990 Form

2004

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Return of Organization Exempt F om In one Under section 501(c), 527, or 4947(a)(1) of the Internal Re enue Cole (except that benefit trust or private foundate.

The organization may have to use a copy of this return to satisfy state reporting requirements.

Α	For the	2004 calendar year, or tax year beginning , and ending			
В	Check if	applicable: Please C Name of organization		D	Employer identification no.
	Addres	ss change   use   RS	istries,		58-2198012
	Name	change print or Inc.		Ε	Telephone number
	Initial r	eturn type. Number and street (or P.O. box if mail is not delivered to street ad	dress) Room/suite		
	Final r			F	Accounting method: Cash
	Ameno	led return Specific City or town, state or country, and ZIP + 4		X	Accrual Other (specify)
	Applica	ation pending tions. Nashville TN 3720	)3	▶	
	_	Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable	e H and I are not applicable to s	ection	527 organizations.
		trusts must attach a completed Schedule A (Form 990 or 990-EZ).	H(a) Is this a group return for	r affilia	ales? Yes X No
G	Websit	e: <b>&gt;</b> N/A	H(b) If "Yes," enter number	of affilia	ates •
		zation type CT IT NITTO CO	H(c)- Are all affiliates include	d?	Yes No
		only one) ► X 501(c) ( 3 ) < (insert no.) 1 1947(1)(1) or 1 27	(If "No," att. a list. See	instr.)	
-		nere if the organization's gross receipts are prormally not more than \$25.0	000. H(d) Is this a separate return	n filed l	by an
	The ord	panization need not file a return with the IRS; but if the organization received a	organization covered b	y a gro	oup ruling? Yes X No
	Form 9	anization need not file a return with the IRS; but if the organization received a Consulting Planning Accounts  Onsulting Planning Accounts  Onsulting Planning Accounts	ing I Group Exemption N	umbe	er 🕨
		a complete return.		e orga	anization is not required
		eceipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 426, 53		-	90, 990-EZ, or 990-PF).
	art I				
	1	Contributions, gifts, grants, and similar amounts received:			
	a	Direct public support	1a 426,29	4	
	b	Indirect public support	1b	$\neg$ $^{\circ\circ}$	
	c	• • • • • • • • • • • • • • • • • • • •		┨∭	
	d	Government contributions (grants)  Total (add lines 1a through 1c) (cash \$ 416,333 noncash \$	9,961	7~~	d 426,294
	2	Program service revenue including government fees and contracts (from Part VII	. line 93)	_	
	3	Membership dues and assessments			<del></del>
	4	Interest on savings and temporary cash investments		. 🗖	
	5	Dividends and interest from securities	. 5		
	6a		1 1	· 📈	
	b	Gross rents		-	
	]	Less: rental expenses  Net rental income or (loss) (subtract line 6b from line 6a)	· · · · · · · · · · · · · · · · · · ·	— ***	Sc
ь	c   7	Other investment income (describe	• • • • • • • • • • • • • • • • • • • •	.   7	
R		Gross amount from sales of assets other  (A) Securities	T (B) Other	·	
v e	8a	About inventors	(B) Other	-	
n	١ .	Less: cost or other basis and sales expenses	8b	-	
e	1		8c	-	
	ا ا د	Gain or (loss) (attach schedule)	<del></del>	⊣‴,	Bd
	d	Net gain or (loss) (combine line 8c, columns (A) and (B))  Special events and activities (attach schedule). If any amount is from gaming, ch			ou
	9	, , ,	ieck liefe 🕨 🔲		
	a	Gross revenue (not including \$ of	9a		
		contributions reported on line 1a) Less: direct expenses other than fundraising expenses	<del></del>		
	Ь	Net income or (loss) from special events (subtract line 9b from line 9a)		- ‱	OC
	400			٠ 🕍	
	10a	Gross sales of inventory, less returns and allowances  Less: cost of goods sold	10b	-	
	Ь	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b			OC
	C				11
	11 12	Other revenue (from Part VII, line 103)  Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	• • • • • • • • • • • • • • • • • • • •	·   -	426,532
_		Program conject (from line 44, column (R))			218,967
E	13 14	Program services (from line 44, column (B))  Management and general (from line 44, column (C))	• • • • • • • • • • • • • • • • • • • •	·   -	147,797
P	15	Fundraising (from line 44, column (D))	• • • • • • • • • • • • • • • • • • • •	·   -	6,577
n s	16	Fundraising (from line 44, column (D))  Payments to affiliates (attach schedule)	• • • • • • • • • • • • • • • • • • • •	·   -	16
8 0 5	17	Total expenses (add lines 16 and 44, column (A))	• • • • • • • • • • • • • • • • • • • •	·   -	373,341
- <u>\$</u>	18	Excess or (deficit) for the year (subtract line 17 from line 12)	<del> </del>	<del>-   -</del>	53,191
NS	19	Net assets or fund balances at beginning of year (from line 73, column (A))	• • • • • • • • • • • • • • • • • • • •	·   -	672,244
t t	20	Other changes in net assets or fund balances (attach explanation)	·   -	$\frac{-44,188}{20}$	
τ t B	21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	······································		681,247
For	Privac	Act and Paperwork Reduction Act Notice, see the separate	<u> </u>		Form 990 (2004)
ins1	truction	S.			1 0/111 000 (2004)

Page

EN MANAGEMENT CONTRACTOR CONTRACT		plete column (A). Column			_
Functional Expenses and section 4947(a	a)(1) non	exempt charitable trusts b	out optional for others. (Se	e page 22 of the instruction	ons.)
Do not include amounts reported on line		(A) Total	(B) Program	(C) Management	(D) Fundraising
6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	services	and general	(D) Fundraising
22 Grants and allocations (attach schedule)					
(cash\$	22				
23 Specific assistance to individuals	23				
24 Benefits paid to or for members	24				
25 Compensation of officers, directors, etc.	25				
26 Other salaries and wages	26	76,358	69,702	6,656	
27 Pension plan contributions	27				
28 Other employee benefits	28				
29 Payroll taxes	29	5,915	5,406	509	
30 Professional fundraising fees	30				
31 Accounting fees	31	-			
32 Legal fees	32				
33 Supplies	33	14,691	12,369	2,322	
	34	3,271		3,271	
34 Telephone	35	4,661		4,661	
35 Postage and shipping	36	8,073	2,485		
36 Occupancy	37	5,763	2,391	3,372	
37 Equipment rental and maintenance	38	3,119	2,391	3,119	
38 Printing and publications	39	3,119		5,119	
39 Travel	40				
40 Conferences, conventions, and meetings	41	13,680		13,680	
41 Interest		38,500			
42 Depreciation, depletion, etc. (attach schedule)	42	36,300		38,500	<del></del>
43 Other expenses not covered above (itemize):a	43a	100 310	100 014	- CC 110	C 577
b See Statement 2	43b	199,310	126,614	66,119	6,577
c	43c				
d	43d				
e	43e				
44 Total functional expenses (add lines 22 - 43). Organizations		070 044			
completing columns (B)-(D), carry these totals to lines 13-15	44	373,341	218,967	147,797	6,577
<b>Joint Costs.</b> Check ▶ ☐ if you are following SOP 98-2.					. — —
Are any joint costs from a combined educational campaign and	d fundra				Yes X No
ff "Yes," enter (i) the aggregate amount of these joint costs		; (ii) the amou	nt allocated to Program s	ervices \$	;
(iii) the amount allocated to Management and genera®			nt allocated to Fundraisin		
Part III Statement of Program Service Acc	<u>ompli</u>	shments (See pa	ge 25 of the instr	ructions.)	
