



**Part II Statement of Functional Expenses**

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See page 22 of the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.

		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule) (cash \$ _____ non-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 Telephone	34	3,271		3,271	
35 Postage and shipping	35	4,661		4,661	
36 Occupancy	36	8,073	2,485	5,588	
37 Equipment rental and maintenance	37	5,763	2,391	3,372	
38 Printing and publications	38	3,119		3,119	
39 Travel	39				
40 Conferences, conventions, and meetings	40				
41 Interest	41	13,680		13,680	
42 Depreciation, depletion, etc. (attach schedule)	42	38,500		38,500	
43 Other expenses not covered above (itemize): a	43a				
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 completing columns (B)-(D), carry these totals to lines 13-15	44	373,341	218,967	147,797	6,577

Joint Costs. Check ☐ if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ☐ Yes ☒ No

If "Yes," enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_; (ii) the amount allocated to Program services \$ \_\_\_\_\_;

(iii) the amount allocated to Management and general \$ \_\_\_\_\_; and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_

**Part III Statement of Program Service Accomplishments (See page 25 of the instructions.)**

What is the organization's primary exempt purpose?

► **CHRISTIAN SUPPORT FOR YOUTH**

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

**Program Service Expenses**  
(Required for 501(c)(3) & (4) orgs., & 4947(a)(1) trusts; but optional for others.)

a See Statement 3		
(Grants and allocations \$ _____)		218,967
b		
(Grants and allocations \$ _____)		
c		
(Grants and allocations \$ _____)		
d		
(Grants and allocations \$ _____)		
e Other program services (attach schedule)	(Grants and allocations \$ _____)	
f Total of Program Service Expenses (should equal line 44, column (B), Program services)		218,967

**Part IV Balance Sheets** (See page 25 of the instructions.)**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year
45	Cash-non-interest-bearing .....	142,634	45	82,274
46	Savings and temporary cash investments .....		46	
47a	Accounts receivable .....	47a		
b	Less: allowance for doubtful accounts .....	47b	47c	
48a	Pledges receivable .....	48a		
b	Less: allowance for doubtful accounts .....	48b	48c	
49	Grants receivable .....		49	
50	Receivables from officers, directors, trustees, and key employees (attach schedule) .....		50	
51a	Other notes and loans receivable (attach schedule) .....	51a		
b	Less: allowance for doubtful accounts .....	51b	51c	
52	Inventories for sale or use .....		52	
53	Prepaid expenses and deferred charges .....	645	53	498
54	Investments-securities .....		54	
	<input type="checkbox"/> Cost <input type="checkbox"/> FMV			
55a	Investments-land, buildings, and equipment: basis .....	55a		
b	Less: accumulated depreciation (attach schedule) .....	55b	55c	
56	Investments-other (attach schedule) .....	See Stmt 4	56	5,000
57a	Land, buildings, and equipment: basis .....	57a		
		860,662		
b	Less: accumulated depreciation (attach schedule) .....	57b	57c	
	See Statement 5	172,880		
58	Other assets (describe <input type="checkbox"/> See Statement 6 ) .....	99,615	58	99,615
59	<b>Total assets</b> (add lines 45 through 58) (must equal line 74) .....	956,827	59	875,169
60	Accounts payable and accrued expenses .....	44,583	60	13,922
61	Grants payable .....		61	
62	Deferred revenue .....		62	
63	Loans from officers, directors, trustees, and key employees (attach schedule) .....		63	
64a	Tax-exempt bond liabilities (attach schedule) .....		64a	
b	Mortgages and other notes payable (attach schedule) .....		64b	
65	Other liabilities (describe <input type="checkbox"/> See Statement 7 ) .....	240,000	65	180,000
66	<b>Total liabilities</b> (add lines 60 through 65) .....	284,583	66	193,922
<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.</b>				
67	Unrestricted .....	530,336	67	583,527
68	Temporarily restricted .....	141,908	68	97,720
69	Permanently restricted .....		69	
<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.</b>				
70	Capital stock, trust principal, or current funds .....		70	
71	Paid-in or capital surplus, or land, building, and equipment fund .....		71	
72	Retained earnings, endowment, accumulated income, or other funds .....		72	
73	<b>Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21) .....	672,244	73	681,247
74	<b>Total liabilities and net assets / fund balances</b> (add lines 66 and 73) .....	956,827	74	875,169

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.

