022)

| Form | n 990 (2022) GALVESTON | URBAN MINIS | TRIES | | 27-420 | 7828 | Page 2 |
|------|---|----------------------------|--------------------|-----------------------|------------|------|-------------------|
| | rt III Statement of Program Service | ce Accomplishmer | its | | | | |
| | Check if Schedule O contains a respo | nse or note to anv line in | this Part III | | | | |
| 1 | Briefly describe the organization's mission: ENGAGING, EQUIPPING AN CITY OF GALVESTON. | | | | | | |
| | | | | | | | |
| 2 | | | - | | | Yes | X No |
| 3 | If "Yes," describe these new services on Sci Did the organization cease conducting, or m | | in how it conducts | s any program service | ces? | Ves | X No |
| | If "Yes," describe these changes on Schedu | | | s, a, p. eg. a ee | | | |
| 4 | Describe the organization's program service Section 501(c)(3) and 501(c)(4) organizations revenue, if any, for each program service rep | s are required to report t | | | | | |
| 4a | | 7,170. including gra | nts of \$ |) (1 | Revenue \$ | 2, | 453. ₎ |
| | EMPOWERMENT PROGRAMS F COMMUNITY SUPPORT. | OR ADULT INC | LUDING WO | | | | |
| | | | | | | | |
| | | | | | | | |
| 4b | (Code:) (Expenses \$ 39 YOUTH AND CHILDREN'S P CHRISTMAS STORE AND VA | | UDING PRO | VISION OF | | | 596. S, A |
| | | | | | | | |
| | | | | | | | |
| 4c | (Code:) (Expenses \$ | including gra | nts of \$ |) (i | Revenue \$ | |) |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| 4d | Other program services (Describe on Sched | ule O.) | | | | | |
| | (Expenses \$ incl | uding grants of \$ | |) (Revenue \$ | |) | |
| 4e | Total program service expenses | 794,339. | | | | | |

Form 990 (2022) 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, | | | 37 |
| | 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, | | | ,, |
| | 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 |
| | | | | - |

| Form | 1 990 (2022) GALVESTON URBAN MINISTRIES 27-42 | 07828 | Р | age ' |
|------|---|-------|--|----------|
| Pa | rt IV Checklist of Required Schedules (continued) | | | |
| | | | 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 | | X |
| 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 | | X |
| 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 | | X |
| 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 | | X |
| 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 | | X |
| 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 | d | | |
| | entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III | 27 | | X |
| 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 |
| b | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV | 28b | | Х |
| | A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?/f | | | |
| | "Yes," complete Schedule L, Part IV | 28c | | X |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | Х | |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation | | | |
| | contributions? If "Yes," complete Schedule M | 30 | | X |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | ⊨ | | X |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete | | | |
| | Schedule N, Part II | 32 | | x |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | | | |
| | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | | X |
| 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 | | x |
| 35 a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | | | X |
| | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity | | | |
| | within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization | | | T |
| - | If "Yes," complete Schedule R, Part V, line 2 | | | X |
| 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 | | x |
| 38 | Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? | | l | \Box |
| | Note: All Form 990 filers are required to complete Schedule O | 38 | х | |
| Pa | rt V Statements Regarding Other IRS Filings and Tax Compliance | 30 | | |
| | Check if Schedule O contains a response or note to any line in this Part V | | | |
| - | 1 | | Yes | No |
| 10 | Enter the number reported in box 2 of Form 1006. Enter 0 if not applicable | 5 | | <u> </u> |

| | | | _ | | Yes | No |
|----|--|--------|------------|----|-----|----|
| 1a | Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable | 1a | 5 | | | |
| b | 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 re- | eporta | ble gaming | | | |
| | (gambling) winnings to prize winners? | | | 1c | | |

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

| | | _ | | Yes | No |
|----------|---|-------------------|----------|-----|----|
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, | 1.6 | | | |
| | filed for the calendar year ending with or within the year covered by this return | 16 | | v | |
| | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | | 2b | X | Х |
| | | | 3a | | Λ |
| | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O | | 3b | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority or | | 4- | | х |
| h | financial account in a foreign country (such as a bank account, securities account, or other financial account)? | | 4a | | 21 |
| D | If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FI | :DAD\ | | | |
| 50 | 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? | _ | 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 organization | | - | | |
| | 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 contributions or gifts | _ | | | |
| | 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 services provid | led 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 was required | t | | | |
| | to file Form 8282? | | 7с | | X |
| | If "Yes," indicate the number of Forms 8282 filed during the year | | | | 77 |
| _ | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | _ | 7e | | X |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | _ | 7f | | Λ |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 a | _ | 7g 7h | | |
| 8 | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a F Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the | FOIII 1096-C? [| 7h | | |
| 0 | sponsoring organizations maintaining donor advised funds. Bid a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? | | 8 | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | | |
| а | D. I | | 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: | | | | |
| а | Initiation fees and capital contributions included on Part VIII, line 12 | | | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | | | | |
| 11 | Section 501(c)(12) organizations. Enter: | | | | |
| | Gross income from members or shareholders | | | | |
| b | Gross income from other sources. (Do not net amounts due or paid to other sources against | | | | |
| 40 | amounts due or received from them.) | | 40 | | |
| | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | - | 12a | | |
| 13 | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | | | | |
| | 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 | | | | |
| С | Enter the amount of reserves on hand | | | | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | | 14a | | X |
| b | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O | | 14b | | |
| 15 | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or | | | | 77 |
| | excess parachute payment(s) during the year? | | 15 | | Х |
| 40 | If "Yes," see the instructions and file Form 4720, Schedule N. | | 4. | | v |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? | | 16 | | X |
| 17 | If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, or any disqualified or other person organic any activities. | | | | |
| 17 | Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? | | 17 | | |
| | If "Yes," complete Form 6069. | ·····- | 17 | | |
| | | | | | |

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 | 9 | | |
| | 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 | 9 | | |
| 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 | | X |
| 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 | | Х |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | | Х |
| 6 | Did the organization have members or stockholders? | 6 | | Х |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or | | | |
| | more members of the governing body? | 7a | | X |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or | | | |
| | persons other than the governing body? | 7b | | X |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | | |
| а | The governing body? | 8a | X | |
| b | Each committee with authority to act on behalf of the governing body? | 8b | X | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the | | | |
| | organization's mailing address? If "Yes," provide the names and addresses on Schedule O | 9 | | X |
| <u>Sec</u> | tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) | | | |
| | | | Yes | No |
| | Did the organization have local chapters, branches, or affiliates? | 10a | | Х |
| b | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, | | | |
| | and branches to ensure their operations are consistent with the organization's exempt purposes? | 10b | | |
| | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11a | Х | |
| b | Describe on Schedule O the process, if any, used by the organization to review this Form 990. | | | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | <u> </u> | |
| | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | X | |
| С | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe | | | |
| | on Schedule O how this was done | 12c | X | |
| 13 | Did the organization have a written whistleblower policy? | 13 | X | |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | X | |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent | | | |
| | persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | |
| | The organization's CEO, Executive Director, or top management official | 15a | X | |
| b | Other officers or key employees of the organization | 15b | | Х |
| | If "Yes" to line 15a or 15b, describe the process 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)(c) | 3)s only |) avail | 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, a | 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 - 409-789-7223 | | | |

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, box 6 of 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 n | or any related | orga | aniza | ation | cor | npei | nsat | ed any current officer, o | director, or trustee. | |
|--|------------------------|--------------------------------|---|---------|--------------|------------------------------|--------|------------------------------|-----------------------|-----------------------------|
| (A) | (B) | | | (0 | C) | | | (D) | (E) | (F) |
| Name and title | Average | (do | | Pos | | | one | Reportable | Reportable | Estimated |
| | hours per | box | (do not check more than one box, unless person is both an officer and a director/trustee) | | | is bot | h an | compensation | compensation | amount of |
| | week | | cer an | ia a a | recto | or/trus | tee) | from | from related | other |
| | (list any | recto | | | | | | the | organizations | compensation |
| | hours for | or di | ee | | | ated | | organization | (W-2/1099-MISC/ | from the |
| | related | ustee | trust | | e e | nbens | | (W-2/1099-MISC/ 1099-NEC) | 1099-NEC) | organization and related |
| | organizations below | ual tr | ional | | yoldı | t con | _ | 1099-NEC) | | organizations |
| | line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | organizations |
| (1) JOSH DORRELL | 40.00 | = | = | 0 | × | 工也 | 4 | | | |
| EXECUTIVE DIRECTOR | | 1 | | х | | | | 81,242. | 0. | 0. |
| (2) BRIAN LEPO | 2.00 | | | | | | | | | |
| PRESIDENT | | Х | | Х | | | | 0. | 0. | 0. |
| (3) VIRGINIA WEBER | 2.00 | | | | | | | | | |
| VICE PRESIDENT | | Х | | Х | | | | 0. | 0. | 0. |
| (4) MAGGIE KELSO | 2.00 | | | | | | | | | _ |
| SECRETARY | | Х | | Х | | | | 0. | 0. | 0. |
| (5) ROBERT LEWEY | 2.00 | | | | | | | | _ | _ |
| TREASURER | | Х | | Х | | | | 0. | 0. | 0. |
| (6) JASON HARDCASTLE | 2.00 | | | | | | | | _ | _ |
| BOARD MEMBER | | Х | | | | | | 0. | 0. | 0. |
| (7) JOVAN HARRIS | 2.00 | | | | | | | _ | _ | _ |
| BOARD MEMBER | | Х | | | | | | 0. | 0. | 0. |
| (8) SARAH PIEL | 2.00 | | | | | | | _ | _ | _ |
| BOARD MEMBER | | Х | | | | | | 0. | 0. | 0. |
| (9) WILLIAM STEPHENSON | 2.00 | | | | | | | _ | _ | _ |
| BOARD MEMBER | | Х | | | | | | 0. | 0. | 0. |
| (10) CATHY EINECKE | 2.00 | | | | | | | | | |
| BOARD MEMBER | | Х | | | | | | 0. | 0. | 0. |
| | | | | | | | | | | |
| | | | | | | | | | | |
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| | | | | | | | | | | |