What is the organization's primary exempt purpose?					Program Service Expenses
► CHRISTIAN SUPPORT FOR YOUTH		, ,		,	(Required for 501(c)(3) 8
All organizations must describe their exempt purpose achiever of clients served, publications issued, etc. Discuss achievemen organizations and 4947(a)(1) nonexempt charitable trusts must	nents ir ots that	n a clear and concise n are not measurable ()	nanner. State the num Section 501(c)(3) and	iber (4)	(4) orgs., & 4947(a)(1) trusts; but optional for
organizations and 4947(a)(1) nonexempt charitable trusts mus	t also e	nter the amount of gra	nts and allocations to	others.)	others.)
a See Statement 3					
		(Grants and all	ocations \$	)	218,967
b				· · · · · · · · · · · · · · · · · · ·	
					ļ
``````````````````````````````````````					
				)	
С					
				•••••	
	• • • • • • •	••••••		• • • • • • • • • • • • • • • • • • • •	İ
		(Grants and all	ocations \$		
d					
<b>*</b>	• • • • • • •		• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •	}
		•••••			
		(Grants and all	ocations \$		1
Other program services (attach schedule)		(Grants and all		1	
f Total of Program Service Expenses (should equal line 44	f. colum				218,967
DAA	., 551011				- 000

Part IV Balance Sheets (See page 25 of the instructions.)

	Note:	Where required, attached schedules and amounts wi	thin the description	(A) Beginning of year		(B) End of year
_	AE		142,634	45	82,274	
	45	Cash-non-interest-bearing Savings and temporary cash investments		46		
	46	Savings and temporary cash investments			··-	
	47.	Accounts receivable	47a			
	1 .	Accounts receivable	47b		47c	
	b	Less, allowance for doubtrul accounts	713			
	40-	Diadaga raggiyahla				
	48a	Pledges receivable			48c	
	b				49	
	49	Grants receivable  Receivables from officers, directors, trustees, and ke	amployees		-,0	·
	50			50		
A	-4.	(attach schedule)				
5	51a	Other notes and loans receivable (attach	1512			
S		schedule)	51b		51c	
	p p	Less: allowance for doubtful accounts			52	
	52	Inventories for sale or use		645		498
	53	Prepaid expenses and deferred charges		010	54	
	54	Investments-securities	🕨 🗆 🔾 🖂 🖂 🖂 🖂		3	
	55a	•	less I			
		equipment: basis	55a			
	þ	Less: accumulated depreciation (attach			FF-	
		schedule)		5,678	55c	5,000
	56	Investments-other (attach schedule)		3,010	36	3,000
		Land, buildings, and equipment: basis	57a 860,662			
	b	Less: accumulated depreciation (attach	172,880	708,255	£70	687,782
	ļ	schedule) See Statement 5	<del></del>	99,615		99,615
	58	Other assets (describe ► See Statemer	10 0 )	33,013	36	33,013
			in a 74)	956,827	E0	875,169
	59	Total assets (add lines 45 through 58) (must equal I		44,583		13,922
L	60	Accounts payable and accrued expenses		44,303	61	15,522
ŧ	61	Grants payable		<del></del>	62	
3	62	Deferred revenue			02	
•	63	Loans from officers, directors, trustees, and key emp			63	
	١				64a	
	64a	Tax-exempt bond liabilities (attach schedule)			64b	
	b	Mortgages and other notes payable (attach schedule Other liabilities (describe ► See Stateme	")	240,000		180,000
	65	Other liabilities (describe - See Stateme	<u> </u>	2.40,000	00	200,000
		Total liabilities (add lines 60 through 65)	1	284,583	ee .	193,922
	66	Total liabilities (add lines 60 through 65)	and complete lines	204,505	30	200,022
	Orga	67 through 69 and lines 73 and 74.	and complete intes			
A		• • • • • • • • • • • • • • • • • • •		530,336	67	583,527
N F				141,908		97,720
t n				212/000	69	3.7.25
d	69	Permanently restrictedanizations that do not follow SFAS 117, check here	► ☐ and			
A		anizations that do not follow SEAS 117, check here	F L and			
s E	. 1	complete lines 70 through 74.			70	
<b>в</b> а	1 '		pment fund	<del></del>	71	<del> </del>
t a	70	Paid-in or capital surplus, or land, building, and equi Retained earnings, endowment, accumulated incom		72		
s n	1	Total net assets or fund balances (add lines 67 thr				
0 e	73					
rs		70 through 72; column (A) must equal line 19; column (B) must eq	ual line 21)	672,244	73	681,247
	74	Total liabilities and net assets / fund balances (ad		956,827		875,169
	74	I viai nabinties and net assets / fully balances lac				

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

DAA

	990 (2004) irt IV-A	Salama Fellows Reconciliation of Rev				198012 Reconciliation of	Exp	enses pe	Page 4
···F4	III IV-A	Financial Statements Return (See page 27	with Revenue per	10000000	F	inancial Statem	•		
	Total revenue	e, gains, and other support	or the methodoms.	a	Total expenses				
а		nancial statements	a 684,6	conord	•	l statements	•	а	631,423
b	•	uded on line a but not on		ь		ed on line a but not			,
	line 12, Form				on line 17, Form	n 990:			
(1)	Net unrealize			(1)	Donated service	es and use			
	investments	\$			of facilities \$	258,	082		
(2)	Donated serv			(2)	Prior year adjus	tments			
	of facilities	\$ 258,082			reported on line	20,			
(3)	Recoveries of	of prior			Form 990 <u>\$</u>				
	year grants	\$		(3)	Losses reported				
(4)	Other (specif	fy):			Form 990 <u>\$</u>				
		_		(4)	Other (specify):				
		\$	ь 258,0	B 2					
	Add amounts	s on lines (1) through (4)	ь 258,0	52	Add amounts o	n lines (1) through (4)		ь	258,082
	Line a minus	lino h	c 426,5	32 6	Line a minus lin	• • • • • • • • • • • • • • • • • • • •		c	373,341
¢ d		luded on line 12,	220/0	d d	Amounts includ				
u		t not on line a:			Form 990 but n				
(1)	Investment e			(1)	) Investment exp				
( ' /	not included	•			not included on				
	6b, Form 990				6b, Form 990 \$				
(2)	Other (specif			(2)	Other (specify):				
		\$			<u>\$</u>				
		s on lines (1) and (2)	d			n lines (1) and (2)		d	<u> </u>
e	Total revenu	e per line 12, Form 990	1005	e		per line 17, Form 99			272 241
3000000		ne d)	e 426,5			<u>d)</u>		e	373,341
Pa		st of Officers, Director	rs, Trustees, and Key	/ Empi	oyees (List eac	h one even if not con	npens	ated; see pa	ge 27 of
	tne	e instructions.)		(B)	Title and average	(C) Compensation	(D)	Contrib. to	(E) Expense
		(A) Name and address	S	hours p	Title and average per week devoted to position	(If not paid, enter	emp	loyee benefit s & deferred moensation	account and other allowances
S	TAN WEB	ER	*	PRE	SIDENT	-0/	CO	mpensation	allowalices
		AVENUE S. NAS	HVILLE TN			0		0	1 0
		S. DYE		CHA	IRPERSON				
1	205 8TH	AVENUE S. NAS	HVILLE TN			0		_ 0	C
W.	ARNER D	URNELL		CHA	IR ELECT				
_ 1	205 8TH	AVENUE S. NAS	HVILLE TN			0		0	0
	ANNY NE	· • • • • • • • • • • • • • • • • • • •		SEC	RETARY				
		AVENUE S. NAS	HVILLE TN			0	<u> </u>	0	0
	AVIS HU			TRE	ASURER		}	_	
_		AVENUE S. NAS	HATTTE IN	יזמת		0		0	C
		CALISTER AVENUE S. NAS	שעידד.ד.בי ייואי	N₽.∧	ELOPMENT	0		0	
	205 616	AVENUE S. NAS	UATTITE IN			- 0	-		9
• • • • •									
					-T	<del>                                     </del>			
								<u> </u>	
75	Did any offic	er, director, trustee, or key er	nplovee receive aggregate	compen	sation of more that	an \$100.000 from voi	۱۲ الا		1
		and all related organizations,				-		<b>&gt;</b>	Yes X No