Form 990 (2004)

**Salama Fellowship Urban Ministries, 58-2198012**

Page 4

**Part IV-A** Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See page 27 of the instructions.)

<b>a</b>	Total revenue, gains, and other support per audited financial statements	<b>a</b>	<b>684,614</b>
<b>b</b>	Amounts included on line a but not on line 12, Form 990:		
(1)	Net unrealized gains on investments \$		
(2)	Donated services and use of facilities \$ <b>258,082</b>		
(3)	Recoveries of prior year grants \$		
(4)	Other (specify):		
	\$		
	Add amounts on lines (1) through (4)	<b>b</b>	<b>258,082</b>
<b>c</b>	Line a minus line b	<b>c</b>	<b>426,532</b>
<b>d</b>	Amounts included on line 12, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify):		
	\$		
	Add amounts on lines (1) and (2)	<b>d</b>	
<b>e</b>	Total revenue per line 12, Form 990 (line c plus line d)	<b>e</b>	<b>426,532</b>

**Part IV-B** Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

<b>a</b>	Total expenses and losses per audited financial statements	<b>a</b>	<b>631,423</b>
<b>b</b>	Amounts included on line a but not on line 17, Form 990:		
(1)	Donated services and use of facilities \$ <b>258,082</b>		
(2)	Prior year adjustments reported on line 20, Form 990 \$		
(3)	Losses reported on line 20, Form 990 \$		
(4)	Other (specify):		
	\$		
	Add amounts on lines (1) through (4)	<b>b</b>	<b>258,082</b>
<b>c</b>	Line a minus line b	<b>c</b>	<b>373,341</b>
<b>d</b>	Amounts included on line 17, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify):		
	\$		
	Add amounts on lines (1) and (2)	<b>d</b>	
<b>e</b>	Total expenses per line 17, Form 990 (line c plus line d)	<b>e</b>	<b>373,341</b>

**Part V** List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated; see page 27 of the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contrib. to employee benefit plans & deferred compensation	(E) Expense account and other allowances
STAN WEBER 1205 8TH AVENUE S. NASHVILLE TN	PRESIDENT	0	0	0
MARGARET S. DYE 1205 8TH AVENUE S. NASHVILLE TN	CHAIRPERSON	0	0	0
WARNER DURNELL 1205 8TH AVENUE S. NASHVILLE TN	CHAIR ELECT	0	0	0
DANNY NEWMAN 1205 8TH AVENUE S. NASHVILLE TN	SECRETARY	0	0	0
DAVIS HUNT 1205 8TH AVENUE S. NASHVILLE TN	TREASURER	0	0	0
SIDNEY MCALISTER 1205 8TH AVENUE S. NASHVILLE TN	DEVELOPMENT	0	0	0

**75** Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? ☐ Yes ☒ No  
If "Yes," attach schedule-see page 28 of the instructions.

Yes	No
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Form **990** (2004)

## Form 990 (2004)

**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

**2004****Supplementary Information-(See separate instructions.)**Department of the Treasury  
Internal Revenue Service▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization

**Salama Fellowship Urban Ministries,  
Inc.**

Employer identification number

**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.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to empl. ben. plans & deferred comp.	(e) Expense account and other allowances
<b>NONE</b>				
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
<b>NONE</b>		
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

**Part III** Statements About Activities (See page 2 of the instructions.)

Yes No

1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)	1		X
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.				
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)			
a	Sale, exchange, or leasing of property?	2a		X
b	Lending of money or other extension of credit?	2b		X
c	Furnishing of goods, services, or facilities?	2c		X
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d		X
e	Transfer of any part of its income or assets?	2e		X
3a	Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.)	3a	X	
See Statement 9				
b	Do you have a section 403(b) annuity plan for your employees?	3b		X
4a	Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?	4a		X
b	Do you provide credit counseling, debt management, credit repair, or debt negotiation services?	4b		X

**Part IV** Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)

The organization is not a private foundation because it is: (Please check only ONE applicable box.)

- 5 ☒ A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 ☐ A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 ☐ A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 ☐ A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 ☐ A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state ► \_\_\_\_\_
- 10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 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 acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 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 number from above

- 14 ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See page 5 of the instructions.)



**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting.**Note:** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in) ▶	(a) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
<b>15</b> Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)					
<b>16</b> Membership fees received					
<b>17</b> Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose					
<b>18</b> 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 by the organization after June 30, 1975					
<b>19</b> Net income from unrelated business activities not included in line 18					
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
<b>21</b> 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					
<b>22</b> Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
<b>23</b> Total of lines 15 through 22					
<b>24</b> Line 23 minus line 17					
<b>25</b> Enter 1% of line 23					
<b>26</b> Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2000 through 2003 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					
c Total support for section 509(a)(1) test: Enter line 24, column (e)					
d Add: Amounts from column (e) for lines: 18 _____ 19 _____ 22 _____ 26b _____					
e Public support (line 26c minus line 26d total)					
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					
<b>27</b> Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: (2003) _____ (2002) _____ (2001) _____ (2000) _____					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: (2003) _____ (2002) _____ (2001) _____ (2000) _____					
c Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____					
d Add: Line 27a total _____ and line 27b total _____					
e Public support (line 27c total minus line 27d total)					
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e)					
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					
<b>28</b> Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2000 through 2003, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.					

