

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](http://www.irs.gov/form990).**

OMB No. 1545-0047

**2016**  
**Open to Public Inspection**

**A For the 2016 calendar year, or tax year beginning 07/01/16, and ending 06/30/17**

**B** Check if applicable:

- ☐ Address change  
☐ Name change  
☐ Initial return  
☐ Final return/terminated  
☐ Amended return  
☐ Application pending

**C** Name of organization

**SALAMA URBAN MINISTRIES, INC.**

Doing business as

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

**1205 8TH AVE. SOUTH**

Room/suite

City or town, state or province, country, and ZIP or foreign postal code

**NASHVILLE**

**TN 37203**

**D** Employer identification number

**\*\* - \*\*\*8012**

**E** Telephone number

**G** Gross receipts \$ **795,472**

**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? ☐ Yes ☒ No

**H(b)** Are all subordinates included? ☐ Yes ☐ No

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

**I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) **t** (insert no.) ☐ 4947(a)(1) or ☐ 527

**J** Website: **u** **SALAMASERVES.ORG**

**H(c)** Group exemption number **u**

**K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other **u**

**L** Year of formation: **1993**

**M** State of legal domicile: **TN**

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities:		
	<b>TO SUPPORT FAMILIES AND EQUIP YOUTH WITH THE SKILLS AND VALUES NEEDED FOR SUCCESS.</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>10</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>10</b>
	<b>5</b> Total number of individuals employed in calendar year 2016 (Part V, line 2a)	<b>5</b>	<b>26</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>0</b>
<b>Revenue</b>	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0</b>
	<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<b>0</b>
	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>300,735</b>	<b>767,388</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>9,478</b>	<b>25,584</b>
<b>Expenses</b>	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		<b>0</b>
	<b>12</b> Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>-39,057</b>	<b>-43,501</b>
	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3)	<b>271,156</b>	<b>749,471</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		<b>0</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	<b>217,976</b>	<b>469,615</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		<b>0</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) <b>u</b> <b>98,341</b>		
<b>Net Assets or Fund Balances</b>	<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	<b>115,317</b>	<b>281,313</b>
	<b>18</b> Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	<b>333,293</b>	<b>750,928</b>
	<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>-62,137</b>	<b>-1,457</b>
	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	<b>21</b> Total liabilities (Part X, line 26)	<b>915,061</b>	<b>915,343</b>
<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>529,986</b>	<b>531,725</b>	
		<b>385,075</b>	<b>383,618</b>

**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.

<b>Sign Here</b>	Signature of officer		Date			
	<b>GREG HUDDLESTON</b>		<b>DIRECTOR/PRES</b>			
<b>Paid Preparer Use Only</b>	Print/Type preparer's name		Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	<b>MICHAEL MCKERLEY</b>			<b>03/23/18</b>		<b>*****</b>
	Firm's name } <b>MCKERLEY &amp; NOONAN, PC, CPA</b>		Firm's EIN } <b>** - ***7916</b>			
	Firm's address } <b>104 WOODMONT BLVD STE 120</b>		Phone no. <b>615-279-0088</b>			
	Firm's address } <b>NASHVILLE, TN 37205-2311</b>					

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** (2016)

**Part III Statement of Program Service Accomplishments**Check if Schedule O contains a response or note to any line in this Part III ☐**1** Briefly describe the organization's mission:**TO SUPPORT FAMILIES AND EQUIP YOUTH WITH THE SKILLS AND VALUES NEEDED FOR SUCCESS.****2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4a** (Code: ) (Expenses \$ **511,351** including grants of \$ ) (Revenue \$ )**FOR MORE THAN 25 YEARS, SALAMA (SWAHILI WORD FOR PEACE) HAS SERVED THE GREATER NASHVILLE AREA BY PROVIDING LIFE-CHANGING PROGRAMS THAT EQUIP CHILDREN WITH SKILLS NEEDED FOR SUCCESS IN LIFE.****TODAY, THE SALAMA INSTITUTE PROVIDES A YEAR-ROUND, 5-DAY/WEEK EXTENDED LEARNING PROGRAM THAT DEVELOPS YOUTH INTO VALUE GUIDED LEADERS. WE SERVE GRADES K-12. WE INVEST APPROXIMATELY 650 HOURS A YEAR OF INSTRUCTION PER STUDENT IN ACADEMICS, THE PERFORMING ARTS, AND SPIRITUAL DEVELOPMENT IN THE CHRISTIAN FAITH.****SALAMA IS PARTNERING WITH FAMILIES IN NEED TO HELP THEM REACH GOD-GIVEN DREAMS FOR THEIR CHILDREN.****4b** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )**4c** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )**4d** Other program services (Describe in Schedule O.)

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

**4e** Total program service expenses **u 511,351**

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	<b>X</b>	
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	<b>X</b>	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		<b>X</b>
<b>4 Section 501(c)(3) organizations.</b> 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		<b>X</b>
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		<b>X</b>
<b>6</b> 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		<b>X</b>
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		<b>X</b>
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		<b>X</b>
<b>9</b> Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		<b>X</b>
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V		<b>X</b>
<b>11</b> 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.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	<b>X</b>	
<b>b</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		<b>X</b>
<b>c</b> 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		<b>X</b>
<b>d</b> 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		<b>X</b>
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		<b>X</b>
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	<b>X</b>	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII		<b>X</b>
<b>b</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		<b>X</b>
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		<b>X</b>
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?		<b>X</b>
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, 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		<b>X</b>
<b>15</b> 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		<b>X</b>
<b>16</b> 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		<b>X</b>
<b>17</b> 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)		<b>X</b>
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	<b>X</b>	
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		<b>X</b>

**Part IV Checklist of Required Schedules (continued)**

	Yes	No
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		<b>X</b>
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		<b>X</b>
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		<b>X</b>
<b>23</b> 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? <i>If "Yes," complete Schedule J</i>		<b>X</b>
<b>24a</b> 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		<b>X</b>
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		<b>X</b>
<b>b</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? <i>If "Yes," complete Schedule L, Part I</i>		<b>X</b>
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		<b>X</b>
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		<b>X</b>
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		<b>X</b>
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		<b>X</b>
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		<b>X</b>
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		<b>X</b>
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		<b>X</b>
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		<b>X</b>
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		<b>X</b>
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		<b>X</b>
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, or IV, and Part V, line 1</i>		<b>X</b>
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?		<b>X</b>
<b>b</b> 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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		<b>X</b>
<b>37</b> 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? <i>If "Yes," complete Schedule R, Part VI</i>		<b>X</b>
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	<b>X</b>	

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

		Yes	No
<b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	<b>1a</b> 5		
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	<b>1b</b> 0		
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<b>1c</b>		
<b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	<b>2a</b> 26		
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	<b>2b</b>	X	
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>		X
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	<b>3b</b>		
<b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<b>4a</b>		X
<b>b</b> If "Yes," enter the name of the foreign country: <b>u</b> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>		X
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>		X
<b>c</b> If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>		
<b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	<b>6a</b>		X
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>			
<b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	<b>7a</b>	X	
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>	X	
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>		X
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b>		
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>		X
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>		X
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>		X
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>		X
<b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	<b>8</b>		
<b>9 Sponsoring organizations maintaining donor advised funds.</b>			
<b>a</b> Did the sponsoring organization make any taxable distributions under section 4966?	<b>9a</b>		
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>		
<b>10 Section 501(c)(7) organizations.</b> Enter:			
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>		
<b>11 Section 501(c)(12) organizations.</b> Enter:			
<b>a</b> Gross income from members or shareholders	<b>11a</b>		
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>		
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>		
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>		
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>			
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>		
<b>b</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	<b>13b</b>		
<b>c</b> Enter the amount of reserves on hand	<b>13c</b>		
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>		X
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	<b>14b</b>		

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

**Section A. Governing Body and Management**

	1a	10	1b	10	Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		10		10		
<b>b</b> Enter the number of voting members included in line 1a, above, who are independent						
<b>2</b> 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
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?					3	X
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?					4	X
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?					5	X
<b>6</b> Did the organization have members or stockholders?					6	X
<b>7a</b> 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>b</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
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:						
<b>a</b> The governing body?					8a	X
<b>b</b> Each committee with authority to act on behalf of the governing body?					8b	X
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O					9	X

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

	Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates?	10a	X
<b>b</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	
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X
<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	X
<b>13</b> Did the organization have a written whistleblower policy?	13	X
<b>14</b> Did the organization have a written document retention and destruction policy?	14	X
<b>15</b> 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?		
<b>a</b> The organization's CEO, Executive Director, or top management official	15a	X
<b>b</b> Other officers or key employees of the organization	15b	X
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
<b>16a</b> 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>b</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	

**Section C. Disclosure**

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

**18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

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

**20** State the name, address, and telephone number of the person who possesses the organization's books and records: **u**

**THE ORGANIZATION**  
**NASHVILLE**

**1205 8TH AVENUE S.**

**TN 37203**

**615-251-4050**

**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 instructions for definition of "key employee."

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JOHN GIFFORD	0.00									
DIRECTOR	0.00	X						0	0	0
(2) GREG HUDDLESTON	0.00									
DIRECTOR/PRES	0.00	X		X				0	0	0
(3) GLORIA TOWNER	0.00									
DIRECTOR	0.00	X						0	0	0
(4) BEN PATTON	0.00									
DIRECTOR	0.00	X						0	0	0
(5) BRIAN CAMP	0.00									
DIRECTOR	0.00	X						0	0	0
(6) DAHNA WRIGHT	0.00									
DIRECTOR	0.00	X						0	0	0
(7) RICHMOND WILLIAMS	0.00									
DIRECTOR	0.00	X						0	0	0
(8) WARREN SMITH	0.00									
DIRECTOR	0.00	X						0	0	0
(9) ABBY VAN VALKENBURGH	0.00									
DIRECTOR	0.00	X						0	0	0
(10) HUNTER HUMPHREYS	0.00									
DIRECTOR	0.00	X						0	0	0
(11) GEORGE COOK	0.00									
DIRECTOR	0.00	X						0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) <b>JAMES TAPP</b>	0.00									
<b>DIRECTOR</b>	0.00	X						0	0	0
(13) <b>DAWANA L. WADE</b>	40.00									
<b>EXECUTIVE DIRECTOR</b>	0.00			X				85,000	0	0
<b>1b Sub-total</b>								<b>85,000</b>		
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>								<b>85,000</b>		