232007 12-13-22 Form **990** (2022)

| Pai | 'art VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) | | | | | | | es (continued) | | | | | | |
|-------------|---|--|--|----------------------|------------------------------|-----------------------------------|-------------------------|--------------------------|--|---|---------------------|---|----------------------------|-----------------|
| | (A) Name and title | (B) Average hours per week (list any hours for related organizations below line) | tee or director oppoor opposition | not c | Pos heck | ition more erson lirecto | | one th an stee) | (D) Reportable compensation from the | (E) Reportable compensatio from related organization (W-2/1099-MIS 1099-NEC) | on d s SC/ | Esti amo o comp fro orga | m the nizatio relate | ion on ed |
| | | | - | | | | | | | | | | | |
| С | Subtotal Total from continuation sheets to Part VI Total (add lines 1b and 1c) Total number of individuals (including but no compensation from the organization | II, Section A | | | | · · · · · · · | | | 81,242. 0. 81,242. received more than \$100 | 0,000 of reportab | 0 • 0 • 0 • | | | 0.0.0. |
| 3 4 5 Sec 1 | Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the su and related organizations greater than \$150 Did any person listed on line 1a receive or a rendered to the organization? If "Yes," competion B. Independent Contractors Complete this table for your five highest co | auch individual um of reportab 0,000? If "Yes, accrue compe aplete Schedul | ole co ," co nsat | omp mple ion f | ensa ete S from uch | atior Sche any pers | n and edulo y uni | d ot e <i>J</i> relat | ther compensation from for such individual ted organization or indiv | the organization | | 3 4 5 | | X X X |
| | the organization. Report compensation for (A) Name and business | the calendar y | ear e | | ng v | | | | | year. | | (C) ompens | | |
| 2 | Total number of independent contractors (i \$100,000 of compensation from the organic | | not lii | mite | d to | tho | se li: | sted | d above) who received n | nore than | | | 00 (0 | |

Dort VIII Ctotomor

| Part VIII | Statement of | Revenue |
|-----------|--------------|---------|
| | | |

| | | Check if Schedule O contains a response | or note to any lir | ne in this Part VIII | | | |
|--|--------------------------------|--|--------------------|----------------------|-------------------|------------------|--------------------------------------|
| | | ' | , | (A) | (B) | (C) | (D) |
| | | | | Total revenue | Related or exempt | Unrelated | Revenue excluded |
| | | | | | function revenue | business revenue | from tax under sections 512 - 514 |
| σω | | | | | | | 000110110 0 12 0 1 1 |
| | | Federated campaigns 1a | | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | b | Membership dues 1b | 00 511 | | | | |
| ŁŞ, | С | Fundraising events 1c | 88,511. | | | | |
| a Gif | d | Related organizations 1d | | | | | |
| ä, | е | Government grants (contributions) 1e | | | | | |
| roi | f | All other contributions, gifts, grants, and | | | | | |
| le pr | | | 085,512. | | | | |
| 들진 | ~ | Noncash contributions included in lines 1a-1f | 36,626. | | | | |
| کرق | _ | Total. Add lines 1a-1f | | 3,174,023. | | | |
| - " | | Total. Add liftes 1a-11 | Business Code | 3,174,023 | | | |
| | _ | CUDICHMAC HOV CHODE | | 12,818. | 12 010 | | |
| Program Service Revenue | 2 a CHRISTMAS TOY STORE 812900 | | | 7 100 | 12,818. | | |
| e e | b | YOUTH ART COLLECTIVE | 812900 | 7,102. | 7,102. | | |
| S u | С | SCHOOL SUPPLY STORE | 812900 | 4,676. | 4,676. | | |
| e a | d | | | | | | |
| <u>Б</u> | е | | | | | | |
| <u>-</u> | f | All other program service revenue | | | | | |
| | | Total. Add lines 2a-2f | | 24,596. | | | |
| | 3 | Investment income (including dividends, intere | | | | | |
| | • | other similar amounts) | 2,619. | | | 2,619. | |
| | 4 | Income from investment of tax-exempt bond p | rocoode | | | | |
| | | | | | | | |
| | 5 | Royalties(i) Real | (ii) Personal | | | | |
| | _ | | (II) Personal | | | | |
| | | Gross rents 6a 14,625. | | | | | |
| | | Less: rental expenses 6b 0 . | | | | | |
| | | Rental income or (loss) 6c 14,625. | | 11.50 | | | 11.65 |
| | d | Net rental income or (loss) | | 14,625. | | | 14,625. |
| | 7 a | Gross amount from sales of (i) Securities | (ii) Other | | | | |
| | | assets other than inventory 7a | 2,950. | | | | |
| | b | Less: cost or other basis | | | | | |
| e l | | and sales expenses 7b | 375. | | | | |
| len | c | Gain or (loss) 7c | 2,575. | | | | |
| Other Revenue | | Net gain or (loss) | | 2,575. | | | 2,575. |
| ē | | Gross income from fundraising events (not | | | | | |
| 된 | 0 4 | including \$ 88,511. of | | | | | |
| ١ | | | | | | | |
| | | contributions reported on line 1c). See | 20 127 | | | | |
| | | Part IV, line 188a | 29,137. | | | | |
| | | Less: direct expenses8b | 26,743. | 0 204 | | | 0 204 |
| | | Net income or (loss) from fundraising events | | 2,394. | | | 2,394. |
| | 9 a | Gross income from gaming activities. See | | | | | |
| | | Part IV, line 199a | | | | | |
| | b | Less: direct expenses 9b | | | | | |
| | | Net income or (loss) from gaming activities | | | | | |
| | | Gross sales of inventory, less returns | | | | | |
| | | and allowances 10a | 1,397. | | | | |
| | h | Less: cost of goods sold 10b | | | | | |
| | | J | | 1,307. | | | 1,307. |
| $\overline{}$ | С | Net income or (loss) from sales of inventory | Business Code | 1,507. | | | 1,507. |
| sn | | MICCELLYNEOLIC | | 2 400 | 2 400 | | |
| ne ge | | MISCELLANEOUS | 900099 | 2,400. | 2,400. | | |
| Miscellaneous Revenue | b | BACKGROUND CHECK | 900099 | 53. | 53. | | |
| 3e | С | | | | | | |
| Ξ Signal | | All other revenue | | | | | |
| | е | Total. Add lines 11a-11d | | 2,453. | | | |
| | 12 | Total revenue. See instructions | | 3,224,592. | 27,049. | 0. | 23,520. |

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 | ion 501(c)(3) and 501(c)(4) organizations must com | | | | |
|----------|---|--------------------------------|-----------------------------|---------------------------------|------------------------|
| Da | Check if Schedule O contains a respon | nse or note to any line in (A) | this Part IX | (C) | (D) |
| | not include amounts reported on lines 6b, 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, | | | | |
| | trustees, and key employees | 81,242. | 48,745. | 16,248. | 16,249. |
| 6 | Compensation not included above to disqualified | | | | |
| | persons (as defined under section 4958(f)(1)) and | | | | |
| | persons described in section 4958(c)(3)(B) | 250 205 | 000 505 | 24 846 | 01 111 |
| 7 | Other salaries and wages | 352,397. | 299,537. | 31,716. | 21,144. |
| 8 | Pension plan accruals and contributions (include | | | | |
| _ | section 401(k) and 403(b) employer contributions) | 34,200. | 29,070. | 2,394. | 2,736. |
| 9 | Other employee benefits | 131,773. | 106,736. | 14,495. | 10,542. |
| 10 11 | Payroll taxes Fees for services (nonemployees): | 101,110 | 100,750. | 14, 4JJ• | 10,542. |
| | 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, | | | | |
| | column (A), amount, list line 11g expenses on Sch O.) | | | | |
| 12 | Advertising and promotion | 3,543. | 3,189. | 248. | 106. |
| 13 | Office expenses | 1,080. | 972. | 76. | 32. |
| 14 | Information technology | 652. | 587. | 65. | _ |
| 15 | Royalties | 41,154. | 27 020 | 2 001 | 1 22/ |
| 16 | Occupancy | 41,134. | 37,039. | 2,881. | 1,234. |
| 17 | Travel | | | | |
| 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | 1,022. | 1,022. | | |
| 20 | Interest | _, | _, - = _ - | | |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | 125,292. | 112,764. | 8,770. | 3,758. |
| 23 | Insurance | 24,770. | 22,293. | 2,477. | |
| 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 | STUDENT MINISTRIES | 32,976. | 32,976. | | |
| b | IN-KIND EXPENSE | 32,726. | 32,726. | | |
| С | ADULT SERVICES | 11,889. | 11,889. | | |
| d | COMMUNITY PROGRAMS | 10,784. | 10,784. | | |
| е | All other expenses | 46,272. | 44,010. | 1,514. | 748. |
| 25 | Total functional expenses . Add lines 1 through 24e | 931,772. | 794,339. | 80,884. | 56,549. |
| 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) | | | | |
| | Uneck nere if following SOP 98-2 (ASC 958-720) | | | | Form 990 (2022) |

