

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

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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.**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.****D** Employer identification number**58-2198012**Doing business as
1205 8TH AVE. SOUTH

Room/suite

E Telephone number

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

NASHVILLE TN 37203**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 subsidiaries? ☐ Yes ☒ NoH(b) Are all subordinates included? ☐ Yes ☐ No

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

1 Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () (insert no.) ☐ 4947(e)(1) or ☐ 527**J** Website: **SALAMASERVES.ORG**

H(c) Group exemption number

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other**L** Year of formation: **1993** **M** State of legal domicile: **TN****Part I Summary****1** Briefly describe the organization's mission or most significant activities:**TO SUPPORT FAMILIES AND EQUIP YOUTH WITH THE SKILLS AND VALUES NEEDED FOR SUCCESS.****2** Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.**3** Number of voting members of the governing body (Part VI, line 1a)**4** Number of independent voting members of the governing body (Part VI, line 1b)**5** Total number of individuals employed in calendar year 2016 (Part V, line 2a)**6** Total number of volunteers (estimate if necessary)**7a** Total unrelated business revenue from Part VIII, column (C), line 12**7b** Net unrelated business taxable income from Form 990-T, line 34

Revenue		Prior Year		Current Year	
8 Contributions and grants (Part VIII, line 1h)					
9 Program service revenue (Part VIII, line 2g)		300,735		767,388	
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		9,478		25,584	
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-39,057		-43,501	
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		271,156		749,471	
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)				0	
14 Benefits paid to or for members (Part IX, column (A), line 4)				0	
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)				469,615	
16a Professional fundraising fees (Part IX, column (A), line 11e)				0	
b Total fundraising expenses (Part IX, column (D), line 25) 98,341					
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		115,317		281,313	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		333,293		750,928	
19 Revenue less expenses. Subtract line 18 from line 12		-62,137		-1,457	

Not Assets or Fund Balances		Beginning of Current Year		End of Year	
20 Total assets (Part X, line 16)					
21 Total liabilities (Part X, line 26)		915,061		915,343	
22 Net assets or fund balances. Subtract line 21 from line 20		529,986		531,725	
		385,075		383,618	

Part II Signature Block

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

Sign Here **GREG HUDDLESTON** **DIRECTOR/PRES**
 Signature of officer: *Greg Huddleston* Date: **3-30-18**
 Type or print name and title

Paid Preparer Print/Type preparer's name: **MCERLEY MCKERLEY** Preparer's signature: *Michael Mckerley* Date: **03/30/18** Check ☐ if self-employed EID: **P00037316**

Use Only Firm's name: **MCERLEY & NOONAN, PC, CPA** Firm's EIN: **62-1797916**
 Firm's address: **104 WOODMONT BLVD STE 120 NASHVILLE, TN 37205-2311** Phone no.: **615-279-0088**

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No
 For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2016)