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

**3** Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

	Yes	No
<b>3</b>		<b>X</b>
<b>4</b>		<b>X</b>
<b>5</b>		<b>X</b>

**4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

**5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

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



**Part VIII Statement of Revenue**Check if Schedule O contains a response or note to any line in this Part VIII ☐

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns .....	<b>1a</b> 11,784				
	<b>b</b> Membership dues .....	<b>1b</b>				
	<b>c</b> Fundraising events .....	<b>1c</b> 140,361				
	<b>d</b> Related organizations .....	<b>1d</b>				
	<b>e</b> Government grants (contributions) .....	<b>1e</b> 304,398				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .....	<b>1f</b> 310,845				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$ .....					
	<b>h</b> <b>Total.</b> Add lines 1a-1f .....	<b>u</b> 767,388				
<b>Program Service Revenue</b>	<b>2a</b> <b>TUITION</b> .....	<b>Busn. Code</b>	25,584	25,584		
	<b>b</b> .....					
	<b>c</b> .....					
	<b>d</b> .....					
	<b>e</b> .....					
	<b>f</b> All other program service revenue .....					
	<b>g</b> <b>Total.</b> Add lines 2a-2f .....	<b>u</b> 25,584				
	<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....	<b>u</b>			
<b>4</b> Income from investment of tax-exempt bond proceeds .....		<b>u</b>				
<b>5</b> Royalties .....		<b>u</b>				
<b>6a</b> Gross rents .....		(i) Real (ii) Personal				
<b>b</b> Less: rental exps. ....						
<b>c</b> Rental inc. or (loss) .....						
<b>d</b> Net rental income or (loss) .....		<b>u</b>				
<b>7a</b> Gross amount from sales of assets .....		(i) Securities (ii) Other				
<b>b</b> Less: cost or other basis & sales exps. ....						
<b>c</b> Gain or (loss) .....						
<b>d</b> Net gain or (loss) .....		<b>u</b>				
<b>8a</b> Gross income from fundraising events (not including \$ 140,361 of contributions reported on line 1c). See Part IV, line 18 .....		<b>a</b>				
<b>b</b> Less: direct expenses .....		<b>b</b> 46,001				
<b>c</b> Net income or (loss) from fundraising events .....		<b>u</b> -46,001				
<b>9a</b> Gross income from gaming activities. See Part IV, line 19 .....		<b>a</b>				
<b>b</b> Less: direct expenses .....		<b>b</b>				
<b>c</b> Net income or (loss) from gaming activities .....		<b>u</b>				
<b>10a</b> Gross sales of inventory, less returns and allowances .....		<b>a</b>				
<b>b</b> Less: cost of goods sold .....		<b>b</b>				
<b>c</b> Net income or (loss) from sales of inventory .....		<b>u</b>				
Miscellaneous Revenue		<b>Busn. Code</b>				
<b>11a</b> <b>OTHER INCOME</b> .....		2,500			2,500	
<b>b</b> .....						
<b>c</b> .....						
<b>d</b> All other revenue .....						
<b>e</b> <b>Total.</b> Add lines 11a-11d .....	<b>u</b> 2,500					
<b>12</b> <b>Total revenue.</b> See instructions. ....	<b>u</b> 749,471	25,584	0	2,500		

**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).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	85,000	34,000	51,000	
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	345,465	261,064	16,338	68,063
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	2,940	1,260		1,680
<b>9</b> Other employee benefits	3,230	1,260	1,130	840
<b>10</b> Payroll taxes	32,980	19,972	7,801	5,207
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management				
<b>b</b> Legal				
<b>c</b> Accounting	11,700		11,700	
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	18,872	14,155	4,717	
<b>12</b> Advertising and promotion	4,294			4,294
<b>13</b> Office expenses	26,533	22,330	2,875	1,328
<b>14</b> Information technology	21,461		11,636	9,825
<b>15</b> Royalties				
<b>16</b> Occupancy	54,536	43,903	10,633	
<b>17</b> Travel	25,608	25,198	410	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings				
<b>20</b> Interest	23,677	20,430	3,247	
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	30,545	27,491	1,527	1,527
<b>23</b> Insurance	4,694	2,327	2,367	
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> <b>FOOD EXPENSE</b>	24,380	24,272		108
<b>b</b> <b>OTHER EXPENSES</b>	15,331	1,374	10,851	3,106
<b>c</b> <b>CURRICULUM</b>	4,219	4,219		
<b>d</b> <b>EQUIP RENTAL</b>	3,448	3,335	113	
<b>e</b> All other expenses	12,015	4,761	4,891	2,363
<b>25</b> Total functional expenses. Add lines 1 through 24e	750,928	511,351	141,236	98,341
<b>26</b> 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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**Check if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest bearing .....	<b>90,103</b>	<b>1</b>	<b>101,744</b>
	<b>2</b> Savings and temporary cash investments .....		<b>2</b>	
	<b>3</b> Pledges and grants receivable, net .....	<b>37,000</b>	<b>3</b>	<b>52,413</b>
	<b>4</b> Accounts receivable, net .....		<b>4</b>	
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	<b>50</b>	<b>9</b>	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> <b>1,583,757</b>		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> <b>822,571</b>	<b>10c</b>	<b>761,186</b>
	<b>11</b> Investments—publicly traded securities .....		<b>11</b>	
	<b>12</b> Investments—other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments—program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....		<b>15</b>	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	<b>915,061</b>	<b>16</b>	<b>915,343</b>	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	<b>17,021</b>	<b>17</b>	<b>28,507</b>
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....	<b>428,866</b>	<b>23</b>	<b>427,362</b>
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....	<b>84,099</b>	<b>24</b>	<b>75,856</b>
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....		<b>25</b>	
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	<b>529,986</b>	<b>26</b>	<b>531,725</b>
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets .....	<b>385,075</b>	<b>27</b>	<b>374,293</b>
	<b>28</b> Temporarily restricted net assets .....		<b>28</b>	<b>9,325</b>
	<b>29</b> Permanently restricted net assets .....		<b>29</b>	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>	
<b>33</b> Total net assets or fund balances .....	<b>385,075</b>	<b>33</b>	<b>383,618</b>	
<b>34</b> Total liabilities and net assets/fund balances .....	<b>915,061</b>	<b>34</b>	<b>915,343</b>	

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI ☐

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	<b>749,471</b>
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	<b>750,928</b>
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	<b>-1,457</b>
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	<b>385,075</b>
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	<b>383,618</b>

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		<b>X</b>
<b>b</b> Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		<b>X</b>
<b>c</b> If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		
<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

**SCHEDULE A**  
(Form 990 or 990-EZ)Department of the Treasury  
Internal Revenue Service**Public Charity Status and Public Support**

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

**u Attach to Form 990 or Form 990-EZ.****u** Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2016****Open to Public  
Inspection**

Name of the organization

**SALAMA URBAN MINISTRIES, INC.**

Employer identification number

**\*\*-\*\*\*8012****Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						

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

Schedule A (Form 990 or 990-EZ) 2016

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	992,013	938,782	860,529	300,735	767,388	3,859,447
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3	992,013	938,782	860,529	300,735	767,388	3,859,447
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						155,773
<b>6</b> Public support. Subtract line 5 from line 4.						3,703,674

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
<b>7</b> Amounts from line 4	992,013	938,782	860,529	300,735	767,388	3,859,447
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources		10,757	3,020	1,550		15,327
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)					2,500	2,500
<b>11 Total support.</b> Add lines 7 through 10						3,877,274
<b>12</b> Gross receipts from related activities, etc. (see instructions)					12	25,584

**13 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐

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

<b>14</b> Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	95.52 %
<b>15</b> Public support percentage from 2015 Schedule A, Part II, line 14	<b>15</b>	98.35 %

**16a 33 1/3% support test—2016.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here**. The organization qualifies as a publicly supported organization ☒

**b 33 1/3% support test—2015.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

**17a 10%-facts-and-circumstances test—2016.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here**. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ☐

**b 10%-facts-and-circumstances test—2015.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here**. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ☐

**18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ☐

**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) <b>u</b>	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) <b>u</b>	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> <input type="checkbox"/>						

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

<b>15</b> Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2015 Schedule A, Part III, line 15	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2015 Schedule A, Part III, line 17	<b>18</b>	%

**19a 33 1/3% support tests—2016.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

**b 33 1/3% support tests—2015.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
<b>b</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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
<b>c</b> 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)? <i>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.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) 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).</i>		
<b>b</b> <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>9a</b> 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))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> 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)? <i>If "Yes," answer 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		



**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
<b>11a</b>		
<b>b</b> A family member of a person described in (a) above?		
<b>11b</b>		
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) 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 directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
<b>1</b>		
<b>2</b> 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.		
<b>2</b>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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).		
<b>1</b>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
<b>1</b>		
<b>2</b> 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).		
<b>2</b>		
<b>3</b> By reason of the relationship described in (2), 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.		
<b>3</b>		

**Section E. Type III Functionally-Integrated Supporting Organizations**

- 1** Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- a** ☐ The organization satisfied the Activities Test. Complete line 2 below.
- b** ☐ The organization is the parent of each of its supported organizations. Complete line 3 below.
- c** ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).

**2** Activities Test. Answer (a) and (b) below.

	Yes	No
<b>a</b> 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.		
<b>2a</b>		
<b>b</b> Did the activities described in (a) 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.		
<b>2b</b>		
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.		
<b>3a</b>		
<b>b</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.		
<b>3b</b>		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

- 1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4).	8	

Section 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):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> 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-functionally integrated Type III supporting organization (see instructions).