Form 990 (2022) Part X Balance Sheet

| Ра | ILΛ | Dalance Sheet | | | | | |
|-----------------------------|-----|---|------------|-----------------------|---------------------------------|----------|---------------------------|
| | | Check if Schedule O contains a response or r | ote to an | y line in this Part X | | | <u></u> |
| | | | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash - non-interest-bearing | | | 658,883. | 1 | 3,055,633. |
| | 2 | Savings and temporary cash investments | | | 379,427. | 2 | 332,046. |
| | 3 | Pledges and grants receivable, net | | | | 3 | |
| | 4 | Accounts receivable, net | | | | 4 | |
| | 5 | Loans and other receivables from any current | | | | | |
| | - | trustee, key employee, creator or founder, sul | | | | | |
| | | controlled entity or family member of any of the | | | | 5 | |
| | 6 | Loans and other receivables from other disqu | | | | | |
| | • | under section 4958(f)(1)), and persons describ | | | | 6 | |
| S | 7 | Notes and loans receivable, net | | _ | | 7 | |
| Assets | 8 | Inventories for sale or use | | | 0. | 8 | 300. |
| As | 9 | Prepaid expenses and deferred charges | | | | 9 | |
| | 1 | Land, buildings, and equipment: cost or other | | | | | |
| | "" | basis. Complete Part VI of Schedule D | | 1.182.822. | | | |
| | h | Less: accumulated depreciation | 10h | 372,120. | 816,523. | 10c | 810,702. |
| | 11 | Investments - publicly traded securities | | - | 0_0,0_0 | 11 | 0_0//0_0 |
| | 12 | Investments - other securities. See Part IV, lin | | | | 12 | |
| | 13 | Investments - other securities. See Part IV, lin | | | | 13 | |
| | 14 | | | _ | | 14 | |
| | 15 | Intangible assets Other assets. See Part IV, line 11 | | | | 15 | |
| | 16 | | | | 1,854,833. | 16 | 4,198,681. |
| | 17 | Total assets. Add lines 1 through 15 (must ed | 1,755. | 17 | 21,859. | | |
| | 18 | Accounts payable and accrued expenses Grants payable | | | 1,755 | 18 | 21,005. |
| | 19 | Grants payable Deferred revenue | | | 19 | | |
| | 20 | | | | | 20 | |
| | 21 | Tax-exempt bond liabilities | | | | 21 | |
| " | 22 | Loans and other payables to any current or for | | | | 21 | |
| Liabilities | ~~ | trustee, key employee, creator or founder, sul | | | | | |
| ij | | | | | | 22 | |
| Lia | 23 | controlled entity or family member of any of the | | | | 23 | |
| | 24 | Secured mortgages and notes payable to unr | | | | 24 | |
| | 25 | Unsecured notes and loans payable to unrelated Other liabilities (including federal income tax, | | _ | | 24 | |
| | 23 | parties, and other liabilities not included on lin | | | | | |
| | | . , | 165 17-24) | . Complete Part A | | 0.5 | |
| | 26 | of Schedule D Total liabilities. Add lines 17 through 25 | | | 1,755. | 25 26 | 21,859. |
| | 20 | Organizations that follow FASB ASC 958, c | | | 1,755. | 20 | 21,000. |
| es | | | HECK HER | | | | |
| Juc | 07 | and complete lines 27, 28, 32, and 33. Net assets without donor restrictions | | | | 27 | |
| 3al | 27 | | | | | 28 | |
| β | 28 | Net assets with donor restrictions Organizations that do not follow FASB ASC | | | | 20 | |
| Ξ | | | , 956, CHE | eck nere 21 | | | |
| ō | 00 | and complete lines 29 through 33. | 40 | | 0. | 00 | 0. |
| ets | 29 | Capital stock or trust principal, or current fund | | | 0. | 29 | 0. |
| 1SS | 30 | Paid-in or capital surplus, or land, building, or | | | 1,853,078. | 30 | 4,176,822. |
| Net Assets or Fund Balances | 31 | Retained earnings, endowment, accumulated | | | 1,853,078. | 31 | 4,176,822. |
| Z | 32 | Total net assets or fund balances | | | 1,854,833. | 32 | 4,198,681. |
| | 33 | Total liabilities and net assets/fund balances | | | 1,004,000. | 33 | 4,130,001. |

Form **990** (2022)

| Pai | Heconciliation of Net Assets | | | | |
|-----|--|------------|---------|-----|-----|
| | Check if Schedule O contains a response or note to any line in this Part XI | | | | X |
| | | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 3,22 | 4,5 | 92. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | | 1,7 | |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 2,29 | | |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 1,85 | 3,0 | 78. |
| 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 | 3 | 0,9 | 24. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, | | | | |
| | column (B)) | 10 | 4,17 | 6,8 | 22. |
| Pai | rt XII Financial Statements and Reporting | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | <u></u> | | |
| | | | | 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 Schedul | e 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 | e audit, | | | |
| | 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 | nedule O. | | | |
| За | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the | | | | |
| | Uniform Guidance, 2 C.F.R. Part 200, Subpart F? | | 3a | | X |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits? | ired audit | | | |
| | or audits, explain why on Schedule O and describe any steps taken to undergo such audits | | 3b | | |

Form **990** (2022)

SCHEDULE A

(Form 990)

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

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

Name of the organization

GALVESTON URBAN MINISTRIES

Employer identification number 27-4207828

| Pa | rt I | Reason for Public (| Charity Status. | (All organizations must o | omplete th | his part.) S | See instructions. | |
|------|--------|--|----------------------------|---|-----------------------|-----------------------------------|---|----------------------------|
| The | organ | ization is not a private found | lation because it is: (| (For lines 1 through 12, o | 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 orga | anization described in s e | ection 170 |)(b)(1)(A)(i | ii). | |
| 4 | | A medical research organiz | ation operated in co | njunction with a hospita | l described | d in sectio | n 170(b)(1)(A)(iii). Enter | the hospital's name, |
| | | city, and state: | | | | | | |
| 5 | | An organization operated for | or the benefit of a co | llege or university owne | d or opera | ted by a g | overnmental unit describ | oed in |
| | | section 170(b)(1)(A)(iv). (C | Complete Part II.) | | | | | |
| 6 | Ш | A federal, state, or local go | vernment or governn | mental unit described in | section 17 | 70(b)(1)(A) | (v). | |
| 7 | X | An organization that norma | ılly receives a substa | intial part of its support | from a gov | ernmental | unit or from the general | public described in |
| | | section 170(b)(1)(A)(vi). (C | | | | | | |
| 8 | Щ | A community trust describe | | | | | | |
| 9 | | An agricultural research org | ganization described | in section 170(b)(1)(A)(| ix) operate | ed in conju | unction with a land-grant | college |
| | | or university or a non-land-o | grant college of agric | culture (see instructions) | Enter the | name, city | y, and state of the colleg | je or |
| | | university: | | | | | | |
| 10 | | An organization that norma | • | • | - | | · · · · · · · · · · · · · · · · · · · | - |
| | | activities related to its exen | | | | | | |
| | | income and unrelated busin | | (less section 511 tax) fr | om busine | esses acqu | ired by the organization | after June 30, 1975. |
| | | See section 509(a)(2). (Con | . , | | 0 | | 201 1141 | |
| 11 | | An organization organized | • | | • | | | |
| 12 | | An organization organized a | = | • | - | | · · · · · · · · · · · · · · · · · · · | |
| | | more publicly supported or | - | | | | | Sheck the box on |
| а | | lines 12a through 12d that Type I. A supporting orga | | | | • | • | , aivina |
| а | | the supported organization | • | • | • | | | |
| | | organization. You must o | | • • • • | a majority | or the dire | ctors or trustees or the s | supporting |
| b | | Type II. A supporting org | - | | tion with it | te eunnort | ed organization(s), by ha | avina |
| | | control or management o | | | | | | |
| | | organization(s). You mus | | | arrio peroc | orio triat ot | ontrol of manage the out | pportod |
| С | | ☐ Type III functionally inte | | | in connec | tion with. | and functionally integrat | ed with. |
| | | its supported organizatio | | | | | | ····· , |
| d | | Type III non-functionally | | | | | | ization(s) |
| | | that is not functionally int | tegrated. The organiz | zation generally must sa | tisfy a dist | ribution re | quirement and an attent | iveness |
| | | requirement (see instruct | ions). You must con | nplete Part IV, Sections | s A and D, | , and Part | V. | |
| е | | Check this box if the orga | anization received a | written determination fro | m the IRS | that it is a | a Type I, Type II, Type III | |
| | | functionally integrated, or | r Type III non-functio | nally integrated support | ing organi: | zation. | | |
| f | Ente | er the number of supported o | organizations | | | | | |
| g | | vide the following information | | | 1 6 1 1 1 1 1 1 1 1 1 | | | |
| | (| i) Name of supported | (ii) EIN | (iii) Type of organization (described on lines 1-10 | in your governi | inization listed ing document? | (v) Amount of monetary support (see instructions) | (vi) Amount of other |
| | | organization | | above (see instructions)) | Yes | No | support (see instructions) | support (see instructions) |
| | | | | | | | | |
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Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

| Sec | ction A. Public Support | | | | | | |
|------|--|-----------------------|----------------------|-----------------------|----------------------|--------------------|------------|
| Cale | ndar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
| 1 | Gifts, grants, contributions, and | | | | | | |
| | membership fees received. (Do not | | | | | | |
| | include any "unusual grants.") | 787,399. | 626,548. | 765,839. | 914,173. | 3,174,023. | 6,267,982. |
| 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 | 707 200 | 606 540 | ECE 020 | 014 102 | | |
| 4 | Total. Add lines 1 through 3 | 787,399. | 626,548. | 765,839. | 914,173. | 3,174,023. | 6,267,982. |
| 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, | | | | | | 707 071 |
| _ | column (f) | | | | | | 797,071. |
| | Public support. Subtract line 5 from line 4. | | | | | | 5,470,911. |
| | ndar year (or fiscal year beginning in) | (2) 2018 | (b) 2010 | (a) 2020 | (4) 2021 | (e) 2022 | (f) Total |
| | Amounts from line 4 | (a) 2018 787, 399. | (b) 2019 626,548. | (c) 2020 765, 839. | (d) 2021 914,173. | 3,174,023. | 6,267,982. |
| | Gross income from interest, | 7077330 | 020/3101 | 7007000 | 311/1/30 | 3,1,1,023. | 0,207,302. |
| 0 | dividends, payments received on | | | | | | |
| | securities loans, rents, royalties, | | | | | | |
| | and income from similar sources | 5,496. | | 24,010. | 27,447. | 19,819. | 76,772. |
| 9 | Net income from unrelated business | - 0,100 | | | | | |
| · | activities, whether or not the | | | | | | |
| | business is regularly carried on | | 1,377. | | | | 1,377. |
| 10 | Other income. Do not include gain | | , | | | | <u> </u> |
| | or loss from the sale of capital | | | | | | |
| | assets (Explain in Part VI.) | 2,428. | 4,800. | 1,685. | 2,505. | 2,453. | 13,871. |
| 11 | Total support. Add lines 7 through 10 | | | | | | 6,360,002. |
| 12 | Gross receipts from related activities, | etc. (see instruction | ons) | | | 12 | 103,587. |
| 13 | First 5 years. If the Form 990 is for th | ne organization's fi | rst, second, third, | fourth, or fifth tax | year as a section 5 | 501(c)(3) | _ |
| | organization, check this box and stor | here | | | | | |
| | ction C. Computation of Publ | | | | | | |
| 14 | Public support percentage for 2022 (| | | | | 14 | 86.02 % |
| 15 | Public support percentage from 2021 | Schedule A, Part | II, line 14 | | | 15 | 76.56 % |
| 16a | 33 1/3% support test - 2022. If the o | • | | • | | • | |
| | stop here. The organization qualifies | | | | | | |
| b | 33 1/3% support test - 2021. 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 | • | · | • • • • | • | | |
| b | 10% -facts-and-circumstances tes | _ | | | | | IU% Or |
| | more, and if the organization meets the | | • | | • | | |
| 40 | organization meets the facts-and-circ | | | | | | |
| 18 | Private foundation. If the organization | ni dia not check a | box on line 13, 16 | a, 100, 1/a, 0r 1/k | o, check this box a | na see instruction | <u>s</u> |