		ch schedule-see page 28 of t		•	-			• • • • •	_ <b>_</b>

	990 (2004) Salama Fellowship Urban Ministries, 58-2198012			age 5
Pε	rt VI Other Information (See page 28 of the instructions.)		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of	70		v
	each activity	76		$\frac{x}{x}$
77	Were any changes made in the organizing or governing documents but not reported to the IRS?	77		
	If "Yes," attach a conformed copy of the changes.	700	*******	X
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a 78b		
b	If "Yes," has it filed a tax return on Form 990-T for this year?	760		
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a	79		х
	statement	/3		41
80a	membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	X	2000000000
	membership, governing bodies, trustees, blicers, etc., to any other exempt of honexempt organization.  If "Yes," enter the name of the organization ▶ CHRIST PRESBYTERIAN & BELMONT CHURCH	OUA		
b	and check whether it is X exempt or nonexempt.			
04 -	and check whether it is X exempt or nonexempt.  Enter direct and indirect political expenditures. See line 81 instructions  81a			
81a	N/A	81b		
b	Did the organization file Form 1120-POL for this year?  Did the organization receive donated services or the use of materials, equipment, or facilities at no charge			
82a	or at substantially less than fair rental value?	82a	x	
	If "Yes," you may indicate the value of these items here. Do not include this amount as			
U	revenue in Part I or as an expense in Part II. (See instructions in Part III.) See Stmt 8 82b 258,182			
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X	
8a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		X
ь	If "Yes," did the organization include with every solicitation an express statement that such contributions			
_	or gifts were not tax deductible?  N/A	84b		
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?  N/A	85a		
ь	Did the organization make only in-house lobbying expenditures of \$2,000 or less?  N/A	85b		
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization			
	received a waiver for proxy tax owed for the prior year.			
С	Dues, assessments, and similar amounts from members 85c			
đ	Section 162(e) lobbying and political expenditures 85d			
8	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices			
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)			
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g		<u> </u>
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its			
	reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax			
	year? N/A	85h	**********	***********
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12			
b	Gross receipts, included on line 12, for public use of club facilities			
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders	l		
b	Gross income from other sources. (Do not net amounts due or paid to other			
••	sources against amounts due or received from them.)			
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or	l		ł
	partnership, or an entity disregarded as separate from the organization under Regulations sections			-
20-	301.7701-2 and 301.7701-3? If "Yes," complete Part IX 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under:	88		X
89a	section 4911  \$\bigs_{		l	
b	501(c)(3) and 501(c)(4) orgs, Did the organization engage in any section 4958 excess benefit transaction			*********
	during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach			1
	a statement explaining each transaction	89b		x
С	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under	220		
ŭ	sections 4912, 4955, and 4958			0
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization	_	_	0
90a	List the states with which a copy of this return is filed None			<del>_</del>
b	Number of employees employed in the pay period that includes March 12, 2004 (See instructions.)			5
91	The books are in care of ▶ Telephone no. ▶			
	Located at D			
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here  and enter the amount of tax-exempt interest received or accrued during the tax year   92			▶ 🔲
	and enter the amount of tax-exempt interest received or accrued during the tax year			

Part VII		ducing Activities					-		
	gross amounts unless otherwise	<u> </u>		d business inc				2, 513, or 51	4 (E) Related or
indicated.		Bus	(A) siness code	(B) Amou	int E	(C) clusion	) Am	D) lount	exempt function
93 Program	service revenue:					code			income
_									
		ł							+
									<del> </del>
·		<del></del>			<del></del>				<del> </del>
6 14-41	- 18 4 - dissaid masses onto						<del></del>		<del> </del>
	e/Medicaid payments				-				<del> </del>
	d contracts from government agen					-	-	-	
	ship dues and assessments					14		238	1
	on savings and temporary cash inv							230	<del></del>
	ds and interest from securities					*******			
	al income or (loss) from real estate					*********			
D Not cept	-financed propertyal income or (loss) from personal p	vroperty							
100 Gain or	vestment income (loss) from sales of assets other th	an inventory							
	me or (loss) from special events								-
	rofit or (loss) from sales of inventor								
	venue: a								
-									<del>                                     </del>
									<del> </del>
ee	(add columns (B), (D), and (E))				0			238	3 0
104 Subtotal	dd line 104 columns (B) (D) and			<u> </u>	- 133		<del></del>	<u> </u>	238
Notes Line 104	dd line 104, columns (B), (D), and 5 plus line 1d, Part I, should equal	the amount on line 12. B	ort I	• • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •		• • • • • • • • • • • • • • • • • • • •	• –	
Part VIII				of Exem	nt Purno	505 (	See nan	e 34 of 1	the instructions \
Line No.	Explain how each activity for whi								
Eine No. ▼	of the organization's exempt pur		-	-		impon	izinay to un	e accomp	isi ii i e i i
N/A	of the organization's exempt pur	boses tother than by pro	viding fand	13 101 30G1 p	uiposes).			-	
					<del></del>				
Part IX	Information Regarding T	axable Subsidiarie	s and F	)isrenarde	ed Entitie	s (Se	e nage	34 of the	e instructions )
	(A)	(B)		(C)		<u> </u>	(D)		(E)
Name, ad	dress, and EIN of corporation, ship, or disregarded entity	Percentage of ownership interest	١	Nature of acti	ivities		Total inc	ome	End-of-year
N/A		%				+			assets
		%				+-			
		<del></del>			<del></del>				
<del></del>		%				$\dashv$			
Part X	Information Regarding T	ranefore Associate	od with	Percanal	Ronofit C	`^~*-	note (C)		of the instruction - \
	the organization, during the year, r		-			-		ent contrac	·
	the organization, during the year, p	• •	•	, on a persor	nai benefit c	ontract	· · · · · · ·		Yes X No
Note: If "Y	es" to (b), file Form 8870 and For	•							<del></del>
	Under penalties of perjury, I declare the								
Please	and belief, it is true, correct, and com	Piccia de la companya	E Than	nomicer) is bas	eu on all infor	madon	oi which pre	parer nas a	ny knowiedge.