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** (continued)

Section D - Distributions		Current Year	
1	Amounts paid to supported organizations to accomplish exempt purposes		
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity		
3	Administrative expenses paid to accomplish exempt purposes of supported organizations		
4	Amounts paid to acquire exempt-use assets		
5	Qualified set-aside amounts (prior IRS approval required)		
6	Other distributions (describe in Part VI). See instructions.		
7	<b>Total annual distributions.</b> Add lines 1 through 6.		
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.		
9	Distributable amount for 2016 from Section C, line 6		
10	Line 8 amount divided by Line 9 amount		

  

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required-explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2016:			
a			
b			
c From 2013 .....			
d From 2014 .....			
e From 2015 .....			
f <b>Total</b> of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2016 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2016, 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 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 <b>Excess distributions carryover to 2017.</b> Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b Excess from 2013 .....			
c Excess from 2014 .....			
d Excess from 2015 .....			
e Excess from 2016 .....			

**Part VI** **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

**SUPPLEMENTAL INFORMATION**

DUE TO CHANGE IN ACCOUNTING PERIOD, THE COLUMNS ON SCHEDULE A, PART II  
REPRESENT THE FOLLOWING YEAR ENDS:

COLUMN (A) 12/31/12

COLUMN (B) 12/31/13

COLUMN (C) 12/31/14

COLUMN (D) 12/31/15

COLUMN (E) 6/30/16

**SCHEDULE D  
(Form 990)**Department of the Treasury  
Internal Revenue Service**Supplemental Financial Statements****u** 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.**u** Attach to Form 990.**u** Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2016****Open to Public  
Inspection**

Name of the organization

**SALAMA URBAN MINISTRIES, INC.**

Employer identification number

**\*\* - \*\*\*8012****Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 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 advised funds are the organization's property, subject to the organization's exclusive legal control? <input type="checkbox"/> Yes <input type="checkbox"/> No		
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? <input type="checkbox"/> Yes <input type="checkbox"/> No		

**Part II Conservation Easements.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

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

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

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

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register .....	2d

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

4 Number of states where property subject to conservation easement is located **u** .....

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year **u** .....

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year **u** \$ .....

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 **u** \$ .....

(ii) Assets included in Form 990, Part X **u** \$ .....

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

a Revenue included on Form 990, Part VIII, line 1 **u** \$ .....

b Assets included in Form 990, Part X **u** \$ .....

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

**3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a** ☐ Public exhibition **d** ☐ Loan or exchange programs  
**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 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:

- c** Beginning balance .....  
**d** Additions during the year .....  
**e** Distributions during the year .....  
**f** Ending balance .....

	Amount
<b>1c</b>	
<b>1d</b>	
<b>1e</b>	
<b>1f</b>	

**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 ☐ Yes ☐ No

**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 back	(e) Four years back
<b>1a</b> Beginning of year balance .....					
<b>b</b> Contributions .....					
<b>c</b> Net investment earnings, gains, and losses .....					
<b>d</b> Grants or scholarships .....					
<b>e</b> Other expenditures for facilities and programs .....					
<b>f</b> Administrative expenses .....					
<b>g</b> 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 **u** ..... %  
**b** Permanent endowment **u** ..... %  
**c** Temporarily restricted endowment **u** ..... %

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:

- (i)** unrelated organizations .....  
**(ii)** related organizations .....

	Yes	No
<b>3a(i)</b>		
<b>3a(ii)</b>		
<b>3b</b>		

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

**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 depreciation	(d) Book value
<b>1a</b> Land .....				
<b>b</b> Buildings .....		<b>1,149,404</b>	<b>393,018</b>	<b>756,386</b>
<b>c</b> Leasehold improvements .....				
<b>d</b> Equipment .....		<b>365,353</b>	<b>360,955</b>	<b>4,398</b>
<b>e</b> Other .....		<b>69,000</b>	<b>68,598</b>	<b>402</b>
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) <b>u</b>				<b>761,186</b>

**Part VII Investments—Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) <b>u</b>		

**Part VIII Investments—Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.) <b>u</b>		

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) <b>u</b>	

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) <b>u</b>	

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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☒

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

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	945,472
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	196,001
e	Add lines 2a through 2d	2e	196,001
3	Subtract line 2e from line 1	3	749,471
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	749,471

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	946,929
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	196,001
e	Add lines 2a through 2d	2e	196,001
3	Subtract line 2e from line 1	3	750,928
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	750,928

**Part XIII Supplemental Information.**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

**PART X - FIN 48 FOOTNOTE**

THE ORGANIZATION HAS ADOPTED THE GUIDANCE IN ASC 740 ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES. FOR ALL TAX POSITIONS TAKEN BY THE ORGANIZATION, MANAGEMENT BELIEVES IT IS CLEAR THAT THE LIKELIHOOD IS GREATER THAN 50 PERCENT THAT THE FULL AMOUNT OF THE TAX POSITIONS TAKEN WILL BE ULTIMATELY REALIZED. THE ORGANIZATION INCURRED NO INTEREST OR PENALTIES DURING THE YEAR ENDED JUNE 30, 2017.

**PART XI, LINE 2D - REVENUE AMOUNTS INCLUDED IN FINANCIALS - OTHER**

IN-KIND RENT \$ 150,000

DIRECT EVENT EXP \$ 46,001



Part XIII

Supplemental Information

(continued)

PART XII, LINE 2D - EXPENSE AMOUNTS INCLUDED IN FINANCIALS - OTHER

IN-KIND RENT

\$

150,000

DIRECT EVENT EXPENSE

\$

46,001

**SCHEDULE G  
(Form 990 or 990-EZ)**Department of the Treasury  
Internal Revenue Service

Name of the organization

**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.

U Attach to Form 990 or Form 990-EZ.

U Information about Schedule G (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2016**Open to Public  
Inspection**SALAMA URBAN MINISTRIES, INC.**

Employer identification number

**\*\*-\*\*\*8012****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.

- a** ☐ Mail solicitations                      **e** ☐ Solicitation of non-government grants
- b** ☐ Internet and email solicitations      **f** ☐ Solicitation of government grants
- c** ☐ Phone solicitations                      **g** ☐ Special fundraising events
- d** ☐ In-person solicitations

**2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No**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.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
<b>1</b>						
<b>2</b>						
<b>3</b>						
<b>4</b>						
<b>5</b>						
<b>6</b>						
<b>7</b>						
<b>8</b>						
<b>9</b>						
<b>10</b>						
<b>Total</b>						

**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.

		(a) Event #1 <u>PHEASANT HUNT</u> (event type)	(b) Event #2 <u>SONGWRITERS NIG</u> (event type)	(c) Other events <u>NONE</u> (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	85,842	54,519		140,361
	2 Less: Contributions	85,842	54,519		140,361
	3 Gross income (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	2,634	10,377		13,011
	7 Food and beverages	3,450	3,514		6,964
	8 Entertainment				
	9 Other direct expenses	25,044	982		26,026
	10 Direct expense summary. Add lines 4 through 9 in column (d)				46,001
11 Net income summary. Subtract line 10 from line 3, column (d)				-46,001	

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes <input type="checkbox"/> No %	<input type="checkbox"/> Yes <input type="checkbox"/> No %	<input type="checkbox"/> Yes <input type="checkbox"/> No %	
7 Direct expense summary. Add lines 2 through 5 in column (d)					
8 Net gaming income summary. Subtract line 7 from line 1, column (d)					

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain:

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain:

- 11** Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No
- 12** Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13** Indicate the percentage of gaming activity conducted in:
- |                                      |            |   |
|--------------------------------------|------------|---|
| <b>a</b> The organization's facility | <b>13a</b> | % |
| <b>b</b> An outside facility         | <b>13b</b> | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name **u** .....Address **u** .....

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No
- b** If "Yes," enter the amount of gaming revenue received by the organization **u** \$ ..... and the amount of gaming revenue retained by the third party **u** \$ .....
- c** If "Yes," enter name and address of the third party:

Name **u** .....Address **u** .....**16** Gaming manager information:Name **u** .....Gaming manager compensation **u** \$ .....Description of services provided **u** .....
☐ Director/officer
☐ Employee
☐ Independent contractor
**17** Mandatory distributions:

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No
- b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year **u** \$ .....

**Part IV Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information.  
See instructions

**SCHEDULE O**  
**(Form 990 or 990-EZ)**Department of the Treasury  
Internal Revenue Service

Name of the organization

**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.

u Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

**2016****Open to Public  
Inspection**

Employer identification number

**SALAMA URBAN MINISTRIES, INC.****\*\* - \*\*\*8012****FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990****THE 990 IS REVIEWED BY THE PRESIDENT, EXECUTIVE DIRECTOR, AND ACCOUNTANT  
BEFORE FILING.****FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY****ANY DUALITY OF INTEREST OR POSSIBLE CONFLICT OF INTEREST ON THE PART OF ANY  
DIRECTOR SHOULD BE DISCLOSED TO THE OTHER MEMBERS OF THE BOARD AND MADE A  
MATTER OF RECORD, EITHER THROUGH AN ANNUAL PROCEDURE OR WHEN THE INTEREST  
BECOMES A MATTER OF BOARD ACTION. ANY DIRECTOR HAVING A DUALITY OF  
INTEREST OR POSSIBLE CONFLICT OF INTEREST ON ANY MATTER SHOULD NOT VOTE OR  
USE PERSONAL INFLUENCE ON THE MATTER, AND SHOULD NOT BE COUNTED IN  
DETERMINING THE QUORUM FOR THE MEETING, EVEN WHEN PERMITTED BY LAW. THE  
MINUTES OF THE MEETING SHOULD REFLECT THAT A DISCLOSURE WAS MADE, THE  
ABSTENTION FROM VOTING AND THE QUORUM COUNT WITHOUT INCLUSION OF SAID  
DIRECTOR.****FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL****COMPENSATION IS FORMULATED BY THE EXECUTIVE COMMITTEE OF THE BOARD AND PUT  
FORTH TO THE BOARD FOR FULL APPROVAL. COMPENSATION IS BASED ON  
COMPARABILITY DATA AND MARKET RESEARCH ON OTHER LOCAL NON-PROFITS WITH  
SIMILAR MISSION. THE LOCAL CENTER FOR NON-PROFIT MANAGEMENT HAS RESEARCH  
ON SALARIES FOR NON-PROFITS IN NASHVILLE. THE EMPLOYEES QUALITY MANAGEMENT  
PROCESSES AND OUTCOMES ARE REVIEWED TO DETERMINE EFFECTIVENESS.****FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS**

Name of the organization

SALAMA URBAN MINISTRIES, INC.