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.)

| Section A. Public Support | | | | | | |
|--|-----------------------------|----------------------|----------------------|---------------------|---------------------|-----------|
| Calendar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
| 1 Gifts, grants, contributions, and | | | | | | |
| membership fees received. (Do not | | | | | | |
| include any "unusual grants.") | | | | | | |
| 2 Gross receipts from admissions, merchandise sold or services per- formed, 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 bus- iness under section 513 | | | | | | |
| 4 Tax revenues levied for the organ- | | | | | | |
| ization's benefit and either paid to | | | | | | |
| or expended on its behalf | | | | | | |
| 5 The value of services or facilities | | | | | | |
| furnished by a governmental unit to | | | | | | |
| the organization without charge | | | | | | |
| 6 Total. Add lines 1 through 5 | | | | | | |
| 7a Amounts included on lines 1, 2, and | | | | | | |
| 3 received from disqualified persons | | | | | | |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| c Add lines 7a and 7b | | | | | | |
| 8 Public support. (Subtract line 7c from line 6.) | | | | | | |
| Section B. Total Support | | | | | | l |
| Calendar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
| 9 Amounts from line 6 | (4) 2010 | (6) 2010 | (0) 2020 | (4) 2021 | (6) 2022 | (i) rotal |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | | | | | | |
| b Unrelated business taxable income | | | | | | |
| (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | | | | | | |
| 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 13 Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | <u> </u> |
| 14 First 5 years. If the Form 990 is for t | he organization's fi | irst, second, third, | fourth, or fifth tax | year as a section | 501(c)(3) organizat | ion, |
| check this box and stop here | | | | | | |
| Section C. Computation of Pub | | | | | | |
| 15 Public support percentage for 2022 | (line 8, column (f), o | divided by line 13, | column (f)) | | | % |
| 16 Public support percentage from 202 | | | | | 16 | % |
| Section D. Computation of Inve | stment Incom | e Percentage | | | | |
| 17 Investment income percentage for 2 | 022 (line 10c, colur | mn (f), divided by I | ine 13, column (f)) | | 17 | % |
| 18 Investment income percentage from | 2021 Schedule A, | Part III, line 17 | | | 18 | % |
| 19a 33 1/3% support tests - 2022. If the | organization did r | not check the box | on line 14, and lin | e 15 is more than | 33 1/3%, and line | 17 is not |
| more than 33 1/3%, check this box a | | | | | | |
| b 33 1/3% support tests - 2021. If the line 18 is not more than 33 1/3%, ch | e organization did r | not check a box or | n line 14 or line 19 | a, and line 16 is m | nore than 33 1/3%, | |
| 20 Private foundation. If the organization | | | | | | |

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of 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 |
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| Par | t IV Supporting Organizations (continued) | | | |
|--------|--|--------------|------|----|
| | , territoria, terr | | Yes | No |
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | | | |
| | A person who directly or indirectly controls, either alone or together with persons described on lines 11b and | | | |
| | 11c below, the governing body of a supported organization? | 11a | | |
| | A family member of a person described on line 11a above? | 11b | | |
| | A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide | | | |
| | detail in Part VI. | 11c | | |
| Sect | tion B. Type I Supporting Organizations | • | | |
| | | | Yes | No |
| 1 | Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or | | | |
| | more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers | , | | |
| | directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported | , | | |
| | organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the | | | |
| | supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | 1 | | |
| 2 | Did the organization operate for the benefit of any supported organization other than the supported | | | |
| | organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in | | | |
| | Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, | | | |
| | supervised, or controlled the supporting organization. | 2 | | |
| Sect | tion C. Type II Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors | | | |
| | or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control | | | |
| | or management of the supporting organization was vested in the same persons that controlled or managed | | | |
| | the supported organization(s). | 1 | | |
| Sect | tion D. All Type III Supporting Organizations | | | |
| | | | Yes | No |
| | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the | | | |
| | organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax | | | |
| | year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the | | | |
| | organization's governing documents in effect on the date of notification, to the extent not previously provided? | 1 | | |
| | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported | | | |
| | organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how | | | |
| | the organization maintained a close and continuous working relationship with the supported organization(s). | 2 | | |
| | By reason of the relationship described on line 2, above, did the organization's supported organizations have a | | | |
| | significant voice in the organization's investment policies and in directing the use of the organization's | | | |
| | income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. | _ | | |
| | tion E. Type III Functionally Integrated Supporting Organizations | 3 | | |
| | Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instruction | ne) | | |
| ' a | The organization satisfied the Activities Test. Complete line 2 below. | 113). | | |
| b | The organization is the parent of each of its supported organizations. Complete line 3 below. | | | |
| c | The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (se | e instructio | ns). | |
| | Activities Test. Answer lines 2a and 2b below. | | Yes | No |
| | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of | | | |
| | the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify | | | |
| | those supported organizations and explain how these activities directly furthered their exempt purposes, | | | |
| | how the organization was responsive to those supported organizations, and how the organization determined | | | |
| | that these activities constituted substantially all of its activities. | 2a | | |
| b | Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, | | | |
| | one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in | | | |
| | Part VI the reasons for the organization's position that its supported organization(s) would have engaged in | | | |
| | these activities but for the organization's involvement. | 2b | | |
| 3 | Parent of Supported Organizations. Answer lines 3a and 3b below. | | | |
| а | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or | | | |
| | trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI. | 3a | | |
| b | Did the organization 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 | t V Type III Non-Functionally Integrated 509(a)(3) Supporting | ng Orga | anizations | |
|------|---|--------------------------------|---------------------------------------|--------------------------------|
| 1 | Check here if the organization satisfied the Integral Part Test as a qualifying | ng trust o | n Nov. 20, 1970 (e <i>xplain in</i> I | Part VI). See instructions. |
| | All other Type III non-functionally integrated supporting organizations mus | st comple | te Sections A through E. | |
| Sect | ion A - Adjusted Net Income | (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 | | |
| С | 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 | | |
| 7 | Check here if the current year is the organization's first as a non-functional | ally integra | ated Type III supporting org | anization (see |

Schedule A (Form 990) 2022

instructions).

| SCITE | dalo / (Olill COO LOLL | III HIHIDIKIDD | | 17 |
|-------|---|-------------------------------|--|---|
| Pa | t V Type III Non-Functionally Integrated 509 | (a)(3) Supporting Orga | anizations (continued) | |
| Sect | on D - Distributions | | | Current Year |
| 1 | Amounts paid to supported organizations to accomplish exe | mpt purposes | 1 | |
| 2 | Amounts paid to perform activity that directly furthers exemp | ot purposes of supported | | |
| | organizations, in excess of income from activity | | 2 | |
| 3 | Administrative expenses paid to accomplish exempt purpose | es of supported organization | 3 | |
| 4 | Amounts paid to acquire exempt-use assets | | 4 | |
| 5 | Qualified set-aside amounts (prior IRS approval required - pro | 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 the | he organization is responsive | , | |
| | (provide details in Part VI). See instructions. | | 8 | |
| 9 | Distributable amount for 2022 from Section C, line 6 | | 9 | |
| 10 | Line 8 amount divided by line 9 amount | | 10 | |
| Sect | on E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2022 | (iii) Distributable Amount for 2022 |

| Sect | ion E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2022 | (iii) Distributable Amount for 2022 |
|------|---|-----------------------------|--|---|
| 1 | Distributable amount for 2022 from Section C, line 6 | | | |
| 2 | Underdistributions, if any, for years prior to 2022 (reason- | | | |
| | able cause required - explain in Part VI). See instructions. | | | |
| 3 | Excess distributions carryover, if any, to 2022 | | | |
| а | From 2017 | | | |
| b | From 2018 | | | |
| С | From 2019 | | | |
| d | From 2020 | | | |
| е | From 2021 | | | |
| f | Total of lines 3a through 3e | | | |
| g | Applied to underdistributions of prior years | | | |
| h | Applied to 2022 distributable amount | | | |
| i | Carryover from 2017 not applied (see instructions) | | | |
| j | Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | | |
| 4 | Distributions for 2022 from Section D, | | | |
| | line 7: \$ | | | |
| а | Applied to underdistributions of prior years | | | |
| b | Applied to 2022 distributable amount | | | |
| С | Remainder. Subtract lines 4a and 4b from line 4. | | | |
| 5 | Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h | | | |
| | and 4b from line 1. For result greater than zero, explain in | | | |
| | Part VI. See instructions. | | | |
| 7 | Excess distributions carryover to 2023. Add lines 3j | | | |
| | and 4c. | | | |
| 8 | Breakdown of line 7: | | | |
| а | Excess from 2018 | | | |
| b | Excess from 2019 | | | |
| С | Excess from 2020 | | | |
| d | Excess from 2021 | | | |
| е | Excess from 2022 | | | |

Schedule A (Form 990) 2022

| F II | Ipplemental Information. Provide the explanations required by t IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, are 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b ction D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also de instructions.) | nd 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, , 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, |
|---------|--|---|
| SCHEDUL | A, LIST OF UNUSUAL GRANTS RECEIVED | : |
| DESCRIP | ION: CAPITAL CAMPAIGN DONATION | |
| DATE: 0 | /01/22 AMOUNT: 2000000. | |
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Schedule A

Identification of Unusual Grants

2022

** Do Not File **

*** Not Open to Public Inspection ***

| Description of Grant | Date of Grant | Amount |
|---------------------------|---------------------------|------------|
| CAPITAL CAMPAIGN DONATION | 06/01/22 | 2,000,000. |
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| | | |
| | | 2,000,000. |
| | CAPITAL CAMPAIGN DONATION | Grant |

Schedule B (Form 990)

Schedule of Contributors

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Attach to Form 990 or Form 990-PF.
Go to www.irs.gov/Form990 for the latest information.