Sign									
Here	Signature of officer		C					Date	
	Type or print name and title.								·
							Check if self-		Preparer's SSN or PTIN
Paid	Preparer's				Date	. , .	employed	ı ▶ ∐	(See Gen. Instr. W)
Preparer's	signature THOMAS N				6/29	// 05			P00037312
Use Only	` '	ce CPAs, PLI						EIN	► 62-1016830
•	l	3 Cleghorn A						Phone	C4 F 20 F 200 C
	address, and ZIP + 4 Na.s	hville, TN	3721	<u>5-2507 </u>				no.	<u>615-385-0686</u>

SCHEDULE A (Form 990 or 990-EZ)

#### Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

OMB No. 1545-0047

Employer Identification number

2004

Department of the Treasury Internal Revenue Service

Name of the organization Supplementary Information-(See separate instructions.)

MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

Salama Fellowship Urban Ministries, Inc. 58-2198012 Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees (See page 1 of the instructions. List each one. If there are none, enter "None.") (d) Contributions to (e) Expense (a) Name and address of each employee paid more (b) Title and average hours empl. ben. plans & account and other (c) Compensation than \$50,000 per week devoted to position deferred comp. allowances NONE Total number of other employees paid over \$50,000 Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services (See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.") (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service (c) Compensation NONE Total number of others receiving over \$50,000 for professional services

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

Schedule A (Form 990 or 990-EZ) 2004

Sched	lule A	(Form 990 or 990-EZ) 2004 Salama Fellowship Urban Ministries, 58-2198012		F	Page 2
På	n II	Statements About Activities (See page 2 of the instructions.)		Yes	No
1	atte or in	ing the year, has the organization attempted to influence national, state, or local legislation, including any mpt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid neutred in connection with the lobbying activities   \$	1		x
	Org orga	t VI-A, or line i of Part VI-B.)  anizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other  anizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of lobbying activities.			
2	Dur sub with	ing the year, has the organization, either directly or indirectly, engaged in any of the following acts with any stantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or any taxable organization with which any such person is affiliated as an officer, director, trustee, majority her, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the esactions.)			
а		e, exchange, or leasing of property?	2a		X
b		ding of money or other extension of credit?	2b		X
С		nishing of goods, services, or facilities?	2c		X
d	Pay	ment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d		<del>- ^-</del>
е 3а		nsfer of any part of its income or assets?  you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how	2e		х
Vu		determine that recipients qualify to receive payments.)  See Statement 9	3a	х	Ì
b	Do	you have a section 403(b) annuity plan for your employees?	3b		X
<b>4</b> a	Did	you maintain any separate account for participating donors where donors have the right to provide advice the use or distribution of funds?	<b>4</b> a		х
b		you provide credit counseling, debt management, credit repair, or debt negotiation services?	4b		X
	irt l'				
*****		Reason for Non-Fitvate i outification status (See pages 5 timough 6 of the instructions.)			_
5 6 7 8 9	x X	nization is not a private foundation because it is: (Please check only ONE applicable box.)  A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).  A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)  A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).  A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).  A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, cit	y,		
10		and state ►  An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(A)(A)(A)(B)(A)(A)(B)(B)(B)(B)(B)(B)(B)(B)(B)(B)(B)(B)(B)			• • • • •
11a		An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Secti 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)	on		
11b		A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)			
12		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 charitable, etc., 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 acquire by the organization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in Part IV-A.)	ed		
13		An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: (1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).)			
		Provide the following information about the supported organizations. (See page 5 of the instructions.)			
		(a) Name(s) of supported organization(s)	b) Line from a		er
					_
14	П	An organization organized and operated to toot for public sofety. Section 500/aV/) (See page 5 of the instructions.)		_	

Schedule A (Form 990 or 990-EZ) 2004 Salama Fellowship Urban Ministries, 58-2198012

Pa	rt IV-A Support Schedule (Co	mplete only if you che	cked a box on line 10,	11, or 12.) Use cash i	method of accounting	ng.
	You may use the worksheet in the instru				inting.	1 (17)
Calen	dar year (or fiscal year beginning in)	(a) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
15	Gifts, grants, and contributions received. (Do					
	not include unusual grants. See line 28.)					
16	Membership fees received					
17	Gross receipts from admissions, merchandise					
	sold or services performed, or furnishing of					
	facilities in any activity that is related to the				ļ	
	organization's charitable, etc., purpose			<del>                                     </del>		
18	Gross income from interest, dividends, amounts received from payments on securities					
	loans (section 512(a)(5)), rents, royalties, and					
	unrelated business taxable income (less					
	section 511 taxes) from businesses acquired					
40	by the organization after June 30, 1975					<u> </u>
19	Net income from unrelated business activities not included in line 18					
20	Tax revenues levied for the organization's					
20	benefit and either paid to it or expended on					
	its behalf					1
21	The value of services or facilities furnished to					
	the organization by a governmental unit					
	without charge. Do not include the value of					
	services or facilities generally furnished to the public without charge			1		
22	Other income. Attach a schedule. Do not					
	include gain or (loss) from sale of capital assets					
23	Total of lines 15 through 22					
24	Line 23 minus line 17					
25	Enter 1% of line 23					
26	Organizations described on lines 10 o		f amount in column (e)	), line 24	▶ 26	a
b	Prepare a list for your records to show the					
	governmental unit or publicly supported	organization) whose to	otal gifts for 2000 throu	ugh 2003 exceeded the	e 🔛	
	amount shown in line 26a. Do not file th	nis list with your retur	n. Enter the total of all	I these excess amount	ts <u>26</u>	b
С	Total support for section 509(a)(1) test:	Enter line 24, column (	(e)	••••••	▶ 26	c
d	Add: Amounts from column (e) for lines:	: 18	19			
		22	26b	<del></del>	▶ 26	id
0	Public support (line 26c minus line 26d (Public support percentage (line 26e (m. 26c minus line	total)		• • • • • • • • • • • • • • • • • • • •	▶ 26	e
f	Public support percentage (line 26e (n	numerator) divided by	line 26c (denominate	or))	26	f 9
27	Organizations described on line 12:					
	person," prepare a list for your records to				, each "disqualified p	
	Do not file this list with your return. Er		•			N/I
	***********************	2002)	(2001		(2000)	
b	For any amount included in line 17 that is	was received from each	h person (other than "	disqualified persons"),	prepare a list for you	r records to
	show the name of, and amount received	od in lines 5 through 4:	is more than the large	r of (1) the amount on	line 25 for the year o	or (2) \$5,000.