Employer identification number

\*\*-\*\*\*8012

EMPLOYEES QUALITY MANAGEMENT PROCESSES AND OUTCOMES ARE REVIEWED BY  
ADMINISTRATION AND AN OUTSIDE EVALUATOR. RECOMMENDATIONS ARE BROUGHT  
BEFORE THE BOARD FOR FINAL APPROVAL.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION  
DOCUMENTS ARE MADE AVAILABLE UPON REQUEST.

FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS EXPLANATION

IN-KIND RENT	\$	150,000
DIRECT EVENT EXP	\$	46,001
IN-KIND RENT	\$	-150,000
DIRECT EVENT EXPENSE	\$	-46,001

Form **4562**Department of the Treasury  
Internal Revenue Service (99)**Depreciation and Amortization**  
(Including Information on Listed Property)

u Attach to your tax return.

u Information about Form 4562 and its separate instructions is at [www.irs.gov/form4562](http://www.irs.gov/form4562).

OMB No. 1545-0172

**2016**Attachment  
Sequence No. **179**

Name(s) shown on return

**SALAMA URBAN MINISTRIES, INC.**

Identifying number

**\*\* - \*\*\*8012**

Business or activity to which this form relates

**MISCELLANEOUS****Part I Election To Expense Certain Property Under Section 179****Note:** If you have any listed property, complete Part V before you complete Part I.

<b>1</b>	Maximum amount (see instructions)	<b>1</b>	<b>500,000</b>
<b>2</b>	Total cost of section 179 property placed in service (see instructions)	<b>2</b>	
<b>3</b>	Threshold cost of section 179 property before reduction in limitation (see instructions)	<b>3</b>	<b>2,010,000</b>
<b>4</b>	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	<b>4</b>	
<b>5</b>	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	<b>5</b>	
<b>6</b>	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
<b>7</b>	Listed property. Enter the amount from line 29	<b>7</b>	
<b>8</b>	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	<b>8</b>	
<b>9</b>	Tentative deduction. Enter the <b>smaller</b> of line 5 or line 8	<b>9</b>	
<b>10</b>	Carryover of disallowed deduction from line 13 of your 2015 Form 4562	<b>10</b>	
<b>11</b>	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	<b>11</b>	
<b>12</b>	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	<b>12</b>	
<b>13</b>	Carryover of disallowed deduction to 2017. Add lines 9 and 10, less line 12	<b>13</b>	

**Note:** Don't use Part II or Part III below for listed property. Instead, use Part V.**Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property.) (See instructions.)**

<b>14</b>	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	<b>14</b>	
<b>15</b>	Property subject to section 168(f)(1) election	<b>15</b>	
<b>16</b>	Other depreciation (including ACRS)	<b>16</b>	<b>30,546</b>

**Part III MACRS Depreciation (Don't include listed property.) (See instructions.)****Section A**

<b>17</b>	MACRS deductions for assets placed in service in tax years beginning before 2016	<b>17</b>	<b>0</b>
<b>18</b>	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input checked="" type="checkbox"/> u		

**Section B—Assets Placed in Service During 2016 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
<b>19a</b> 3-year property						
<b>b</b> 5-year property						
<b>c</b> 7-year property						
<b>d</b> 10-year property						
<b>e</b> 15-year property						
<b>f</b> 20-year property						
<b>g</b> 25-year property			25 yrs.		S/L	
<b>h</b> Residential rental property			27.5 yrs.	MM	S/L	
			27.5 yrs.	MM	S/L	
<b>i</b> Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

**Section C—Assets Placed in Service During 2016 Tax Year Using the Alternative Depreciation System**

<b>20a</b> Class life					S/L	
<b>b</b> 12-year			12 yrs.		S/L	
<b>c</b> 40-year			40 yrs.	MM	S/L	

**Part IV Summary (See instructions.)**

<b>21</b>	Listed property. Enter amount from line 28	<b>21</b>	
<b>22</b>	<b>Total.</b> Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	<b>22</b>	<b>30,546</b>
<b>23</b>	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	<b>23</b>	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2016)

DAA

**THERE ARE NO AMOUNTS FOR PAGE 2**

\*\*-\*\*\*8012

**Federal Asset Report**

FYE: 6/30/2017

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
<b>Other Depreciation:</b>									
1	Surge Protector	10/16/96	54			54	7 MO200DB	54	0
2	46X60 Chair Mat	10/16/96	98			98	7 MO200DB	98	0
3	Desk	6/30/96	800			800	7 MO200DB	800	0
4	Credenza	6/30/96	600			600	7 MO200DB	600	0
5	Conference Chairs (6)	6/30/96	600			600	7 MO200DB	600	0
6	Office Chairs (3)	6/30/96	1,050			1,050	7 MO200DB	1,050	0
7	Office Chair	6/30/96	100			100	7 MO200DB	100	0
8	Table and Chairs (4)	6/30/96	500			500	7 MO200DB	500	0
9	Ramp	1/26/96	685			685	7 MO200DB	685	0
10	Architect Services	1/30/96	3,130			3,130	7 MO200DB	3,130	0
11	Printer	10/08/96	600			600	5 MO200DB	600	0
12	Computer	6/30/96	2,000			2,000	5 MO200DB	2,000	0
13	HP Lazer Jet Printer	1/16/97	800			800	5 MO200DB	800	0
14	Carpet	5/16/97	1,100			1,100	7 MO200DB	1,100	0
15	HP Laserjet 6LSE	5/13/97	406			406	5 MO200DB	406	0
16	Refrigerator	6/23/97	640			640	5 MO200DB	640	0
17	Two Drawer File Cabinet	6/30/97	93			93	7 MO200DB	93	0
18	Laminator	6/30/97	1,295			1,295	7 MO200DB	1,295	0
19	Laminator Cabinet	6/30/97	250			250	7 MO200DB	250	0
20	Camcorder	6/11/98	750			750	7 MO200DB	750	0
21	Camera Pentax	6/11/98	360			360	7 MO200DB	360	0
22	Computer Monitor	6/22/98	476			476	5 MO200DB	476	0
23	Epson Printer	12/15/98	530			530	5 MO200DB	530	0
24	Monitor and Scanner	12/15/98	725			725	5 MO200DB	725	0
25	Stacking Chairs and Storage	3/06/98	2,160			2,160	7 MO200DB	2,160	0
26	GE 31in TV	11/06/98	150			150	7 MO200DB	150	0
27	Concrete Slab	2/26/98	2,200			2,200	7 MO200DB	2,200	0
28	Paper Shredder	2/11/99	223			223	5 MO200DB	223	0
29	Gateway Computer	2/11/99	2,538			2,538	5 MO200DB	2,538	0
30	27in TV and VCR	5/05/99	560			560	7 MO200DB	560	0
31	Printer	8/12/99	300			300	5 MO200DB	300	0
32	2 Dell Computers	9/30/99	3,747			3,747	5 MO200DB	3,747	0
33	Gateway Computer	7/30/99	2,671			2,671	5 MO200DB	2,671	0
34	Color Copier	11/04/99	600			600	5 MO200DB	600	0
35	Paper Cutter	12/09/99	238			238	5 MO200DB	238	0
36	Dell Computer	12/16/99	1,895			1,895	5 MO200DB	1,895	0
37	Telephone System	11/11/99	7,162			7,162	7 MO200DB	7,162	0
38	Table & Chairs	11/22/99	1,987			1,987	7 MO200DB	1,987	0
39	Electric Piano	3/07/00	2,189			2,189	5 MO200DB	2,189	0
40	CD Writer	2/23/00	303			303	5 MO200DB	303	0
41	Paper Schredder	4/20/00	82			82	5 MO200DB	82	0
42	Printer	10/12/00	200			200	5 MO200DB	200	0
43	Printer	2/17/00	158			158	5 MO200DB	158	0
45	Cabinets	2/28/00	852			852	7 MO200DB	852	0
46	Bookcase	3/03/00	149			149	7 MO200DB	149	0
47	Ford Van	3/31/00	39,408			39,408	5 MO200DB	39,408	0
49	2 Chadwood Wall Cabinets & 2 Bas	3/12/01	519			519	7 MO200DB	519	0
50	1999 Ford XL Van	4/12/01	12,400			12,400	5 MO200DB	12,400	0
51	Costumes	9/15/01	15,000			15,000	5 MO200DB	15,000	0
52	Dell Dimension 2300	9/04/02	3,595			3,595	5 MO200DB	3,595	0
53	Epson Stylus Printer	4/08/02	255			255	5 MO200DB	255	0
54	Fax Machine	5/14/02	360			360	5 MO200DB	360	0
55	Windows XP	9/11/02	410			410	3 MO S/L	410	0
56	Refrigerator & Stove	2/05/02	2,576			2,576	5 MO200DB	2,576	0
57	2 U-Stations w/ Hutch & Bookcase	3/08/02	825			825	7 MO200DB	825	0
58	10' Conference Table	4/11/02	450			450	7 MO200DB	450	0
59	Building Renovation	3/01/02	690,187			690,187	39 MO S/L	244,073	17,697
60	Telephone System	10/15/03	7,050			7,050	7 MO200DB	7,050	0
61	Powerite 5300 LCD Projector	1/29/03	1,000			1,000	5 MO200DB	1,000	0
62	Epson Scanner	10/27/03	225			225	5 MO200DB	225	0
63	6 Black Leather Executive Chairs	9/25/03	468			468	7 MO200DB	468	0
64	3 Back Mesh-Back Chairs	9/25/03	335			335	7 MO200DB	335	0
65	150 Stack Chairs	12/13/03	5,640			5,640	7 MO200DB	5,640	0
66	145 Teal/Wild Cherry Chairs	12/13/03	12,452			12,452	7 MO200DB	12,452	0
67	Costumes	7/07/03	1,175			1,175	5 MO200DB	1,175	0
68	New Shower - 1203 Bldg	9/30/04	8,830			8,830	39 MO S/L	2,556	227
69	1203 Remodeling	3/11/04	2,161			2,161	39 MO S/L	654	55
70	1203 Remodeling	3/29/04	750			750	39 MO S/L	227	19
71	Carpet - 1203 Bldg	12/29/04	750			750	7 MO200DB	750	0