2022

Name of the organization

Employer identification number

GALVESTON URBAN MINISTRIES 27-4207828

Organization type (check one):

| 0. gaa | |
|---|--|
| Filers of: | Section: |
| Form 990 or 990-EZ | $\overline{\mathbf{X}}$ 501(c)(3) (enter number) organization |
| | 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 |
| | |
| | ration is covered by the General Rule or a Special Rule. 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. |
| General Rule | |
| | nization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or om any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. |
| Special Rules | |
| sections 509 contributor, | nization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under 9(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 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; 990-EZ, line 1. Complete Parts I and II. |
| contributor, literary, or e | nization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, ducational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering umn (b) instead of the contributor name and address), II, and III. |
| year, contrik is checked, purpose. Do | nization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the butions <i>exclusively</i> for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box enter here the total contributions that were received during the year for an <i>exclusively</i> religious, charitable, etc., on't complete any of the parts unless the General Rule applies to this organization because it received <i>nonexclusively</i> aritable, etc., contributions totaling \$5,000 or more during the year\$ |
| answer "No" on Part | ation that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must 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 he 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) (2022)

Name of organization Employer identification number

GALVESTON URBAN MINISTRIES

27-4207828

| Part I | Contributors (see instructions). Use duplicate copies of Part I if additional | al space is needed. | |
|--------------|---|----------------------------|--|
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 1 | | \$115,000. | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 2 | | \$ 2,000,000. | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 3 | | \$\$ | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. <u>4</u> | Name, address, and ZIP + 4 | \$ 250,000. | 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) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 140. | ivaine, audress, and ZIP + 4 | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |

Name of organization Employer identification number

GALVESTON URBAN MINISTRIES

27-4207828

| 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) (2022) Name of organization Employer identification number 27-4207828 GALVESTON URBAN MINISTRIES Part III 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 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

(e) Transfer of gift

Transferee's name, address, and ZIP + 4

(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 Part I Relationship 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

| Pai | t I Organizations Maintaining Donor Advise | ed Funds or Other Similar Fund | s or Accounts.Complete if the |
|-----|--|--|--------------------------------------|
| | organization answered "Yes" on Form 990, Part IV, lir | ne 6. | |
| | | (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 advi | sed funds |
| | are the organization's property, subject to the organization's | exclusive legal control? | Yes No |
| 6 | Did the organization inform all grantees, donors, and donor a | advisors in writing that grant funds can be | e used only |
| | for charitable purposes and not for the benefit of the donor of | or donor advisor, or for any other purpose | e conferring |
| | | | |
| Pai | t II Conservation Easements. Complete if the org | ganization answered "Yes" on Form 990, | Part IV, line 7. |
| 1 | Purpose(s) of conservation easements held by the organizat | ion (check all that apply). | |
| | Preservation of land for public use (for example, recrea | ation or education) Preservation o | f a historically important land area |
| | Protection of natural habitat | Preservation o | f a certified historic structure |
| | Preservation of open space | | |
| 2 | Complete lines 2a through 2d if the organization held a quali | fied 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 | | 2b |
| С | Number of conservation easements on a certified historic str | ructure included in (a) | 2c |
| d | Number of conservation easements included in (c) acquired | | |
| | historic structure listed in the National Register | | |
| 3 | Number of conservation easements modified, transferred, re | leased, extinguished, or terminated by th | e organization during the tax |
| | year | | |
| 4 | Number of states where property subject to conservation ea | | |
| 5 | Does the organization have a written policy regarding the pe | | |
| | violations, and enforcement of the conservation easements in | | |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting, | handling of violations, and enforcing cor | nservation easements during the year |
| _ | | | |
| 7 | Amount of expenses incurred in monitoring, inspecting, hand | dling of violations, and enforcing conserv | ation easements during the year |
| | Does each conservation easement reported on line 2(d) above | us satisfy the requirements of section 17 | O/6\/4\/D\/i\ |
| 8 | | - | |
| 9 | and section 170(h)(4)(B)(ii)? | | |
| 9 | balance sheet, and include, if applicable, the text of the foot | · | |
| | organization's accounting for conservation easements. | note to the organization's illiancial staten | nerits that describes the |
| Pai | t III Organizations Maintaining Collections o | f Art. Historical Treasures. or C | Other Similar Assets. |
| | Complete if the organization answered "Yes" on Form | | |
| | If the organization elected, as permitted under FASB ASC 95 | | and balance sheet works |
| | of art, historical treasures, or other similar assets held for pul | | |
| | service, provide in Part XIII the text of the footnote to its fina | | |
| 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 | | \$ |
| | (ii) Assets included in Form 990, Part X | | |
| 2 | If the organization received or held works of art, historical tre | | |
| _ | the following amounts required to be reported under FASB A | | a. 3a, p. 61100 |
| а | Revenue included on Form 990, Part VIII, line 1 | | \$ |
| h | Assets included in Form 990, Part Y | | φ |

| Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar As | sets(continued) |
|---|------------------------|
| 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of | its |
| collection items (check all that apply): | |
| a Public exhibition d Loan or exchange program | |
| b Scholarly research e Other | |
| c Preservation for future generations | |
| 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in F | Part XIII. |
| 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets | |
| to be sold to raise funds rather than to be maintained as part of the organization's collection? | Yes No |
| Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part | IV, line 9, or |
| reported an amount on Form 990, Part X, line 21. | |
| 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included | |
| on Form 990, Part X? | Yes No |
| b If "Yes," explain the arrangement in Part XIII and complete the following table: | |
| | Amount |
| c Beginning balance 1c | |
| d Additions during the year1d | |
| e Distributions during the year | |
| f Ending balance | |
| 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? | Yes No |
| b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII | |
| Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. | |
| (a) Current year (b) Prior year (c) Two years back (d) Three years ba | ck (e) Four years back |
| 1a Beginning of year balance | |
| b Contributions | |
| c Net investment earnings, gains, and losses | |
| d Grants or scholarships | |
| e Other expenditures for facilities | |
| and programs | |
| f Administrative expenses | |
| g End of year balance | |
| 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: | |
| a Board designated or quasi-endowment% | |
| b Permanent endowment% | |
| c Term endowment% | |
| The percentages on lines 2a, 2b, and 2c should equal 100%. | |
| 3a Are there endowment funds not in the possession of the organization that are held and administered for the | |
| organization by: | Yes No |
| (i) Unrelated organizations | 3a(i) |
| (ii) Related organizations | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b |
| 4 Describe in Part XIII the intended uses of the organization's endowment funds. | |
| Part VI Land, Buildings, and Equipment. | |
| Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. | |
| Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated basis (other) | (d) Book value |
| 1a Land 135,534. | 135,534. |
| b Buildings 928,185. 262,370. | 665,815. |
| c Leasehold improvements | , . = |
| d Equipment 65,772. 63,929. | 1,843. |
| e Other 53,331. 45,821. | 7,510. |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) | 810,702. |

| | JRBAN MINISTRI | IES 2 | 7-4207828 Page 3 |
|--|----------------------------|--|-------------------------|
| Part VII Investments - Other Securities. | | 141 O 5 000 D 1 V II 10 | |
| Complete if the organization answered "Yes" | | | |
| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or e | nd-or-year market value |
| (1) Financial derivatives | | | |
| (2) Closely held equity interests | | | |
| (3) Other | | | |
| (A) | | | |
| (B) | | | |
| (C) | | | |
| (D) (E) | | | |
| (F) | | | |
| (G) | | | |
| (H) | | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) | | | |
| Part VIII Investments - Program Related. | | | |
| Complete if the organization answered "Yes' | on Form 990, Part IV, line | e 11c. See Form 990, Part X, line 13. | |
| (a) Description of investment | (b) Book value | (c) Method of valuation: Cost or e | nd-of-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' | on Form 990, Part IV, line | e 11d. See Form 990, Part X, line 15. | |
| (a) | Description | | (b) Book value |
| (1) | | | |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| (9) | | | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) lin | ne 15.) | | |
| Part X Other Liabilities. | | | |
| Complete if the organization answered "Yes' | on Form 990, Part IV, line | e 11e or 11f. See Form 990, Part X, line | |
| 1. (a) Description of liability | | | (b) Book value |
| (1) Federal income taxes | | | |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | 1 |
| (6) | | | 1 |
| (7) | | | |
| (8) | | | |
| (9) | 05.) | | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) lin | ne 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...

| Pai | t XI Reconciliation of Revenue per Audited Financial State | ments With Reve | enue per Return. | ugu - |
|--------|---|--------------------------|---|-------|
| | Complete if the organization answered "Yes" on Form 990, Part IV, line | 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 | 2b | | |
| С | Recoveries of prior year grants | 2c | | |
| 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 | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | | | |
| b | Other (Describe in Part XIII.) | 4b | | |
| С | Add lines 4a and 4b | | | |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | | | |
| Pa | T XII Reconciliation of Expenses per Audited Financial Stat | _ | enses per Return. | |
| _ | Complete if the organization answered "Yes" on Form 990, Part IV, line | | | |
| 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: Donated services and use of facilities | 2a | | |
| a b | Prior year adjustments | | | |
| C | | | | |
| d | Other losses 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.) | | | |
| | Add lines 4a and 4b | | 4c | |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | | | |
| Pa | t XIII Supplemental Information. | | · | |
| Prov | de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; I | Part IV, lines 1b and 2b | o; Part V, line 4; Part X, line 2; Part XI, | |
| lines | 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any | additional information. | | |
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SCHEDULE G (Form 990)

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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information. **Open to Public** Inspection