	(Include in the list organizations describe	ed in lines 5 through 1	i, as well as individual	IS.) Do not file this list	t with your return. A	fter computing
	the difference between the amount receivements) for each year:	ived and the larger am	ount described in (1) (	or (2), enter the sum of	these differences (the	
		2002)	(2004	11	(0000)	N/I
С	Add: Amounts from column (e) for lines:	2002) 15	16	ı) <sub></sub>	(2000)	
•	17				<b>▶</b> 1 0 7	ما
d	Add: Line 27a total.	and line 27h	total	<del></del>	▶ 27 ▶ 27	
е	Public support (line 27c total minus line	27d total)		• • • • • • • • • • • • • • • • • • • •	27	
f	Total support for section 509(a)(2) test: I	Enter amount from line	23, column (e)	▶ 27f		<u> </u>
g	Public support percentage (line 27e (n	umerator) divided by	line 27f (denominato	r))	▶ 27	g %
h	Investment income percentage (line 18	8, column (e) (numera	tor) divided by line 2	7f (denominator))	27	<u> </u>
28	Unusual Grants: For an organization de					
	prepare a list for your records to show, for	or each year, the name	e of the contributor, the	e date and amount of t	he grant, and a brief	1
	description of the nature of the grant. Do					

Schedule A (Form 990 or 990-EZ) 2004 Salama Fellowship Urban Ministries, 58-2198012 Page 4 Part V Private School Questionnaire (See page 7 of the instructions.) (To be completed ONLY by schools that checked the box on line 6 in Part IV) N/A Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, Yes No 29 other governing instrument, or in a resolution of its governing body? Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, 30 programs, and scholarships? Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during 31 the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.) ..... Does the organization maintain the following: Records indicating the racial composition of the student body, faculty, and administrative staff? 32a Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory 32b basis? Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? d Copies of all material used by the organization or on its behalf to solicit contributions? 32d If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.) ..... Does the organization discriminate by race in any way with respect to: Students' rights or privileges? 33a Admissions policies? 33b Employment of faculty or administrative staff? Scholarships or other financial assistance? 33d Educational policies? 33e Use of facilities? Athletic programs? 33g Other extracurricular activities? 33h If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.) ..... ..... ..... Does the organization receive any financial aid or assistance from a governmental agency? Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement.

Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation

Schedule A (Form 990 or 990-EZ) 2004 Sal	ama Fellows	hip Urban M	inistr	ies	, 58-21	.980	L2	Page 5
Day VIA Labbying Expend	litures by Electin	g Public Charities	s (See pa	ige a	OI THE INS	ii uciio	ns.)	
(To be completed	ONLY by an eligi	<u>ble organization t</u>	hat filed h	<u>-orm</u>	5/68)	N/A		·
Check a if the organization belo	ngs to an affiliated gro	up. Check ▶	b if y	ou ch	ecked "a" ar	d "limite	d con	trol" provisions apply.
	n Lobbying Exper				Affiliate	a) d group als		(b) To be completed for ALL electing organizations
(The term *expend	tures" means amounts	paid or incurred.)						organizations
36 Total lobbying expenditures to influence				36				
37 Total lobbying expenditures to influence	e a legislative body (di	rect lobbying)		37				
38 Total lobbying expenditures (add lines	36 and 37)			38				
39 Other exempt purpose expenditures			39					
40 Total exempt purpose expenditures (ac				40				
41 Lobbying nontaxable amount. Enter the	e amount from the follo	wing table-						
If the amount on line 40 is-		ntaxable amount is-	_					
Not over \$500,000	• • •	on line 40						
Over \$500,000 but not over \$1,000,000							******	
Over \$1,000,000 but not over \$1,500,000				41				
Over \$1,500,000 but not over \$17,000,000			l l					
Over \$17,000,000				42			8888888	
42 Grassroots nontaxable amount (enter				43				
43 Subtract line 42 from line 36. Enter -0-				44				
44 Subtract line 41 from line 38. Enter -0-	if line 41 is more than	ine 30						
Caution: If there is an amount on eith	or line 42 or line 44 vo	u must file Form 4720						
Caution: If there is all amount off enti-		aging Period Und		n 50	1(h)		**********	
(Some organizat	ions that made a section					ve colur	nns b	elow.
(OOMO Organizat		or lines 45 through 50						
		Lobbying Expe	nditures Du	uring 4	-Year Avera	ging Pe	riod	
Calendar year (or	(a)	(b)	(c	:) ·		(d)		(e)
fiscal year beginning in)	2004 2003 20			02		2001		Total
		ı			ł			
45 Lobbying nontaxable amount						***************************************		
46 Lobbying ceiling amount (150% of								
line 45(e))								
47 Total lobbying expenditures								<del></del>
48 Grassroots nontaxable amount							*********	
49 Grassroots ceiling amount (150% of								
line 48(e))								
50 Grassroots lobbying expenditures								
	y by Nonelecting	Public Charities						
			nlete Par	rt \/I_/	4) (See n	no 11	of th	ne instructions.) 1 😘
During the year, did the organization attern	not to influence nationa	L state or local legislat	ion includin	d anv	ty tocc pa	190 11	01 (1	ie instructions.)15
attempt to influence public opinion on a le				ig uiij		Yes	No	Amount
a Volunteers		-						
b Paid staff or management (Include of	compensation in expen	ses reported on lines of	through h.)		• • • • • • • • • • • • • • • • • • • •			
a Madia administrations	• • • • • • • • • • • • • • • • • • • •							
d Mailings to members, legislators, or	the public		• • • • • • • • • • • • • • • • • • •					
<ul> <li>Publications, or published or broado</li> </ul>	ast statements					i l		
f Grants to other organizations for lob	bying purposes							
g Direct contact with legislators, their	staffs, government offic	cials, or a legislative bo	dy					
h Rallies, demonstrations, seminars, o	conventions, speeches,	, lectures, or any other	means					
<ul> <li>Total lobbying expenditures (Add lin</li> </ul>	es c through h.)							
If "Yes" to any of the above, also att	ach a statement giving	a detailed description	of the lobby	ing ac	tivities.			