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**Federal Asset Report**

FYE: 6/30/2017

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per	Conv	Meth	Prior	Current
72	Canon Digital Camera	1/29/04	675				675	5	MO	200DB	675	0
73	Dell Computer - Dimension 3000	9/15/04	2,952				2,952	5	MO	200DB	2,952	0
74	Powershot Digital Camera	7/12/04	380				380	5	MO	200DB	380	0
75	60 Black Chairs	3/30/04	600				600	7	MO	200DB	600	0
76	89 Black Chairs	6/30/04	930				930	7	MO	200DB	930	0
77	Dell Computer (2.8GHz)	10/27/05	962				962	5	MO	200DB	962	0
78	Refrigerator/Freezer/Warmer	12/19/05	5,055				5,055	7	MO	200DB	5,055	0
79	Laminated Shelves	2/12/05	665				665	7	MO	200DB	665	0
80	Mural Painting	11/07/05	8,175				8,175	7	MO	200DB	8,175	0
81	casework	12/05/05	3,570				3,570	7	MO	200DB	3,570	0
82	2004 Honda Accord	11/10/05	16,790				16,790	5	MO	200DB	16,790	0
83	Southbend Range - Oven	6/30/06	4,287				4,287	7	MO	200DB	4,287	0
84	Fax Machine	7/20/06	161				161	7	MO	200DB	161	0
85	Laptop	6/15/06	1,233				1,233	7	MO	200DB	1,233	0
86	Computer Equipment	9/25/06	662				662	5	MO	200DB	662	0
87	Computer Equipment	9/25/06	43				43	5	MO	200DB	43	0
88	Roland Piano (2)	11/03/06	2,782				2,782	7	MO	200DB	2,782	0
89	Whiteboards and Quipment	10/19/06	6,130				6,130	7	MO	200DB	6,130	0
90	Leather Highback Chair (8)	10/19/06	2,437				2,437	7	MO	200DB	2,437	0
91	Highback Chair (2)	11/15/06	590				590	7	MO	200DB	590	0
92	Indiana Desk Board	11/15/06	1,213				1,213	7	MO	200DB	1,213	0
93	Picture Frame	11/27/06	350				350	7	MO	200DB	350	0
94	New Sidewalk	2/21/06	334				334	15	MO	150DB	233	21
95	Gas Line for Stove	6/30/06	1,292				1,292	15	MO	150DB	879	83
96	Thermostat	1/06/06	1,921				1,921	15	MO	150DB	1,344	128
97	Carpet - 1213 8th Ave South	6/20/07	5,198				5,198	7	MO	200DB	5,198	0
98	7.5 ton A/C Unit - 1213 8th Ave	6/05/07	3,043				3,043	15	MO	150DB	1,878	197
99	Magazine Displays	2/16/07	465				465	7	MO	200DB	465	0
100	Laptop Cart	2/28/07	1,920				1,920	7	MO	200DB	1,920	0
101	Office Furniture	3/24/07	1,344				1,344	7	MO	200DB	1,344	0
102	File Cabinet & Book Case	3/25/07	475				475	7	MO	200DB	475	0
103	Bookcase	2/22/07	174				174	7	MO	200DB	174	0
104	Palladio Buffet	3/21/07	1,745				1,745	7	MO	200DB	1,745	0
105	Mini Mobile Unit	7/10/07	543				543	7	MO	200DB	543	0
106	Hufcor 3500	7/06/07	3,780				3,780	7	MO	200DB	3,780	0
107	15 Dell computers	5/23/07	12,832				12,832	5	MO	200DB	12,832	0
108	Dell Laser Printer	5/23/07	458				458	5	MO	200DB	458	0
110	Dell Printer	5/23/07	458				458	5	MO	200DB	458	0
111	Dell PC	5/25/07	1,960				1,960	5	MO	200DB	1,960	0
112	Microsoft Server	6/04/07	3,255				3,255	5	MO	200DB	3,255	0
113	Flash Drive	6/06/07	784				784	5	MO	200DB	784	0
114	Netgear	4/27/07	415				415	5	MO	200DB	415	0
115	Faceplate and Doorcloser	9/12/07	1,166				1,166	7	MO	200DB	1,166	0
116	Camera System	9/30/07	625				625	7	MO	200DB	625	0
117	Screen Protector	6/04/07	934				934	5	MO	200DB	934	0
118	Dell Printer	6/20/07	561				561	5	MO	200DB	561	0
119	Server Stand	6/21/07	468				468	7	MO	200DB	468	0
120	NetGear	6/15/07	2,865				2,865	5	MO	200DB	2,865	0
121	Sharp Stereo Equipment	8/02/07	7,776				7,776	7	MO	200DB	7,776	0
122	Sharp Case	8/07/07	202				202	7	MO	200DB	202	0
123	Sony Equipment	6/08/07	870				870	7	MO	200DB	870	0
124	Pro Team Motor	6/11/07	450				450	7	MO	200DB	450	0
125	Access Control System	7/18/07	26,745				26,745	7	MO	200DB	26,745	0
126	Smartpro Control Equipment	6/21/07	1,142				1,142	7	MO	200DB	1,142	0
127	Access Control System	4/30/07	13,173				13,173	7	MO	200DB	13,173	0
128	Telephone System	5/09/07	2,131				2,131	7	MO	200DB	2,131	0
129	Dell Laptop	2/21/07	1,595				1,595	5	MO	200DB	1,595	0
130	Dell Laptop	2/21/07	4,497				4,497	5	MO	200DB	4,497	0
131	Camera	12/04/07	380				380	7	MO	200DB	380	0
132	Tracking for Laptops	12/10/07	4,450				4,450	5	MO	200DB	4,450	0
133	Dell Computers	4/20/07	13,290				13,290	5	MO	200DB	13,290	0
134	Dell Computers	4/20/07	13,290				13,290	5	MO	200DB	13,290	0
135	Computer Equipment	4/20/07	413				413	5	MO	200DB	413	0
136	Computer Case	4/20/07	458				458	7	MO	200DB	458	0
137	Computer Cart	4/20/07	1,364				1,364	7	MO	200DB	1,364	0
145	Windows Server	6/04/07	5,381				5,381	5	MO	200DB	5,381	0
146	Computer Equipment	9/12/08	2,031				2,031	5	MO	200DB	2,031	0
147	Electronic Whiteboard	4/28/08	330				330	7	MO	200DB	330	0
148	Mural Painting	4/28/08	1,200				1,200	7	MO	200DB	1,200	0
149	1211 8th Avenue	9/30/08	418,967				418,967	39	MO	S/L	78,332	10,743
150	Bathroom Renovation	5/18/09	4,065				4,065	15	MO	150DB	2,027	257

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**Federal Asset Report**

FYE: 6/30/2017

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
151	Sign	11/15/09	790			790	7 MO200DB	738	52
152	Computer Equipment - Dell	3/04/09	843			843	5 MO200DB	843	0
153	Computer & Peripherals - Dell	7/08/09	15,549			15,549	5 MO200DB	15,549	0
155	Computer Equipment	12/19/11	105			105	5 MO200DB	105	0
156	Fencing for Bus	3/28/12	4,002			4,002	15 MO150DB	2,616	139
157	Dell Optiplex 390 MT	6/15/12	1,189			1,189	5 MO200DB	1,088	101
158	Dell Lat E5520	6/15/12	1,772			1,772	5 MO200DB	1,622	150
159	Dishwasher	9/02/14	2,750			2,750	5 MO S/L	733	550
160	Dell PowerEdge	4/30/17	3,823			3,823	5 MO S/L	0	127
<b>Total Other Depreciation</b>			<u>1,519,507</u>			<u>1,519,507</u>		<u>712,631</u>	<u>30,546</u>
<b>Total ACRS and Other Depreciation</b>			<u>1,519,507</u>			<u>1,519,507</u>		<u>712,631</u>	<u>30,546</u>
<b>Amortization:</b>									
138	Odyssey Learning Software	2/27/07	46,715			46,715	3 MOAmort	46,715	0
139	Sage Software	3/01/07	3,170			3,170	3 MOAmort	3,170	0
140	CD Maestro Software	3/19/07	610			610	3 MOAmort	610	0
141	School Recodeeper	4/23/07	6,000			6,000	3 MOAmort	6,000	0
142	FM Pro Nonprofit Software	5/01/07	1,707			1,707	3 MOAmort	1,707	0
143	Music Maestro Software	6/01/07	1,310			1,310	3 MOAmort	1,310	0
144	Classroom Software	6/04/07	4,743			4,743	3 MOAmort	4,743	0
154	Loan Costs	11/29/10	4,211			4,211	2 MOAmort	4,211	0
			<u>68,466</u>			<u>68,466</u>		<u>68,466</u>	<u>0</u>
<b>Grand Totals</b>			1,587,973			1,587,973		781,097	30,546
<b>Less: Dispositions and Transfers</b>			0			0		0	0
<b>Less: Start-up/Org Expense</b>			0			0		0	0
<b>Net Grand Totals</b>			<u>1,587,973</u>			<u>1,587,973</u>		<u>781,097</u>	<u>30,546</u>