Name of the organization Employer identification number GALVESTON URBAN MINISTRIES 27-4207828 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants Internet and email solicitations b Solicitation of government grants ☐ Phone solicitations In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or Yes No key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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 | | | | nts greater than \$5,000. |
|-----------------|--------|--|-------------------------|-----------------------------|--------------------|---------------------------------------|
| | | | (a) Event #1 | (b) Event #2 | (c) Other events | (d) Total events |
| | | | | GOLF | NONE | (add col. (a) through |
| | | | BALL/GALA EV | SCRAMBLE | | col. (c)) |
| a) | | | (event type) | (event type) | (total number) | 60i. (6)) |
| an n | | | | | | |
| Revenue | 1 | Gross receipts | 77,912. | 39,735. | | 117,647. |
| ш | | | | | | |
| | 2 | Less: Contributions | 54,530. | 33,981. | | 88,511. |
| | | | | | | |
| | 3 | Gross income (line 1 minus line 2) | 23,382. | 5,754. | | 29,136. |
| | | | | | | |
| | 4 | Cash prizes | | | | |
| | | | | 020 | | 1 512 |
| " | 5 | Noncash prizes | 574. | 939. | | 1,513. |
| Ses | | | 1 250 | F F00 | | 6 070 |
| per | 6 | Rent/facility costs | 1,350. | 5,520. | | 6,870. |
| Direct Expenses | | | 0 007 | 1 010 | | 11 (27 |
| <u>S</u> | 7 | Food and beverages | 9,827. | 1,810. | | 11,637. |
| ⊡ | | | | | | |
| | | Entertainment | | 1,987. | | 6,723. |
| | 9 | Other direct expenses | 2: 1 (1) | | | 26,743. |
| | | Direct expense summary. Add lines 4 through | | | | 2,393. |
| D | ırt I | Net income summary. Subtract line 10 from li Gaming. Complete if the organization | | 000 Dort IV line 10 or | | 2,393. |
| 1 6 | | \$15,000 on Form 990-EZ, line 6a. | answered tes on Form | 1990, Part IV, line 19, or | reported more than | |
| | | φ13,000 0111 01111 990-L2, line 0a. | | (b) Pull tabs/instant | | (d) Total gaming (add |
| Jue | | | (a) Bingo | bingo/progressive bingo | (c) Other gaming | col. (a) through col. (c)) |
| Revenue | | | | | | · · · · · · · · · · · · · · · · · · · |
| æ | ۱, | Gross revenue | | | | |
| | Ė | Greece revenue | | | | |
| 'n | 2 | Cash prizes | | | | |
| JSe | | | | | | _ |
| Direct Expenses | 3 | Noncash prizes | | | | |
| Û | | | | | | |
| irec | 4 | Rent/facility costs | | | | |
| | | | | | | |
| | 5 | Other direct expenses | | | | |
| | | | Yes % | Yes % | Yes % | |
| | 6 | Volunteer labor | No No | ☐ No | ☐ No | |
| | | | | | | |
| | 7 | Direct expense summary. Add lines 2 through | n 5 in column (d) | | | |
| | | | | | | |
| | 8 | Net gaming income summary. Subtract line 7 | from line 1, column (d) | | | |
| | | | | | | |
| | | ter the state(s) in which the organization condu | | | | |
| | | the organization licensed to conduct gaming a | | | | Yes No |
| k | If " | No," explain: | | | | |
| | | | | | | |
| 40- | 14/- | ore any of the organization's service lines | wokod ouopopalad and | arminated during the street | voor? | Voc N- |
| | | ere any of the organization's gaming licenses re | | | year? | Yes No |
| | r If " | Yes," explain: | | | | |
| - | | | | | | |

| Sch | Schedule G (Form 990) 2022 GALVESTON URBAN MINISTRIES | 27-4 | 207 | 828 | Page 3 |
|-----|---|--------------------|------------|--------|----------|
| | 1 Does the organization conduct gaming activities with nonmembers? | | | Yes | No No |
| 12 | Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity for | | <u> </u> | | |
| 12 | to administer charitable gaming? Indicate the percentage of gaming activity conducted in: | | | Yes | ∟ No |
| | a The organization's facility | | 13a | | % |
| | b An outside facility | | 13b | | % |
| 14 | 4 Enter the name and address of the person who prepares the organization's gaming/special events books and | d records: | | | |
| | Name | | | | |
| | Address | | | | |
| 15 | 15a Does the organization have a contract with a third party from whom the organization receives gaming revenu | e? | | Yes | ☐ No |
| ı | b If "Yes," enter the amount of gaming revenue received by the organization \$ and t | he amount | | | |
| | of gaming revenue retained by the third party \$ | | | | |
| • | c If "Yes," enter name and address of the third party: | | | | |
| | Name | | | | |
| | Address | | | | |
| 16 | 6 Gaming manager information: | | | | |
| 10 | Garning manager information. | | | | |
| | Name | | | | |
| | Gaming manager compensation \$ | | | | |
| | | | | | |
| | Description of services provided | | | | |
| | | | | | |
| | Director/officer Employee Independent contractor | | | | |
| 17 | 7 Mandatory distributions: | | | | |
| | a Is the organization required under state law to make charitable distributions from the gaming proceeds to | | | | |
| | retain the state gaming license? | | | Yes | ☐ No |
| ı | b Enter the amount of distributions required under state law to be distributed to other exempt organizations or | spent in the | | | |
| Ds | organization's own exempt activities during the tax year \$ Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) a | and (v): and Dar | + 111 liv | 200.0 | 0h 10h |
| | 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions. | iliu (v), aliu Fai | . 111, 111 | 165 5, | 30, 100, |
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232083 10-27-22 Schedule G (Form 990) 2022

| Schedule G | (Form 990) | GALVESTON URBAN | MINISTRIES | 27-4207828 Page 4 |
|------------|------------------------------|---------------------|------------|-------------------|
| Part IV | (Form 990) Supplemental Info | rmation (continued) | | |
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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.

GALVESTON URBAN MINISTRIES

Name of the organization

Employer identification number 27-4207828

| Pai | t I Types of Property | | | | | | | | |
|------|--|---------------------|----------------------------|--------------------------------|---------------|----------------------------------|----------|-------|------|
| | • | (a) | (b) | (c) | | (d) | | | |
| | | Check if applicable | Number of contributions or | Noncash contr amounts repor | | Method of de noncash contribu | | • | |
| | | арріісаріє | | Form 990, Part VI | | Horicasii contribe | ition ai | nount | |
| 1 | Art - Works of art | | | | | | | | |
| 2 | Art - Historical treasures | | | | | | | | |
| 3 | Art - Fractional interests | | | | | | | | |
| 4 | Books and publications | X | | | 140. | | | | |
| 5 | Clothing and household goods | X | | 2 | ,385. | | | | |
| 6 | Cars and other vehicles | | | | | | | | |
| 7 | Boats and planes | | | | | | | | |
| 8 | Intellectual property | | | | | | | | |
| 9 | Securities - Publicly traded | | | | | | | | |
| 10 | Securities - Closely held stock | | | | | | | | |
| 11 | Securities - Partnership, LLC, or | | | | | | | | |
| | 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 (TICKETS/GIFT CA) | X | 21 | 12 | ,596. | | | | |
| 26 | Other (FURNITURE/FIXTU) | X | 4 | 6 | ,415. | | | | |
| 27 | Other (TOYS) | X | 22 | 6 | ,370. | | | | |
| 28 | Other (SUPPLIES) | X | 31 | 6 | ,090. | | | | |
| 29 | Number of Forms 8283 received by the organi | ization durin | g the tax year for o | contributions | <u> </u> | | | | |
| | for which the organization completed Form 82 | | | | 29 | | | | |
| | 3 | , , | | | | | | Yes | No |
| 30a | During the year, did the organization receive b | y contribution | on any property rei | oorted in Part I. line | es 1 throu | gh 28, that it | | | |
| | must hold for at least 3 years from the date of | - | | | - | | | | |
| | exempt purposes for the entire holding period | | • | - | | | 30a | | Х |
| b | If "Yes," describe the arrangement in Part II. | | | | | | - | | |
| 31 | Does the organization have a gift acceptance | policy that re | equires the review | of any nonstandar | rd contribu | tions? | 31 | | Х |
| | Does the organization hire or use third parties | | | | | | | | |
| -Lu | contributions? | | _ | · · | | | 32a | | Х |
| b | If "Yes," describe in Part II. | | | | | | | | |
| 33 | If the organization didn't report an amount in o | column (c) fo | r a type of propert | v for which column | n (a) is che | cked. | | | |
| | describe in Part II. | | , p. 3. p. sport | , . ss., colaini | . ,2, .5 5,10 | , | | | |
| I HA | | the Instruc | tions for Form 90 | 0 | | Schedule M | l (Forn | 1 99N | 2022 |

| 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 = 15 |
| (C) REVENUE REPORTED ON FORM 990, PART VIII \$ 1245. |
| (D) METHOD OF DETERMINING REVENUE: |
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SCHEDULE O (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

2022

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, PART XI, LINE 9, CHANGES IN NET ASSETS: 30,924. PPA-FIXED ASSETS EXPENSES

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. | 10,874. | | 1,211. | 12,085. |
| 23 | GUM HOUSE | 01/01/12 | SL | 39.00 | MM1 | 16 | 12,753. | | | | 12,753. | 3,257. | | 327. | 3,584. |
| 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. | 6,912. | | 894. | 7,806. |
| 32 | HOUSES 3828 BALL ALLOCATED TO 714 39TH | 05/01/15 | SL | 27.50 | MM1 | ۱7 | 42,366. | | | | 42,366. | 10,207. | | 1,541. | 11,748. |
| 34 | GREY HOUSE-3727 BALL | 05/28/15 | SL | 27.50 | MM1 | ۱7 | 35,752. | | | | 35,752. | 8,613. | | 1,300. | 9,913. |
| 35 | CHURCH BUILDING-3818 BALL | 07/02/15 | SL | 39.00 | MM1 | 17 | 114,026. | | | | 114,026. | 18,884. | | 2,924. | 21,808. |
| 36 | EMPTY LOT-3814 BALL | 10/19/15 | L | | | | 13,375. | | | | 13,375. | | | 0. | |
| 38 | IMPR-GREY HOUSE-3727 BALL | 05/28/15 | 150DB | 15.00 | ну1 | L7 | 19,214. | | | | 19,214. | 9,571. | | 1,134. | 10,705. |
| 39 | IMPR-CHURCH BLDG-3818 BALL | 07/02/15 | 150DB | 15.00 | ну1 | L7 | 15,367. | | | | 15,367. | 7,654. | | 907. | 8,561. |
| 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 | нү1 | 17 | 5,332. | | | 2,666. | 2,666. | 1,170. | | 157. | 1,327. |
| 51 | IMPR-GREY HOUSE-3727 BALL | 01/07/16 | 150DB | 15.00 | ну1 | L7 | 24,785. | | | 12,393. | 12,392. | 5,441. | | 732. | 6,173. |
| 52 | HVAC - GREY HOUSE - 3727 BALL | 01/05/16 | SL | 39.00 | MM1 | 17 | 9,100. | | | | 9,100. | 1,389. | | 233. | 1,622. |
| | 1804 69TH - RETREAT CENTER | 11/16/17 | SL | 39.00 | MM1 | L7 | 390,775. | | | | 390,775. | 41,332. | | 10,020. | 51,352. |