7296 06/29/2005 11:19 AM Schedule A (Form 990 or 990-EZ) 2004 Salama Fellowship Urban Ministries, 58-2198012 Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 11 of the instructions.) Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations? Yes No Transfers from the reporting organization to a noncharitable exempt organization of: X 51a(i) Cash X a(ii) Other assets Other transactions: Sales or exchanges of assets with a noncharitable exempt organization b(ii) Purchases of assets from a noncharitable exempt organization (ii) b(iii) Rental of facilities, equipment, or other assets b(iv) Reimbursement arrangements b(v) Loans or loan guarantees Performance of services or membership or fundraising solicitations Sharing of facilities, equipment, mailing lists, other assets, or paid employees d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received: Amount involved Name of noncharitable exempt organization Description of transfers, transactions, and sharing arrangements Line no. N/A 52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations ► T van 🖼 N

	er than section 50 I(C)(S)) of in section 527?	► Li Yes A No
b If "Yes," complete the following schedule:		
(a) Name of organization	(b) Type of organization	(c) Description of relationship
N/A		
· · · · · · · · · · · · · · · · · · ·		
		<del></del>
<del></del>		
- <del></del>		

Form '4562'

## **Depreciation and Amortization**

## (Including Information on Listed Property)

Attach to your tax return.

2004

OMB No. 1545-0172

Attachment Sequence No.

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

► See separate instructions. Salama Fellowship Urban Ministries, Inc.

Identifying number 58-2198012

	ess or activity to which this form relates adirect Depreciat:	ion							
	rt I Election To Expen	se Certain Prop	erty Under Sectio	n 179					
ageneracycles es	Note: If you have a	any listed propert	y, complete Part \	/ before yo	ou con	nplete P	art I.		
1	Maximum amount. See page 2 of							1	102,000
2	Total cost of section 179 property	placed in service (see	e page 3 of the instructi	ons)				2	
3	Threshold cost of section 179 prop							3	410,000
4	Reduction in limitation. Subtract lin							4	
5	Dollar limitation for tax year. Subtract lin							5	
	(a) Descriptio		1	Cost (business			Elected cos	t	
6									
7	Listed property. Enter the amount	from line 29			7				
8	Total elected cost of section 179 p							8	
9	Tentative deduction. Enter the sm							9	
10	Carryover of disallowed deduction		2003 Form 4562					10	
11	Business income limitation. Enter							11	
12	Section 179 expense deduction.							12	
13	Carryover of disallowed deduction				13	1			
	: Do not use Part II or Part III belov								
	rt II Special Depreciat			tion (Do r	ot inc	lude list	ed prop	ertv \	<del></del>
14	Special depreciation allowance for qual								
15	Property subject to section 168(f)(							15	
16	Other depreciation (including ACF							16	137
	Int III MACRS Depreciat						-		
SSE C	WAOKO Deprecia	non (Do not more	Section A		<u> </u>	1 110 1110	<u>traotion</u>	J.,	
17	MACRS deductions for assets pla	red in service in tax y						17	37,111
18	If you are electing under section 1				av voar		• • • • • • • •		37/144
10	into one or more general asset ac						▶ □		
			ice During 2004 Tax Y			al Dopres	istion Su	**************************************	
	Section B-A	(b) Month and	(c) Basis for depreciation			ai Deprec	lation Sys	sterii	<u> </u>
	(a) Classification of property	year placed in	(business/investment us	e period	(e) C	onvention	(f) Meth	od	(g) Depreciation deduction
40-	2	service	only-see instructions)	Parisa					
	3-year property		4,00	7 5.0		HY	200	DB	801
	5-year property	-	2,28		-	HY			<del></del>
	7-year property		2,20	7.0	+	пт	200	פעי	326
	10-year property				_				
_ <u>e</u>	15-year property	-							
	20-year property	-					0,1		
<u> </u>	25-year property			25 yrs.			S/L		
h	Residential rental		<del></del>	27.5 yrs		MM	S/L		
	property	0 (00 (04	0.00	27.5 yrs	·	MM	S/L		
i	Nonresidential real	9/30/04	8,83			MM	S/L		66
	property	Various	2,91			MM	S/L		59
		sets Placed in Servic	e During 2004 Tax Yea	r Using the	Alterna	tive Depre			T'
<u>20a</u>	·	-					S/L		
	12-year			12 yrs.			S/L		
	40-year	1 0 . 6		40 yrs.		MM	S/L		
	irt IV Summary (see pa		ictions)					1	T
21	Listed property. Enter amount from							21	
22	Total. Add amounts from line 12,	-						1	22 522
	Enter here and on the appropriate	-		orations-see	instr	<del>,</del>		22	38,500
23	For assets shown above and place	-	-						
	enter the portion of the basis attril	butable to section 263	BA costs		23	<u> </u>			

		Fellowsh	ip Urbar	n Minis	stri	es, 5	8-21	.9801	.2							Page 2
	4562 (20 irt V	Listed Prope	erty (Include	automobi	les. ce	rtain c	ther v	ehicles	s, cellu	ar tele	ephone	s, cer	tain co	mpute	ers, an	d
Te	II. No. W	nronoth/lico/	d for ontartai	nmant re	Craatio	n or	amuse	ment	1			·		•		
		Note: For any vehice 24a, 24b, columns	cle for which you a (a) through (c) of S	re using the st lection A, all o	andard m f Section	ileage rat B, and Se	te or dedu ection C if	applicabl	se expense e.	e, comple	ete only					
ect	ion A-Den	reciation and Oth	ner Information	(Caution: S	ee page	9 of the	instruct	tions for	limits for	passer	nger auto	mobiles	i.)			
		ve evidence to suppo					Yes	No			is the e			·	Yes	No
74	(a)	(b)	(c)	(d			(e)		(f)		(g)		(h)		(	i)
Тур	e of prop.	Date placed in	Business/ investment	Cost or			s for depr		Recover	' !	lethod/		Depreciat			cted
	vehicles first)	service	use percentage	bas	sis	(bus	iness/invi use on		period	Co	nvention		deductio	on 		on 179 ost
5		depreciation allowa		d listed prop	erty plac	ed in se	rvice du	ring the	tax							
	year and	used more than 5	50% in a qualifie	d business u	ıse (see	page 8	of the in	struction	ns)		. 25	5				
:6	Property	used more than 5	0% in a qualified	d business ເ	ıse (see	page 8	of the in	struction	ns):							
-	1126213															
			%			1									L	
													_			
			%			ı										_
7	Property	used 50% or less	in a qualified bu	usiness use	(see pag	ge 8 of t	he instru	ıctions):								
			•													
	l		%						1	S/I	<u>L</u> -	ł				
															1	
			%			İ				S/I	L-					
28	Add amo	ounts in column (h	), lines 25 through	gh 27. Enter	here an	d on line	e 21, pag	ge 1			28	3			1	
29	Add amo	ounts in column (i)	, line 26. Enter h	nere and on	line 7, p	age 1 .								29	}	
				Sec	ction B-	nforma	tion on	Use of V	/ehicles							
Com	plete this	section for vehicle	s used by a sole	e proprietor,	partner,	or other	r "more t	than 5%	owner,"	or relate	ed persoi	n.				