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**AMT Asset Report**

FYE: 6/30/2017

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per	Conv	Meth	Prior	Current
<b><u>5-year GDS Property:</u></b>												
160	Dell PowerEdge	4/30/17	3,823			X	1,911	5	HY	200DB	0	2,294
			<u>3,823</u>				<u>1,911</u>				<u>0</u>	<u>2,294</u>
<b><u>Prior MACRS:</u></b>												
159	Dishwasher	9/02/14	2,750			X	1,375	5	HY	200DB	2,090	264
			<u>2,750</u>				<u>1,375</u>				<u>2,090</u>	<u>264</u>
<b><u>Other Depreciation:</u></b>												
1	Surge Protector	10/16/96	0				0	0	HY		0	0
2	46X60 Chair Mat	10/16/96	0				0	0	HY		0	0
3	Desk	6/30/96	0				0	0	HY		0	0
4	Credenza	6/30/96	0				0	0	HY		0	0
5	Conference Chairs (6)	6/30/96	0				0	0	HY		0	0
6	Office Chairs (3)	6/30/96	0				0	0	HY		0	0
7	Office Chair	6/30/96	0				0	0	HY		0	0
8	Table and Chairs (4)	6/30/96	0				0	0	HY		0	0
9	Ramp	1/26/96	0				0	0	HY		0	0
10	Architect Services	1/30/96	0				0	0	HY		0	0
11	Printer	10/08/96	0				0	0	HY		0	0
12	Computer	6/30/96	0				0	0	HY		0	0
13	HP Lazer Jet Printer	1/16/97	0				0	0	HY		0	0
14	Carpet	5/16/97	0				0	0	HY		0	0
15	HP Laserjet 6LSE	5/13/97	0				0	0	HY		0	0
16	Refrigerator	6/23/97	0				0	0	HY		0	0
17	Two Drawer File Cabinet	6/30/97	0				0	0	HY		0	0
18	Laminator	6/30/97	0				0	0	HY		0	0
19	Laminator Cabinet	6/30/97	0				0	0	HY		0	0
20	Camcorder	6/11/98	0				0	0	HY		0	0
21	Camera Pentax	6/11/98	0				0	0	HY		0	0
22	Computer Monitor	6/22/98	0				0	0	HY		0	0
23	Epson Printer	12/15/98	0				0	0	HY		0	0
24	Monitor and Scanner	12/15/98	0				0	0	HY		0	0
25	Stacking Chairs and Storage	3/06/98	0				0	0	HY		0	0
26	GE 31in TV	11/06/98	0				0	0	HY		0	0
27	Concrete Slab	2/26/98	0				0	0	HY		0	0
28	Paper Shredder	2/11/99	0				0	0	HY		0	0
29	Gateway Computer	2/11/99	0				0	0	HY		0	0
30	27in TV and VCR	5/05/99	0				0	0	HY		0	0
31	Printer	8/12/99	0				0	0	HY		0	0
32	2 Dell Computers	9/30/99	0				0	0	HY		0	0
33	Gateway Computer	7/30/99	0				0	0	HY		0	0
34	Color Copier	11/04/99	0				0	0	HY		0	0
35	Paper Cutter	12/09/99	0				0	0	HY		0	0
36	Dell Computer	12/16/99	0				0	0	HY		0	0
37	Telephone System	11/11/99	0				0	0	HY		0	0
38	Table & Chairs	11/22/99	0				0	0	HY		0	0
39	Electric Piano	3/07/00	0				0	0	HY		0	0
40	CD Writer	2/23/00	0				0	0	HY		0	0
41	Paper Schredder	4/20/00	0				0	0	HY		0	0
42	Printer	10/12/00	0				0	0	HY		0	0
43	Printer	2/17/00	0				0	0	HY		0	0
45	Cabinets	2/28/00	0				0	0	HY		0	0
46	Bookcase	3/03/00	0				0	0	HY		0	0
47	Ford Van	3/31/00	0				0	0	HY		0	0
49	2 Chadwood Wall Cabinets & 2 Bas	3/12/01	0				0	0	HY		0	0
50	1999 Ford XL Van	4/12/01	0				0	0	HY		0	0
51	Costumes	9/15/01	0				0	0	HY		0	0
52	Dell Dimension 2300	9/04/02	0				0	0	HY		0	0
53	Epson Stylus Printer	4/08/02	0				0	0	HY		0	0
54	Fax Machine	5/14/02	0				0	0	HY		0	0
55	Windows XP	9/11/02	0				0	0	HY		0	0
56	Refrigerator & Stove	2/05/02	0				0	0	HY		0	0
57	2 U-Stations w/ Hutch & Bookcase	3/08/02	0				0	0	HY		0	0
58	10' Conference Table	4/11/02	0				0	0	HY		0	0
59	Building Renovation	3/01/02	0				0	0	HY		0	0

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**AMT Asset Report**

FYE: 6/30/2017

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per	Conv	Meth	Prior	Current
60	Telephone System	10/15/03	0				0	0	HY		0	0
61	Powerite 5300 LCD Projector	1/29/03	0				0	0	HY		0	0
62	Epson Scanner	10/27/03	0				0	0	HY		0	0
63	6 Black Leather Executive Chairs	9/25/03	0				0	0	HY		0	0
64	3 Back Mesh-Back Chairs	9/25/03	0				0	0	HY		0	0
65	150 Stack Chairs	12/13/03	0				0	0	HY		0	0
66	145 Teal/Wild Cherry Chairs	12/13/03	0				0	0	HY		0	0
67	Costumes	7/07/03	0				0	0	HY		0	0
68	New Shower - 1203 Bldg	9/30/04	0				0	0	HY		0	0
69	1203 Remodeling	3/11/04	0				0	0	HY		0	0
70	1203 Remodeling	3/29/04	0				0	0	HY		0	0
71	Carpet - 1203 Bldg	12/29/04	0				0	0	HY		0	0
72	Canon Digital Camera	1/29/04	0				0	0	HY		0	0
73	Dell Computer - Dimension 3000	9/15/04	0				0	0	HY		0	0
74	Powershot Digital Camera	7/12/04	0				0	0	HY		0	0
75	60 Black Chairs	3/30/04	0				0	0	HY		0	0
76	89 Black Chairs	6/30/04	0				0	0	HY		0	0
77	Dell Computer (2.8GHz)	10/27/05	0				0	0	HY		0	0
78	Refrigerator/Freezer/Warmer	12/19/05	0				0	0	HY		0	0
79	Laminated Shelves	2/12/05	0				0	0	HY		0	0
80	Mural Painting	11/07/05	0				0	0	HY		0	0
81	casework	12/05/05	0				0	0	HY		0	0
82	2004 Honda Accord	11/10/05	0				0	0	HY		0	0
83	Southbend Range - Oven	6/30/06	0				0	0	HY		0	0
84	Fax Machine	7/20/06	0				0	0	HY		0	0
85	Laptop	6/15/06	0				0	0	HY		0	0
86	Computer Equipment	9/25/06	0				0	0	HY		0	0
87	Computer Equipment	9/25/06	0				0	0	HY		0	0
88	Roland Piano (2)	11/03/06	0				0	0	HY		0	0
89	Whiteboards and Quipment	10/19/06	0				0	0	HY		0	0
90	Leather Highback Chair (8)	10/19/06	0				0	0	HY		0	0
91	Highback Chair (2)	11/15/06	0				0	0	HY		0	0
92	Indiana Desk Board	11/15/06	0				0	0	HY		0	0
93	Picture Frame	11/27/06	0				0	0	HY		0	0
94	New Sidewalk	2/21/06	0				0	0	HY		0	0
95	Gas Line for Stove	6/30/06	0				0	0	HY		0	0
96	Thermostat	1/06/06	0				0	0	HY		0	0
97	Carpet - 1213 8th Ave South	6/20/07	0				0	0	HY		0	0
98	7.5 ton A/C Unit - 1213 8th Ave	6/05/07	0				0	0	HY		0	0
99	Magazine Displays	2/16/07	0				0	0	HY		0	0
100	Laptop Cart	2/28/07	0				0	0	HY		0	0
101	Office Furniture	3/24/07	0				0	0	HY		0	0
102	File Cabinet & Book Case	3/25/07	0				0	0	HY		0	0
103	Bookcase	2/22/07	0				0	0	HY		0	0
104	Palladio Buffet	3/21/07	0				0	0	HY		0	0
105	Mini Mobile Unit	7/10/07	0				0	0	HY		0	0
106	Hufcor 3500	7/06/07	0				0	0	HY		0	0
107	15 Dell computers	5/23/07	0				0	0	HY		0	0
108	Dell Laser Printer	5/23/07	0				0	0	HY		0	0
110	Dell Printer	5/23/07	0				0	0	HY		0	0
111	Dell PC	5/25/07	0				0	0	HY		0	0
112	Microsoft Server	6/04/07	0				0	0	HY		0	0
113	Flash Drive	6/06/07	0				0	0	HY		0	0
114	Netgear	4/27/07	0				0	0	HY		0	0
115	Faceplate and Doorcloser	9/12/07	0				0	0	HY		0	0
116	Camera System	9/30/07	0				0	0	HY		0	0
117	Screen Protector	6/04/07	0				0	0	HY		0	0
118	Dell Printer	6/20/07	0				0	0	HY		0	0
119	Server Stand	6/21/07	0				0	0	HY		0	0
120	NetGear	6/15/07	0				0	0	HY		0	0
121	Sharp Stereo Equipment	8/02/07	0				0	0	HY		0	0
122	Sharp Case	8/07/07	0				0	0	HY		0	0
123	Sony Equipment	6/08/07	0				0	0	HY		0	0
124	Pro Team Motor	6/11/07	0				0	0	HY		0	0
125	Access Control System	7/18/07	0				0	0	HY		0	0
126	Smartpro Control Equipment	6/21/07	0				0	0	HY		0	0
127	Access Control System	4/30/07	0				0	0	HY		0	0
128	Telephone System	5/09/07	0				0	0	HY		0	0
129	Dell Laptop	2/21/07	0				0	0	HY		0	0
130	Dell Laptop	2/21/07	0				0	0	HY		0	0
131	Camera	12/04/07	0				0	0	HY		0	0

