

Form **990**Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public.
▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015
 Open to Public
 Inspection
A For the 2015 calendar year, or tax year beginning , and ending


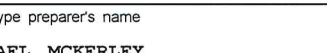
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization SALAMA URBAN MINISTRIES, INC.		D Employer identification number 58-2198012
	Doing business as 1205 8TH AVE. SOUTH		E Telephone number Room/suite
	Number and street (or P.O. box if mail is not delivered to street address) 1205 8TH AVE. SOUTH		City or town, state or province, country, and ZIP or foreign postal code NASHVILLE TN 37203
	City or town, state or province, country, and ZIP or foreign postal code NASHVILLE TN 37203		G Gross receipts \$ 898,460
	F Name and address of principal officer: DAWANA L. WADE 1205 EIGHTH AVE. SOUTH NASHVILLE TN 37203		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: SALAMASERVES.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other			L Year of formation: 1993
			M State of legal domicile: TN

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO SUPPORT FAMILIES AND EQUIP YOUTH WITH THE SKILLS AND VALUES NEEDED FOR SUCCESS.			
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	3 Number of voting members of the governing body (Part VI, line 1a)	3	20	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	20	
	5 Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	31	
	6 Total number of volunteers (estimate if necessary)	6	250	
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0	
	b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
	Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
		9 Program service revenue (Part VIII, line 2g)	938,782	860,529
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		20,712	26,024	
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0	0	
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		-73,194	-22,686	
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	886,300	863,867	
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0	
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0	0	
	16a Professional fundraising fees (Part IX, column (A), line 11e)	678,355	594,665	
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 156,847		0	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	261,889	252,990	
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	940,244	847,655	
Net Assets or Fund Balances	19 Revenue less expenses. Subtract line 18 from line 12	-53,944	16,212	
	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year	
	21 Total liabilities (Part X, line 26)	984,950	987,665	
	22 Net assets or fund balances. Subtract line 21 from line 20	553,950	540,453	
		431,000	447,212	

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer 		Date	
	GREG HUDDLESTON Type or print name and title		DIRECTOR	
Paid Preparer Use Only	Print/Type preparer's name MICHAEL MCKERLEY	Preparer's signature 	Date 11/10/16	Check <input type="checkbox"/> if self-employed <input type="checkbox"/> PTIN P00037316
	Firm's name ▶ MCKERLEY & NOONAN, PC, CPA		Firm's EIN ▶ 62-1797916	
	Firm's address ▶ 104 WOODMONT BLVD STE 120 NASHVILLE, TN 37205-2311		Phone no. 615-279-0088	

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

☐ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2015)