228111 04-01-22

^{*} ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

| 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 |
|--------------|--------------------------------------|------------------|--------|-------|------------------|-----------------------------|------------------|------------------------|-----------------------|---------------------------|--|-------------------------------|---------------------------|---------------------------------------|
| 59 | LAND - 1804 69TH - RETREAT CENTER | 11/16/17 | L | | | 85,980. | LAGI | | | 85,980. | Depreciation | Ехропос | 0. | Бергесіаноп |
| 61 | IMPR-GREY HOUSE-3727 BALL | 07/01/17 | 150DB | 15.00 | ну17 | 25,285. | | | | 25,285. | 9,525. | | 1,576. | 11,101. |
| 62 | IMPR-CHURCH BLDG-3818 BALL | 07/01/17 | 150DB | 15.00 | нү17 | 6,148. | | | | 6,148. | 2,316. | | 383. | 2,699. |
| 76 | RETREAT CENTER-1804 69TH | 07/01/19 | 150DB | 15.00 | ну17 | 12,122. | | | | 12,122. | 2,631. | | 949. | 3,580. |
| 77 | CHURCH-3818 BALL IMPR | 07/01/19 | 150DB | 15.00 | нү17 | 3,599. | | | | 3,599. | 830. | | 277. | 1,107. |
| 78 | GREY HOUSE-3727 BALL IMPR | 07/01/19 | 150DB | 15.00 | ну17 | 8,533. | | | | 8,533. | 1,851. | | 668. | 2,519. |
| 80 | 905 43RD ST | 07/01/19 | SL | 27.50 | MM17 | 13,160. | | | | 13,160. | 1,197. | | 479. | 1,676. |
| 82 | LAND & BLDG OTHER | 07/01/19 | L | | | 250. | | | | 250. | | | 0. | |
| 84 | NEW HVAC-3818 BALL | 06/30/20 | 150DB | 15.00 | ну17 | 24,500. | | | 24,500. | | | | 0. | |
| 88 | RETREAT CENTER-1804 69TH IMPR | 11/07/22 | 150DB | 15.00 | MQ19 | E 51,615. | | | 51,615. | | | | 51,615. | |
| 92 | CUSTOM BUILT WINDOWS-3818 BALL | 01/01/21 | 150DB | 15.00 | ну17 | 13,298. | | | | 13,298. | | | 1,330. | 1,330. |
| 95 | DECK-3818 BALL | 06/01/21 | 150DB | 15.00 | ну17 | 5,000. | | | | 5,000. | | | 500. | 500. |
| | * 990 PAGE 10 TOTAL BUILDINGS | | | | | 1,063,719. | | | 91,174. | 972,545. | 143,654. | | 79,157. | 171,196. |
| | FURNITURE & FIXTURES | | | | | | | | | | | | | |
| 26 | APPLIANCES | 01/01/12 | 200DB | 7.00 | ну17 | 1,259. | | | 630. | 629. | 629. | | 0. | 629. |
| 31 | COMPUTERS | 06/25/13 | 200DB | 5.00 | ну17 | 3,164. | | | 1,517. | 1,647. | 1,647. | | 0. | 1,647. |
| 44 | COMPUTER - EXECUTIVE DIRECTOR | 01/04/16 | 200DB | 5.00 | ну17 | 1,229. | | | 615. | 614. | 614. | | 0. | 614. |
| 45 | COMPUTERS - PROGRAM SERVICES (8) | 01/18/16 | 200DB | 5.00 | НҮ17 | 2,224. | | | 1,112. | 1,112. | 1,112. | | 0. | 1,112. |

| 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 |
|--------------|-------------------------------------|------------------|--------|-------|--------------------|-----------------------------|------------------|------------------------|-----------------------|---------------------------|--|-------------------------------|---------------------------|---------------------------------------|
| 46 | DRILL & BLOWER | 05/09/16 | 200DB | 7.00 | ну17 | 356. | | | 178. | 178. | 154. | | 16. | 170. |
| 47 | COMPUTER - OPERATIONS DIRECTOR | 06/21/16 | 200DB | 5.00 | HY17 | 689. | | | 345. | 344. | 344. | | 0. | 344. |
| 53 | COMPUTER - VOLUNTEER COORDINATOR | 02/13/17 | 200DB | 5.00 | ну17 | 476. | | | 238. | 238. | 224. | | 14. | 238. |
| 54 | FILING CABINET | 02/27/17 | 200DB | 7.00 | HY17 | 123. | | | 62. | 61. | 47. | | 6. | 53. |
| 56 | COMPUTER - PROGRAMS | 06/02/17 | 200DB | 5.00 | ну17 | 5,096. | | | 2,548. | 2,548. | 2,401. | | 147. | 2,548. |
| 57 | FILING CABINET | 06/02/17 | 200DB | 7.00 | HY17 | 217. | | | 109. | 108. | 84. | | 10. | 94. |
| 64 | LENOVA/LG DESKTOP COMPUTER | 02/26/17 | 200DB | 5.00 | HY17 | 500. | | | 250. | 250. | 236. | | 14. | 250. |
| 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 | HY17 | 180. | | | 180. | | | | 0. | |
| 73 | STORAGE SUPPLY CABINET | 12/20/18 | | | HY17 | 186. | | | 186. | | | | 0. | |
| | OFFICE FURNITURE | 06/01/18 | | | HY17 | 180. | | | 180. | | | | 0. | |
| | FURNITURE & EQUIPMENT | 07/01/19 | | | HY17 | 50. | | | | 50. | 28. | | 6. | 34. |
| | 2 APPLE LAPTOPS | 06/30/20 | | 5.00 | | 3,648. | | | 3,648. | 30, | 20, | | 0. | |
| | STORAGE SHED | 12/21/22 | | 15.00 | | | | | 12,325. | | | | 12,325. | |
| | CHURCH-3818 BALL- GENERATOR | 09/07/22 | | | | | | | 17,500. | | | | 17,500. | |

| 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 |
|--------------|---|------------------|--------|------|------------------|-----------------------------|------------------|------------------------|-----------------------|---------------------------|--|-------------------------------|---------------------------|---------------------------------------|
| 90 | KYOCERA PRINTER | 08/03/22 | 200DB | 5.00 | MQ191 | B 4,970. | | | 4,970. | | | | 4,970. | |
| 91 | INDUSTRIAL FREEZER | 01/25/22 | 200DB | 5.00 | MQ191 | 2,515. | | | 2,515. | | | | 2,515. | |
| 93 | WIRELESS RECEIVERS | 02/11/21 | 200DB | 5.00 | нү17 | 3,000. | | | | 3,000. | | | 1,200. | 1,200. |
| | * 990 PAGE 10 TOTAL FURNITURE & FIXTURES | | | | | 60,915. | | | 50,136. | 10,779. | 7,520. | | 38,723. | 8,933. |
| | MACHINERY & EQUIPMENT | | | | | | | | | | | | | |
| 63 | (D)PLAYGROUND EQUIPMENT | 09/15/17 | 200DB | 7.00 | ну17 | 4,200. | | | 2,100. | 2,100. | 1,631. | | 94. | 1,725. |
| 66 | PORTABLE WAREHOUSE | 06/07/18 | 200DB | 7.00 | НҮ17 | 4,860. | | | 4,860. | | | | 0. | |
| | * 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT | | | | | 9,060. | | | 6,960. | 2,100. | 1,631. | | 94. | 1,725. |
| | TRANSPORTATION EQUIPMENT | | | | | | | | | | | | | |
| 29 | (D)TRAILER | 11/12/13 | 200DB | 7.00 | НҮ17 | 1,500. | | | | 1,500. | 1,500. | | 0. | 1,500. |
| 67 | GMC VAN | 01/07/18 | 200DB | 5.00 | НҮ17 | 30,112. | | | | 30,112. | 24,909. | | 3,469. | 28,378. |
| 86 | TRAILER | 11/09/21 | 200DB | 5.00 | MQ17 | 13,593. | | | 13,593. | | | | 0. | |
| 94 | 2008 TOYOTA TUNDRA TRUCK | 05/18/21 | 200DB | 5.00 | нү17 | 9,626. | | | | 9,626. | | | 3,850. | 3,850. |
| | * 990 PAGE 10 TOTAL TRANSPORTATION EQUIPMENT | | | | | 54,831. | | | 13,593. | 41,238. | 26,409. | | 7,319. | 33,728. |
| | * GRAND TOTAL 990 PAGE 10 DEPR | | | | | 1,188,525. | | | 161,863. | 1,026,662. | 179,214. | | 125,293. | 215,582. |
| | | | | | | | | | | | | | | |
| | CURRENT YEAR ACTIVITY | | | | | | | | | | | | | |
| | BEGINNING BALANCE | | | | | 1,099,600. | | | 72,938. | 1,026,662. | 179,214. | | | 215,582. |

| Asset No. | Description | Date Acquired | Method | Life | C o n v | 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 | | | | | | 88,925. | | | 88,925. | 0. | 0. | | | 0. |
| | DISPOSITIONS/RETIRED | | | | | | 5,700. | | | 2,100. | 3,600. | 3,131. | | | 3,225. |
| | ENDING BALANCE | | | | | | 1,182,825. | | | 159,763. | 1,023,062. | 176,083. | | | 212,357. |
| | ENDING ACCUM DEPR LESS DISPOSITIONS | | | | | | | | | | | 372,120. | | | |
| | ENDING BOOK VALUE | | | | | | | | | | | 810,705. | | | |
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Depreciation and Amortization (Including Information on Listed Property)

Attach to your tax return.

990

OMB No. 1545-0172

Attachment Sequence No. **179**

Department of the Treasury Internal Revenue Service Name(s) shown on return

Go to www.irs.gov/Form4562 for instructions and the latest information.