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**AMT Asset Report**

FYE: 6/30/2017

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per	Conv	Meth	Prior	Current
132	Tracking for Laptops	12/10/07	0				0	0	HY		0	0
133	Dell Computers	4/20/07	0				0	0	HY		0	0
134	Dell Computers	4/20/07	0				0	0	HY		0	0
135	Computer Equipment	4/20/07	0				0	0	HY		0	0
136	Computer Case	4/20/07	0				0	0	HY		0	0
137	Computer Cart	4/20/07	0				0	0	HY		0	0
145	Windows Server	6/04/07	0				0	0	HY		0	0
146	Computer Equipment	9/12/08	0				0	0	HY		0	0
147	Electronic Whiteboard	4/28/08	0				0	0	HY		0	0
148	Mural Painting	4/28/08	0				0	0	HY		0	0
149	1211 8th Avenue	9/30/08	0				0	0	HY		0	0
150	Bathroom Renovation	5/18/09	0				0	0	HY		0	0
151	Sign	11/15/09	0				0	0	HY		0	0
152	Computer Equipment - Dell	3/04/09	0				0	0	HY		0	0
153	Computer & Peripherals - Dell	7/08/09	0				0	0	HY		0	0
155	Computer Equipment	12/19/11	0				0	0	HY		0	0
156	Fencing for Bus	3/28/12	0				0	0	HY		0	0
157	Dell Optiplex 390 MT	6/15/12	0				0	0	HY		0	0
158	Dell Lat E5520	6/15/12	0				0	0	HY		0	0
<b>Total Other Depreciation</b>			<u>0</u>				<u>0</u>				<u>0</u>	<u>0</u>
<b>Total ACRS and Other Depreciation</b>			<u>0</u>				<u>0</u>				<u>0</u>	<u>0</u>
<b>Grand Totals</b>			6,573				3,286				2,090	2,558
<b>Less: Dispositions and Transfers</b>			<u>0</u>				<u>0</u>				<u>0</u>	<u>0</u>
<b>Net Grand Totals</b>			<u>6,573</u>				<u>3,286</u>				<u>2,090</u>	<u>2,558</u>

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**Depreciation Adjustment Report**

FYE: 6/30/2017

**All Business Activities**

<u>Form</u>	<u>Unit</u>	<u>Asset</u>	<u>Description</u>	<u>Tax</u>	<u>AMT</u>	<u>AMT Adjustments/ Preferences</u>
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There are no assets that meet the criteria of this report

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**Future Depreciation Report****FYE: 6/30/18**

FYE: 6/30/2017

Asset	Description	Date In Service	Cost	Tax	AMT
<b><u>Other Depreciation:</u></b>					
1	Surge Protector	10/16/96	54	0	0
2	46X60 Chair Mat	10/16/96	98	0	0
3	Desk	6/30/96	800	0	0
4	Credenza	6/30/96	600	0	0
5	Conference Chairs (6)	6/30/96	600	0	0
6	Office Chairs (3)	6/30/96	1,050	0	0
7	Office Chair	6/30/96	100	0	0
8	Table and Chairs (4)	6/30/96	500	0	0
9	Ramp	1/26/96	685	0	0
10	Architect Services	1/30/96	3,130	0	0
11	Printer	10/08/96	600	0	0
12	Computer	6/30/96	2,000	0	0
13	HP Lazer Jet Printer	1/16/97	800	0	0
14	Carpet	5/16/97	1,100	0	0
15	HP Laserjet 6LSE	5/13/97	406	0	0
16	Refrigerator	6/23/97	640	0	0
17	Two Drawer File Cabinet	6/30/97	93	0	0
18	Laminator	6/30/97	1,295	0	0
19	Laminator Cabinet	6/30/97	250	0	0
20	Camcorder	6/11/98	750	0	0
21	Camera Pentax	6/11/98	360	0	0
22	Computer Monitor	6/22/98	476	0	0
23	Epson Printer	12/15/98	530	0	0
24	Monitor and Scanner	12/15/98	725	0	0
25	Stacking Chairs and Storage	3/06/98	2,160	0	0
26	GE 31in TV	11/06/98	150	0	0
27	Concrete Slab	2/26/98	2,200	0	0
28	Paper Shredder	2/11/99	223	0	0
29	Gateway Computer	2/11/99	2,538	0	0
30	27in TV and VCR	5/05/99	560	0	0
31	Printer	8/12/99	300	0	0
32	2 Dell Computers	9/30/99	3,747	0	0
33	Gateway Computer	7/30/99	2,671	0	0
34	Color Copier	11/04/99	600	0	0
35	Paper Cutter	12/09/99	238	0	0
36	Dell Computer	12/16/99	1,895	0	0
37	Telephone System	11/11/99	7,162	0	0
38	Table & Chairs	11/22/99	1,987	0	0
39	Electric Piano	3/07/00	2,189	0	0
40	CD Writer	2/23/00	303	0	0
41	Paper Schredder	4/20/00	82	0	0
42	Printer	10/12/00	200	0	0
43	Printer	2/17/00	158	0	0
45	Cabinets	2/28/00	852	0	0
46	Bookcase	3/03/00	149	0	0
47	Ford Van	3/31/00	39,408	0	0
49	2 Chadwood Wall Cabinets & 2 Bas	3/12/01	519	0	0
50	1999 Ford XL Van	4/12/01	12,400	0	0
51	Costumes	9/15/01	15,000	0	0
52	Dell Dimension 2300	9/04/02	3,595	0	0
53	Epson Stylus Printer	4/08/02	255	0	0
54	Fax Machine	5/14/02	360	0	0
55	Windows XP	9/11/02	410	0	0
56	Refrigerator & Stove	2/05/02	2,576	0	0
57	2 U-Stations w/ Hutch & Bookcase	3/08/02	825	0	0
58	10' Conference Table	4/11/02	450	0	0
59	Building Renovation	3/01/02	690,187	17,697	0
60	Telephone System	10/15/03	7,050	0	0
61	Powerite 5300 LCD Projector	1/29/03	1,000	0	0
62	Epson Scanner	10/27/03	225	0	0
63	6 Black Leather Executive Chairs	9/25/03	468	0	0
64	3 Back Mesh-Back Chairs	9/25/03	335	0	0
65	150 Stack Chairs	12/13/03	5,640	0	0
66	145 Teal/Wild Cherry Chairs	12/13/03	12,452	0	0
67	Costumes	7/07/03	1,175	0	0
68	New Shower - 1203 Bldg	9/30/04	8,830	226	0
69	1203 Remodeling	3/11/04	2,161	55	0

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**Future Depreciation Report****FYE: 6/30/18**

FYE: 6/30/2017

Asset	Description	Date In Service	Cost	Tax	AMT
70	1203 Remodeling	3/29/04	750	19	0
71	Carpet - 1203 Bldg	12/29/04	750	0	0
72	Canon Digital Camera	1/29/04	675	0	0
73	Dell Computer - Dimension 3000	9/15/04	2,952	0	0
74	Powershot Digital Camera	7/12/04	380	0	0
75	60 Black Chairs	3/30/04	600	0	0
76	89 Black Chairs	6/30/04	930	0	0
77	Dell Computer (2.8GHz)	10/27/05	962	0	0
78	Refrigerator/Freezer/Warmer	12/19/05	5,055	0	0
79	Laminated Shelves	2/12/05	665	0	0
80	Mural Painting	11/07/05	8,175	0	0
81	casework	12/05/05	3,570	0	0
82	2004 Honda Accord	11/10/05	16,790	0	0
83	Southbend Range - Oven	6/30/06	4,287	0	0
84	Fax Machine	7/20/06	161	0	0
85	Laptop	6/15/06	1,233	0	0
86	Computer Equipment	9/25/06	662	0	0
87	Computer Equipment	9/25/06	43	0	0
88	Roland Piano (2)	11/03/06	2,782	0	0
89	Whiteboards and Quipment	10/19/06	6,130	0	0
90	Leather Highback Chair (8)	10/19/06	2,437	0	0
91	Highback Chair (2)	11/15/06	590	0	0
92	Indiana Desk Board	11/15/06	1,213	0	0
93	Picture Frame	11/27/06	350	0	0
94	New Sidewalk	2/21/06	334	22	0
95	Gas Line for Stove	6/30/06	1,292	82	0
96	Thermostat	1/06/06	1,921	128	0
97	Carpet - 1213 8th Ave South	6/20/07	5,198	0	0
98	7.5 ton A/C Unit - 1213 8th Ave	6/05/07	3,043	197	0
99	Magazine Displays	2/16/07	465	0	0
100	Laptop Cart	2/28/07	1,920	0	0
101	Office Furniture	3/24/07	1,344	0	0
102	File Cabinet & Book Case	3/25/07	475	0	0
103	Bookcase	2/22/07	174	0	0
104	Palladio Buffet	3/21/07	1,745	0	0
105	Mini Mobile Unit	7/10/07	543	0	0
106	Hufcor 3500	7/06/07	3,780	0	0
107	15 Dell computers	5/23/07	12,832	0	0
108	Dell Laser Printer	5/23/07	458	0	0
110	Dell Printer	5/23/07	458	0	0
111	Dell PC	5/25/07	1,960	0	0
112	Microsoft Server	6/04/07	3,255	0	0
113	Flash Drive	6/06/07	784	0	0
114	Netgear	4/27/07	415	0	0
115	Faceplate and Doorcloser	9/12/07	1,166	0	0
116	Camera System	9/30/07	625	0	0
117	Screen Protector	6/04/07	934	0	0
118	Dell Printer	6/20/07	561	0	0
119	Server Stand	6/21/07	468	0	0
120	NetGear	6/15/07	2,865	0	0
121	Sharp Stereo Equipment	8/02/07	7,776	0	0
122	Sharp Case	8/07/07	202	0	0
123	Sony Equipment	6/08/07	870	0	0
124	Pro Team Motor	6/11/07	450	0	0
125	Access Control System	7/18/07	26,745	0	0
126	Smartpro Control Equipment	6/21/07	1,142	0	0
127	Access Control System	4/30/07	13,173	0	0
128	Telephone System	5/09/07	2,131	0	0
129	Dell Laptop	2/21/07	1,595	0	0
130	Dell Laptop	2/21/07	4,497	0	0
131	Camera	12/04/07	380	0	0
132	Tracking for Laptops	12/10/07	4,450	0	0
133	Dell Computers	4/20/07	13,290	0	0
134	Dell Computers	4/20/07	13,290	0	0
135	Computer Equipment	4/20/07	413	0	0
136	Computer Case	4/20/07	458	0	0
137	Computer Cart	4/20/07	1,364	0	0
145	Windows Server	6/04/07	5,381	0	0
146	Computer Equipment	9/12/08	2,031	0	0
147	Electronic Whiteboard	4/28/08	330	0	0
148	Mural Painting	4/28/08	1,200	0	0