f yo	provided	vehicles to your e	employees, first	answer the	question	s in Sec	tion C to	see if y	ou meet	an exce	eption to	comple	ting this	section	for those	e vehicl
30	Total bu	siness/investment	miles driven		(	a)	(	b)	(	c)	(4	<del></del>	(	e)		(f)
	during th	ne year (do not inc	dude commuting	)	Veh	icle 1	Veh	icle 2	Vehi	cle 3	Vehi	icle 4	1	icle 5		icle 6
		e page 2 of the in														
31	Total cor	mmuting miles driv	ven during the ye	ear												
32		er personal (nonc												•		•
33		es driven during th		• •												
	Add line:	s 30 through 32			ļ		1		1						1	
14	Was the	vehicle available			Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
	use duri	ng off-duty hours?													•	
35	Was the	vehicle used prim												1		
	more tha	an 5% owner or rel	ated person? .					j						l	1	i
36	Is anothe	er vehicle available	e for personal us	se?				1						1		
			Section C-Que	stions for E	mploye	rs Who	Provide	Vehicle	s for Us	e by Th	eir Empl	ovees				
∖nsv	ver these	questions to deten	mine if you mee	t an exception	on to cor	npleting	Section						re			
ot r	nore than	5% owners or rela	ated persons (se	e page 10 o	f the ins	tructions	s) <b>.</b>			•						
															Yes	No
37	Do you r	naintain a written j	policy statement	that prohibi	ts all pe	rsonal u	se of ve	hi <b>cles, i</b> r	ncluding (	commut	ing, by y	our emp	oloyees?	•		
8	Do you r	naintain a written į	policy statement	that prohibi	ts perso	nai use	of vehic	les, exce	ept comm	nuting, b	y your e	mployee	es?			
	See pag	e 10 of the instruc	tions for vehicle:	s used by co	orporate	officers,	director	rs, or 1%	or more	owners	s				<u> </u>	
9	Do you t	reat all use of vehi	icles by employe	ees as perso	nal use'	?										
0	Do you p	provide more than	five vehicles to	your employ	ees, obt	ain infor	mation f	from you	ır employ	ees abo	out					
		of the vehicles, and														
1	Do you r	neet the requireme	ents concerning	qualified au	tomobile	demon	stration	use? (S	ee page	10 of th	e instruc	tions.)				l
0000000	Note: If	your answer to 37,	, 38, 39, 40, or 4	1 is "Yes," c	do not co	mplete	Section	B for the	covered	l vehicle	es.					
Pa	art VI	<u>Amortization</u>	<u>)                                    </u>	<del></del> -												
				/6.1	<b>\</b>			(c)		1.4	, [	(e)			/fb	
		(a)		(b) Date amo	rtization		Amo	ortizable		(d Co		Amortiza period		Am	(f) ortization	for
		Description of costs		begi			aı	mount		sect		percent			this year	
2	Amortiza	tion of costs that I	begins during yo	ur 2004 tax	year (se	e page	11 of the	e instruc	tions):							
_	A == - 11	Alam af t		0004:											<del></del>	
3	Total A	ition of costs that I	pegan before yo	ur 2004 tax	year								43			
4	Total. AC	dd amounts in colu	ının (ı). See pag	e iz of the i	ristruction	ons for v	mere to	report .	<u> </u>				44			

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## Statement 1 - Form 990, Line 20 - Other Changes in Net Assets or Fund Balances

Description	Amount
DECREASE IN TEMPORARILY RESTRICTED ASSETS	\$44,188
Total	\$44,188

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Statement 2 - Form 990, Part II, Line 43 - Other Functional Expenses

Description	Total Expenses	Program Service	Mgt & General	Fund- Raising
	, \$	,	\$	
Expenses				
ACTIVITY	11,382	11,382		
CHRISTMAS	696	696		
COMPUTER EXPENSE	3,781		3,781	
COSTUME COMPANY EXPENSE	1,327	1,327		
DONATIONS AND BENEVOLENCE	7,746	7,746		
DUES AND SUBSCRIPTIONS	754		754	
FIELD TRIPS	2,371	2,371		
FUNDRAISING	6,577			6,577
INSURANCE	3,696		3,696	
INTERNET EXPENSE	239	239		
MAKE AND TAKE	303	303		
MISCELLANEOUS	1,044	643	401	
MISSIONS	475	475		
MOTHER'S DAY CELEBRATION	420	420		
MUSIC	1,596	1,596		
PICTURES	62	62		
PROFESSIONAL FEES	15,528	10,253	5,275	
PROFESSIONAL FEES - OTHER	54,029	54,029	·	
PROMOTION	6,546	4,657	1,889	
REFRESHMENTS	4,563	4,563	•	
REPAIRS & MAINTENANCE	19,078	1,000	18,078	
RETREATS / CAMPS	5,357	5,357	•	
SCHOLARSHIPS	4,736	4,736		
SET UP / TEAR DOWN	310	310		
STAFF DEVELOPMENT	4,906		4,906	
STUDENT INCENTIVES	·		-,500	
T-SHIRTS	1,638	1,638		
TAXES AND LICENSES	5,801	_,	5,801	
TEACHER EXPENSES	681	681	3,001	
TRANSPORTATION	17,616	10,396	7,220	
UTILITIES	13,773	20,000	13,773	
VOLUNTEER EXPENSE	2,279	1,734	545	
Total	\$ 199,310 \$	126,614		6,57

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#### Statement 3 - Form 990, Part III, Line a - Statement of Program Service Accomplishments

SALAMA URBAN MINISTRIES IS A COMMUNITY-BASED CHURCH-SPONSORED YOUTH ORGANIZATION IN THE EDGEHILL COMMUNITY IN NASHVILLE, TENNESSEE, WHICH DEVELOPS AND NURTURES JUDEO-CHRISTIAN FAMILY VALUES AND DISCIPLESHIP. EDGEHILL YOUTH AND THEIR FAMILIES ARE INSTRUCTED AND ENCOURAGED TO EMBRACE CHRIST-HONORING LIFESTYLES AND TO PURSUE TRAINING AND EDUCATION TO PREPARE FOR THE FUTURE. THIS TRAINING AND EDUCATION WILL EQUIP THEM TO BECOME PRODUCTIVE CITIZENS AND FUTURE LEADERS IN THE EDGEHILL COMMUNITY AND IN ANY COMMUNITY IN THE WORLD. THE ORGANIZATION WILL SERVE AS A SUPPORT SYSTEM FOR THE YOUTH AND WILL ASSIST THEM IN DEVELOPING SELF-CONFIDENCE, SELF-ESTEEM AND ULTIMATELY SELF-SUFFICIENCY IN CHRIST JESUS.