Business or activity to which this form relates

Identifying number

| GAI | VESTON URBAN MINIS | TRIES | | FOR | M 990 | PAGE 10 | | 27-4207828 |
|------------------------------------|---|--|--------------------------------|---|----------------------------------|----------------------------|--|----------------------------|
| Par | t Election To Expense Certain Prope | rty Under Section 1 | 79 Note: If yo | u have any lis | sted proper | ty, complete Par | t V before | you complete Part I. |
| 1 M | Maximum amount (see instructions) | | | | | | 1 | 1,080,000. |
| 2 T | otal cost of section 179 property place | | | | | | | |
| | hreshold cost of section 179 property | | | | | | | 2,700,000. |
| | Reduction in limitation. Subtract line 3 | | | | | | | |
| | ollar limitation for tax year. Subtract line 4 from line | | | | | | | |
| 6 | (a) Description of pr | operty | | (b) Cost (busin | ess use only) | (c) Elected | cost | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | isted property. Enter the amount from | | | | | | | |
| | otal elected cost of section 179 prope | | | | | | | |
| | entative deduction. Enter the smaller | | | | | | | |
| | carryover of disallowed deduction fron | | | | | | | |
| | susiness income limitation. Enter the s | | | | | | | |
| | ection 179 expense deduction. Add li | | | | | | 12 | |
| | Carryover of disallowed deduction to 2 | | | | 13 | | | |
| Par | Don't use Part II or Part III below for | | | | a liated are | norty) | | |
| | Operation 2 operation and the | | | - | | • • | | 1 |
| | special depreciation allowance for qua | | | | | _ | 14 | 88,925. |
| | ne tax year Property subject to section 168(f)(1) ele | | | | | | | 00,525. |
| | Other depreciation (including ACRS) | | | | | | 16 | 2,432. |
| Par | | include listed pro | | | | | 10 | 2,1321 |
| | писто дорговино (доп | in i | | ction A | | | | |
| 17 N | AACRS deductions for assets placed | in service in tax v | ears beginnin | a before 202 | 2 | | 17 | 33,936. |
| | you are electing to group any assets placed in ser | • | • | • | | | | |
| | Section B - Assets | Placed in Service | ce During 20 | 22 Tax Year | Using the (| General Depreci | ation Syst | tem |
| | (a) Classification of property | (b) Month and year placed in service | (business/in | depreciation vestment use instructions) | (d) Recov | | (f) Method | (g) Depreciation deduction |
| 19a | 3-year property | | <u> </u> | | | | | |
| b | 5-year property | | | | | | | |
| | 7-year property | | | | | | | |
| d | 10-year property | | | | | | | |
| e | 15-year property | | | | | | | |
| f | 20-year property | | | | | | | |
| g | 25-year property | | | | 25 yrs | | S/L | |
| | | / | | | 27.5 yr | | S/L | |
| h | Residential rental property | / | | | 27.5 yr | s. MM | S/L | |
| | | / | | | 39 yrs | | S/L | |
| i | | | | | 1 00 310 | | | |
| | Nonresidential real property | / | | | 00 910 | ММ | S/L | |
| | Nonresidential real property Section C - Assets F | / Placed in Service | During 2022 | 2 Tax Year U | | ММ | S/L | stem |
| | | / Placed in Service | During 2022 | 2 Tax Year U | | ММ | S/L | stem |
| 20a b | Section C - Assets F | / Placed in Service | During 2022 | 2 Tax Year U | sing the Al | MM ternative Depre | S/L ciation Sy | stem |
| | Section C - Assets F | /Placed in Service | During 2022 | 2 Tax Year U | sing the Al | MM ternative Depre | S/L ciation Sy S/L | stem |
| b c d | Section C - Assets F Class life 12-year 30-year 40-year | | During 2022 | 2 Tax Year U | sing the Al | MM ternative Depre | S/L ciation Sy S/L S/L | stem |
| b c | Section C - Assets F Class life 12-year 30-year 40-year | / | During 2022 | 2 Tax Year U | sing the Al | MM ternative Depre | S/L ciation Sy S/L S/L S/L | stem |
| b c d Par 21 L | Section C - Assets F Class life 12-year 30-year 40-year t IV Summary (See instructions.) isted property. Enter amount from line | / / | | | sing the Al 12 yrs 30 yrs 40 yrs | MM ternative Depre MM . MM | S/L ciation Sy S/L S/L S/L | stem |
| b c d Par 21 L 22 T | Section C - Assets F Class life 12-year 30-year 40-year † IV Summary (See instructions.) isted property. Enter amount from line otal. Add amounts from line 12, lines | / / e 2814 through 17, lin | nes 19 and 20 |) in column (g | sing the Al 12 yrs 30 yrs 40 yrs | MM ternative Depre | S/L ciation Sy S/L S/L | |
| b c d Par 21 L 22 T | Section C - Assets F Class life 12-year 30-year 40-year t IV Summary (See instructions.) isted property. Enter amount from line | / / e 28 | nes 19 and 20 artnerships a |) in column (g | sing the Al 12 yrs 30 yrs 40 yrs | MM ternative Depre | S/L ciation Sy S/L S/L | 125,293. |

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

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.

| Section A Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.) 2a la toyee is the evidence insupport the business/investment use claimed? Wes No 24b ft "Yes," is the evidence written? Ves No 15b (15b (15b (15b (15b (15b (15b (15b | 24b, columns | (a) till ougil (c |) or section A | , all Ol O | ection b | , and o | ection C | л арр | ilcabic. | | | | | | |
|--|------------------------------------|-------------------|---------------------------------------|--------------|-----------|----------|----------------------------|---------|------------------------|------------|-----------|------------------|-----------|------------------------------------|----------------|
| (a) Type (Irpoperty (Isla whickes first)) Description (Isla whickes first) Description (Isla whickes first | Section A | - Depreciation | on and Other | Informa | tion (Ca | aution: | See the | instruc | tions for li | mits for | passeng | jer autor | nobiles.) | | |
| Type of lytoperty (list vehicles iss) Plazed at Business Bu | 24a Do you have evidence to | support the bu | siness/investme | nt use cla | aimed? | Y | es 🗆 | _ No | 24b If "Y | es," is th | ne evide | nce writ | ten? | Yes | No |
| used more than 50% in a qualified business use: 26 Property used more than 50% in a qualified business use: 27 Property used 50% or less in a qualified business use: 28 Property used 50% or less in a qualified business use: 29 Property used for less in a qualified business use: 29 Property used 50% or less in a qualified business use: 29 Property used 50% or less in a qualified automorphism property in a property in a qualified business use: 20 Property used 50% or less in a qualified business use: 20 Property used 50% or less in a qualified business use: 20 Property used for in a qualified business use: 20 Prope | Type of property | Date placed in | Business/ investment | l ot | Cost or | (hı | sis for dep usiness/inv | estment | Recovery | Me | thod/ | Depreciation | | Ele sectio | cted in 179 |
| 27 Property used more than 50% in a qualified business use: 28 Property used 50% or less in a qualified business use: 29 Property used 50% or less in a qualified business use: 20 SAL - | 25 Special depreciation all | owance for o | ualified listed | property | placed | in serv | ice durir | g the t | ax year an | ıd | | | | | |
| 1 | used more than 50% in | a qualified b | usiness use | | | | | | | | . 25 | | | | |
| 96 St. | 26 Property used more that | an 50% in a c | ualified busin | ess use: | | | | | | | | | | | |
| 27 Property used 50% or less in a qualified business use: | | 1 1 | ç | 6 | | | | | | | | | | | |
| Property used 50% or less in a qualified business use: | | 1 1 | ç | 6 | | | | | | | | | | | |
| 1 | | | | | | | | | | | | | | | |
| 96 | 27 Property used 50% or I | ess in a qual | ified business | use: | | | | | 1 | | | | | | |
| 28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 | | 1 1 | | | | _ | | | | + | | | | | |
| 28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 | | 1 1 | | | | | | | | + | | | | | |
| 29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 Section B - Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles. 20 Total business/investment miles driven during the year (don't include commuting miles) 31 Total commuting miles driven during the year. 32 Total other personal (noncommuting) miles driven during the year. 33 Total miles driven during the year. 34 Was the vehicle available for personal use during off-duty hours? 35 Was the vehicle available for personal use during off-duty hours? 36 Is another vehicle available for personal use than 5% owner or related person? 36 Is another vehicle used primarily by a more than 5% owners or related person? 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? 39 Do you treat all use of vehicles by employees as personal use? 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? 41 Do you meet the requirements concerning qualified automorbile demonstration use? 42 Amortization of costs that begins during your 2022 tax year. 43 Amortization of costs that began before your 2022 tax year. | | 1 1 | · · · · · · · · · · · · · · · · · · · | - 1 | | | | | | | | | | | |
| Section B - Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles. 1 | | | | | | | | | | | | | | | |
| Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles. 30 Total business/investment miles driven during the year (4on't include commuting miles) 31 Total commuting miles driven during the year 32 Total other personal (noncommuting) miles driven during the year. Add lines 30 through 32. 34 Was the vehicle available for personal use during off-duty hours? 35 Was the vehicle available for personal use than 5% owner or related person? 36 Is another vehicle available for personal use? Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons. 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners. 39 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners. 30 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? 41 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? 42 Amortization of costs that begins during your 2022 tax year. 43 Amortization of costs that begins during your 2022 tax year. | 29 Add amounts in column | n (i), line 26. E | | | | | | | | | | | . 29 | | |
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| 31 Total commuting miles driven during the year | | | • | 1 | | 1 | | | | | | | | | - |
| Total other personal (noncommuting) miles driven are related personal use during the year. Add lines 30 through 32. 34 Was the vehicle available for personal use during off-duty hours? 35 Was the vehicle used primarily by a more than 5% owner or related person? 36 Is another vehicle available for personal use? Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons. 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? 39 Do you treat all use of vehicles by employees as personal use? 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? 41 Do you meet the requirements concerning qualified automobile demonstration use? Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles. Part VI Amortization (a) (b) (a) (c) (d) (e) (minimation periodic precentings) Amortization of costs that begins during your 2022 tax year: 43 Amortization of costs that began before your 2022 tax year: | | - , | | | | | | 1 | | | | | | | |
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| during off-duty hours? 35 Was the vehicle used primarily by a more than 5% owner or related person? 36 Is another vehicle available for personal use? Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons. 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners 39 Do you treat all use of vehicles by employees as personal use? 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? 41 Do you meet the requirements concerning qualified automobile demonstration use? Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles. Part VI Amortization (a) Code Amortization period or percentage Amortization for this year 42 Amortization of costs that begins during your 2022 tax year: 43 Amortization of costs that began before your 2022 tax year. | Add lines 30 through 32 | 2 | | | , | | | | | | | | | | |
| 35 Was the vehicle used primarily by a more than 5% owner or related person? 36 Is another vehicle available for personal use? Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons. 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners 39 Do you treat all use of vehicles by employees as personal use? 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles. Part VI Amortization (a) Description of costs (b) Date amortizable amount (c) Description of costs (d) Amortizable amount (e) Amortization period or percentage Amortization of costs that begins during your 2022 tax year: 42 Amortization of costs that began before your 2022 tax year: | | • | | Yes | No | Yes | No | Yes | s No | Yes | No | Yes | No | Yes | No |
| than 5% owner or related person? Is another vehicle available for personal use? Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons. 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners 39 Do you treat all use of vehicles by employees as personal use? 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? 41 Do you meet the requirements concerning qualified automobile demonstration use? Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles. Part VI Amortization Description of costs that begins during your 2022 tax year: 43 Amortization of costs that began before your 2022 tax year. | | | | | | | | | | | | | | | |
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