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**Future Depreciation Report****FYE: 6/30/18**

FYE: 6/30/2017

Asset	Description	Date In Service	Cost	Tax	AMT
149	1211 8th Avenue	9/30/08	418,967	10,743	0
150	Bathroom Renovation	5/18/09	4,065	258	0
151	Sign	11/15/09	790	0	0
152	Computer Equipment - Dell	3/04/09	843	0	0
153	Computer & Peripherals - Dell	7/08/09	15,549	0	0
155	Computer Equipment	12/19/11	105	0	0
156	Fencing for Bus	3/28/12	4,002	127	0
157	Dell Optiplex 390 MT	6/15/12	1,189	0	0
158	Dell Lat E5520	6/15/12	1,772	0	0
159	Dishwasher	9/02/14	2,750	550	198
160	Dell PowerEdge	4/30/17	3,823	765	612
<b>Total Other Depreciation</b>			<u>1,519,507</u>	<u>30,869</u>	<u>810</u>
<b>Total ACRS and Other Depreciation</b>			<u><u>1,519,507</u></u>	<u><u>30,869</u></u>	<u><u>810</u></u>
<b><u>Amortization:</u></b>					
138	Odyssey Learning Software	2/27/07	46,715	0	0
139	Sage Software	3/01/07	3,170	0	0
140	CD Maestro Software	3/19/07	610	0	0
141	School Recodeeper	4/23/07	6,000	0	0
142	FM Pro Nonprofit Software	5/01/07	1,707	0	0
143	Music Maestro Software	6/01/07	1,310	0	0
144	Classroom Software	6/04/07	4,743	0	0
154	Loan Costs	11/29/10	4,211	0	0
			<u>68,466</u>	<u>0</u>	<u>0</u>
<b>Grand Totals</b>			<u><u>1,587,973</u></u>	<u><u>30,869</u></u>	<u><u>810</u></u>

Form <b>990</b>	<b>Two Year Comparison Report</b>	<b>2015 &amp; 2016</b>
For calendar year 2016, or tax year beginning <b>07/01/16</b> , ending <b>06/30/17</b>		

Name

Taxpayer Identification Number

**SALAMA URBAN MINISTRIES, INC.****\*\*-\*\*\*8012**

		2015	2016	Differences
<b>Revenue</b>	1. Contributions, gifts, grants	1. 270,735	462,990	192,255
	2. Membership dues and assessments	2.		
	3. Government contributions and grants	3. 30,000	304,398	274,398
	4. Program service revenue	4. 9,478	25,584	16,106
	5. Investment income	5.		
	6. Proceeds from tax exempt bonds	6.		
	7. Net gain or (loss) from sale of assets other than inventory	7.		
	8. Net income or (loss) from fundraising events	8. -40,607	-46,001	-5,394
	9. Net income or (loss) from gaming	9.		
	10. Net gain or (loss) on sales of inventory	10.		
	11. Other revenue	11. 1,550	2,500	950
	12. <b>Total revenue.</b> Add lines 1 through 11	12. 271,156	749,471	478,315
<b>Expenses</b>	13. Grants and similar amounts paid	13.		
	14. Benefits paid to or for members	14.		
	15. Compensation of officers, directors, trustees, etc.	15. 42,500	85,000	42,500
	16. Salaries, other compensation, and employee benefits	16. 175,476	384,615	209,139
	17. Professional fundraising fees	17.		
	18. Other professional fees	18. 1,503	30,572	29,069
	19. Occupancy, rent, utilities, and maintenance	19. 22,319	54,536	32,217
	20. Depreciation and Depletion	20. 15,151	30,545	15,394
	21. Other expenses	21. 76,344	165,660	89,316
	22. <b>Total expenses.</b> Add lines 13 through 21	22. 333,293	750,928	417,635
	23. <b>Excess or (Deficit).</b> Subtract line 22 from line 12	23. -62,137	-1,457	60,680
<b>Other Information</b>	24. Total exempt revenue	24. 271,156	749,471	478,315
	25. Total unrelated revenue	25.		
	26. Total excludable revenue	26. 11,028	28,084	17,056
	27. Total assets	27. 915,061	915,343	282
	28. Total liabilities	28. 529,986	531,725	1,739
	29. Retained earnings	29. 385,075	383,618	-1,457
	30. Number of voting members of governing body	30. 12	10	
	31. Number of independent voting members of governing body	31. 12	10	
	32. Number of employees	32. 0	26	
	33. Number of volunteers	33. 80		

Form <b>990</b>	<b>Tax Return History</b>	<b>2016</b>
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Name <b>SALAMA URBAN MINISTRIES, INC.</b>	Employer Identification Number <b>**-***8012</b>
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	2012	2013	2014	2015	2016	2017
Contributions, gifts, grants .....			938,782	300,735	767,388	
Membership dues .....						
Program service revenue .....			20,712	9,478	25,584	
Capital gain or loss .....						
Investment income .....						
Fundraising revenue (income/loss) .....			-83,951	-40,607	-46,001	
Gaming revenue (income/loss) .....						
Other revenue .....			10,757	1,550	2,500	
<b>Total revenue</b> .....			886,300	271,156	749,471	
Grants and similar amounts paid .....						
Benefits paid to or for members .....						
Compensation of officers, etc. ....			101,040	42,500	85,000	
Other compensation .....			577,315	175,476	384,615	
Professional fees .....			19,669	1,503	30,572	
Occupancy costs .....			58,702	22,319	54,536	
Depreciation and depletion .....			34,347	15,151	30,545	
Other expenses .....			149,171	76,344	165,660	
<b>Total expenses</b> .....			940,244	333,293	750,928	
<b>Excess or (Deficit)</b> .....			-53,944	-62,137	-1,457	
Total exempt revenue .....			886,300	271,156	749,471	
Total unrelated revenue .....						
Total excludable revenue .....			31,469	11,028	28,084	
Total Assets .....			984,950	915,061	915,343	
Total Liabilities .....			553,950	529,986	531,725	
Net Fund Balances .....			431,000	385,075	383,618	

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**Federal Statements**

FYE: 6/30/2017

**Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)**

Description	Total Expenses	Program Service	Management & General	Fund Raising
OTHER PROFESSIONAL FEES	\$ 18,872	\$ 14,155	\$ 4,717	\$
TOTAL	\$ 18,872	\$ 14,155	\$ 4,717	\$ 0

**Form 990, Part IX, Line 24e - All Other Expenses**

Description	Total Expenses	Program Service	Management & General	Fund Raising
DUES & SUBSCRIPTIONS	\$ 3,292	\$ 525	\$ 1,083	\$ 1,684
KITCHEN EXPENSES	2,461	813	1,648	
BENEVOLENCE < \$5K	2,358	2,358		
STAFF DEVELOPMENT	2,056	1,065	991	
HOSPITALITY	1,442		1,169	273
FUNDRAISING EXP	406			406
TOTAL	\$ 12,015	\$ 4,761	\$ 4,891	\$ 2,363

**Federal Statements**

FYE: 6/30/2017

**Schedule A, Part II, Line 1(e)**

Description	Amount
FEDERATED CAMPAIGNS	\$ 11,784
GOVERNMENT GRANTS OR CONTRIBUTIONS	257,148
OTHER	76,845
CUMMINGS, MR. & MRS. HARVEY CASH CONTRIBUTION	27,000
DAN & MARGARET MADDOX CHARITABLE FND CASH CONTRIBUTION	37,000
GOOGLE FIBER CASH CONTRIBUTION	50,000
THE MEMORIAL FOUNDATION CASH CONTRIBUTION	35,000
METRO NASHVILLE CASH CONTRIBUTION	47,250
SCAROLA, MR. & MRS. FREDERIC A CASH CONTRIBUTION	35,000
CLARCOR FOUNDATION CASH CONTRIBUTION	30,000
WHITE, MR. & MRS. GOVAN D. CASH CONTRIBUTION	20,000
SONGWRITERS NIGHT CASH CONTRIBUTION	54,519
PHEASANT HUNT CASH CONTRIBUTION	85,842
TOTAL	\$ 767,388

**Schedule A, Part II, Line 8(e)**

Description	Amount
FACILITIES RENT INCOME	\$
TOTAL	\$ 0

**Federal Statements****Schedule A, Part II, Line 10(e)**

Description	Amount
OTHER INCOME	\$ 2,500
TOTAL	\$ 2,500

**Schedule A, Part II, Line 12 - Current year**

Description	Amount
TUITION	\$ 25,584
SUMMER ARTS TICKET SALES	
SONGWRITERS NIGHT	
PHEASANT HUNT	
OTHER FUNDRAISING	
TOTAL	\$ 25,584

**Federal Statements**

FYE: 6/30/2017

**Songwriters Night****Other Direct Fundraising or Gaming Expenses**

Description	Amount
OTHER MISC EXP	\$ 982
TOTAL	\$ 982

**Federal Statements**

FYE: 6/30/2017

**Pheasant Hunt****Other Direct Fundraising or Gaming Expenses**

<u>Description</u>	<u>Amount</u>
BIRDS	\$ 17,250
SUPPLIES & MISC	7,794
TOTAL	<u>\$ 25,044</u>



**Federal Statements**

FYE: 6/30/2017

**Other fundraising****Other Direct Fundraising or Gaming Expenses**

<u>Description</u>	<u>Amount</u>
SUPPLIES & MISC EXP	\$ <u>          </u>
TOTAL	\$ <u>          0</u>

**Federal Statements**

FYE: 6/30/2017

**Other fundraising****Other Direct Fundraising or Gaming Expenses**

<u>Description</u>	<u>Amount</u>
SUPPLIES & MISC EXP	\$ <u>          </u>
TOTAL	\$ <u>          0</u>