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## Statement 4 - Form 990, Part IV, Line 56 - Other Investments

Description	eginning of Year	 End of Year	Basis of Valuation
OTHER RECEIVABLES	\$ 5,678	\$ 5,000	
Total	\$ 5,678	\$ 5,000	

#### Statement 5 - Form 990, Part IV, Line 57 - Land, Buildings, and Equipment

Description		Beginning of Year	Accum Deprec	End of Year	Accum Deprec
EQUIPMENT FURNITURE & FIXTURES BUILDING IMPROVEMENTS VEHICLES COSTUMES	\$	44,986 \$ 32,364 697,302 51,808 16,175	32,176 \$ 11,442 38,478 41,427 10,857	48,993 \$ 33,894 709,792 51,808 16,175	37,962 17,886 56,653 47,395 12,984
Total	\$ <u></u>	842,635 \$	134,380 \$	860,662 \$	172,880

#### Statement 6 - Form 990, Part IV, Line 58 - Other Assets

E	End of Year		
\$	99,615	\$	99,615
\$	99,615	\$	99,615
	E \$ \$		of Year \$ 99,615 \$

#### Statement 7 - Form 990, Part IV, Line 65 - Other Liabilities

Description	_	_	End of Year		
LINE OF CREDIT NOTE PAYABLE	\$	155,000 85,000	\$	150,000 30,000	
Total	\$	240,000	\$	180,000	

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Statement 8 - Form 990, Part VI, Line 82b - Donated Services

D. whatian	Amount
Description	\$ 258,182
DONATED SERVICES	\$ 258,182
Total	

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Statement 9 - Schedule A, Part III, Line 3a - Explanation of Grant / Loan Qualifications

SCHOLARSHIP GIVEN BASED ON ACADEMIC REQUIREMENTS AND FINANCIAL NEED

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# Form 990, Page 1

Asset	Description	Date In Service	Cost	Basis for Depr	TN Prior	TN Current	Federal Current	Difference Fed - TN
<u>5-yea</u> 72 73 74	r GDS Property: Canon Digital Camera Dell Computer - Dimension 3000 Powershot Digital Camera	1/29/04 9/15/04 7/12/04	675 2,952 380 4,007	675 2,952 380 4,007	0 0 0 0	135 590 76 801	135 590 76 801	0 0 0
7-yea 71 75 76	r GDS Property: Carpet - 1203 Bldg 60 Black Chairs 89 Black Chairs	12/29/04 3/30/04 6/30/04	750 600 930 2,280	750 600 930 2,280	0 0 0	107 86 133 326	107 86 133 326	0 0 0 0
68 69	Residential Real Property: New Shower - 1203 Bldg 1203 Remodeling 1203 Remodeling	9/30/04 3/11/04 3/29/04	8,830 2,161 750 11,741	8,830 2,161 750 11,741	0 0 0 0	66 44 15 125	66 44 15 125	0 0 0 0
12 13 16 17 18 19 60 61 62 63 64	6 Black Leather Executive Chairs	6/30/96 1/16/97 6/23/97 6/30/97 6/30/97 6/30/97 10/15/03 1/29/03 10/27/03 9/25/03 9/25/03 12/13/03 12/13/03	0 0 0 0 7,050 1,000 225 468 335 5,640 12,452 1,175 28,345	0 0 0 0 0 7,050 1,000 225 468 335 5,640 12,452 1,175 28,345	0 0 0 0 0 0 252 350 11 50 36 201 445 176	0 0 0 0 0 1,942 260 86 120 85 1,554 3,430 400	0 0 0 4 58 11 1,942 260 86 1200 85 1,554 3,430 400	0 0 0 0
1 2 3 4 5 6 7 8 9 10 11 14 15 20 21 22 23 24 25 26 27 28 29 30	CAMERA PENTAX COMPUTER MONITOR EPSON PRINTER MONITOR AND SCANNER STACKING CHAIRS AND STORAGE CA G.E. 31" TV CONCRETE SLAB Paper Shredder Gateway Computer	10/16/96 10/16/96 6/30/96 6/30/96 6/30/96 6/30/96 6/30/96 1/26/96 1/30/96 10/08/96 5/16/97 5/13/97 6/11/98 6/22/98 12/15/98 12/15/98 12/15/98 12/15/98 2/26/98 2/11/99 2/11/99 5/05/99 8/12/99 9/30/99	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 49 0 67 32 0 0 0 193 13 197 3 5 50 21 265	0 0 0 0 0 0 0 0 0 0 49 0 67 32 0 0 0 193 13 197 3 35 50 21

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		Date		Basis	TN	TN	Federal	Difference
Asse	Description	In Service	Cost	for Depr	Prior	Current	Current_	Fed - TN
33	Gateway Computer	7/30/99	0		0	0	189	189
33 34	Color Copier	11/04/99	ŏ	Ŏ	0	Ö	57	57
35	Paper Cutter	12/09/99	Ŏ	0	0	0	22	22
36	Dell Computer	12/16/99	Ŏ	0	0	0	181	181
37	Telephone System	11/11/99	Ŏ	0	0	0	626	626
38	Table & Chairs	11/22/99	0	0	0	0	174	174
39	ELECTRIC PIANO	3/07/00	Ŏ	Ō	0	0	252	252
40	CD WRITER	2/23/00	Ö	0	0	0	35	35
41	PAPER SHREDDER	4/20/00	Ö	0	0	0	9	9
42		10/12/00	Õ	0	0	0	23	23
43	PRINTER	2/17/00	Ŏ	0	0	0	18	18
45	CABINETS	2/28/00	ŏ	Õ	0	Ö	76	76
46	BOOKCASE	3/03/00	Ŏ	Ö	Õ	Ö	14	14
47	FORD VAN	3/31/00	Õ	Ö	Õ	Ŏ	4,540	4,540
48	Fax Machine	3/21/01	ŏ	ŏ	Ő	Ö	34	34
49	2 Chadwood Wall Cabinets & 2 Base Cabin		ő	ŏ	ő	ŏ	65	65
50	<u> </u>	4/12/01	ő	ő	ŏ	Ŏ	1,428	1,428
51	Costumes	9/15/01	ŏ	ŏ	ŏ	ŏ	1,728	1,728
52		9/04/02	ŏ	ŏ	ŏ	ŏ	483	483
53	Epson Stylus Printer	4/08/02	ŏ	ŏ	ŏ	ŏ	35	35
54		5/14/02	ŏ	ŏ	ŏ	ŏ	48	48
55	Windows XP	9/11/02	ŏ	ŏ	ő	ŏ	137	137
56		2/05/02	ŏ	ŏ	ő	ő	346	346
57	2 U-Stations w/ Hutch & Bookcase	3/08/02	ŏ	ŏ	ŏ	ő	101	101
58	10' Conference Table	4/11/02	0	ő	ŏ	ő	55	55
59	Building Renovation	3/01/02	0	ŏ	ŏ	ő	17,697	17,697
39	<b>J</b>	3/01/02 _						
	Total Other Depreciation	_	0	0	0	0	29,298	29,298
	Total ACRS and Other Deprec	iation	0	0	0	0	29,298	29,298
	Grand Totals		46,373	46,373	1,521	9,129	38,500	29,371
	Less: Dispositions		0	0	0	0	0	0
	Dess. Dispositions							
	Net Grand Totals	_	46,373	46,373	1,521	9,129	38,500	29,371

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#### Form 990, Part I, Line 1a - Direct Public Support

Description		Cash	Noncash	Total		
Other Contributions	\$	169,766	\$ 9,961	\$	179,727	
Total	\$	169,766	\$ 9,961	\$	179,727	