**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	Yes	No
29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? .....	29		
30 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, programs, and scholarships? .....	30		
31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during 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? .....	31		
If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.) ..... ..... .....			
32 Does the organization maintain the following:			
a Records indicating the racial composition of the student body, faculty, and administrative staff? .....	32a		
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? .....	32b		
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? .....	32c		
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.) ..... .....			
33 Does the organization discriminate by race in any way with respect to:			
a Students' rights or privileges? .....	33a		
b Admissions policies? .....	33b		
c Employment of faculty or administrative staff? .....	33c		
d Scholarships or other financial assistance? .....	33d		
e Educational policies? .....	33e		
f Use of facilities? .....	33f		
g Athletic programs? .....	33g		
h Other extracurricular activities? .....	33h		
If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.) ..... ..... .....			
34a Does the organization receive any financial aid or assistance from a governmental agency? .....	34a		
b Has the organization's right to such aid ever been revoked or suspended? .....	34b		
If you answered "Yes" to either 34a or b, please explain using an attached statement. .....			
35 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 .....	35		

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 9 of the instructions.)  
(To be completed **ONLY** by an eligible organization that filed Form 5768) **N/A**Check ☐ **a** if the organization belongs to an affiliated group. Check ☐ **b** if you checked "a" and "limited control" provisions apply.**Limits on Lobbying Expenditures**

(The term "expenditures" means amounts paid or incurred.)

	(a) Affiliated group totals	(b) To be completed for ALL electing organizations
36 Total lobbying expenditures to influence public opinion (grassroots lobbying) .....	36	
37 Total lobbying expenditures to influence a legislative body (direct lobbying) .....	37	
38 Total lobbying expenditures (add lines 36 and 37) .....	38	
39 Other exempt purpose expenditures .....	39	
40 Total exempt purpose expenditures (add lines 38 and 39) .....	40	
41 Lobbying nontaxable amount. Enter the amount from the following table-		
If the amount on line 40 is-		
Not over \$500,000 .....	20% of the amount on line 40 .....	
Over \$500,000 but not over \$1,000,000 .....	\$100,000 plus 15% of the excess over \$500,000 .....	
Over \$1,000,000 but not over \$1,500,000 .....	\$175,000 plus 10% of the excess over \$1,000,000 .....	
Over \$1,500,000 but not over \$17,000,000 .....	\$225,000 plus 5% of the excess over \$1,500,000 .....	
Over \$17,000,000 .....	\$1,000,000 .....	
42 Grassroots nontaxable amount (enter 25% of line 41) .....	42	
43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36 .....	43	
44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38 .....	44	

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.)

See the instructions for lines 45 through 50 on page 11 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
45 Lobbying nontaxable amount .....					
46 Lobbying ceiling amount (150% of line 45(e)) .....					
47 Total lobbying expenditures .....					
48 Grassroots nontaxable amount .....					
49 Grassroots ceiling amount (150% of line 48(e)) .....					
50 Grassroots lobbying expenditures .....					

**Part VI-B Lobbying Activity by Nonelecting Public Charities**(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.) **N/A**

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:

	Yes	No	Amount
a Volunteers .....			
b Paid staff or management (Include compensation in expenses reported on lines c through h.) .....			
c Media advertisements .....			
d Mailings to members, legislators, or the public .....			
e Publications, or published or broadcast statements .....			
f Grants to other organizations for lobbying purposes .....			
g Direct contact with legislators, their staffs, government officials, or a legislative body .....			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means .....			
i Total lobbying expenditures (Add lines c through h.) .....			

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

**Part VII** Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 11 of the instructions.)

a Transfers from the reporting organization to a noncharitable exempt organization of:

(i) Cash

(ii) Other assets

**b Other transactions:**

(i) Sales or exchanges of assets with a noncharitable exempt organization

(ii) Purchases of assets from a noncharitable exempt organization

(iii) Rental of facilities, equipment, or other assets

(iv) Reimbursement arrangements

(v) Loans or loan guarantees

(vi) Performance of services or membership or fundraising solicitations

**c** 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:

	Yes	No
51a(i)		X
a(ii)		X
b(i)		X
b(ii)		X
b(iii)		X
b(iv)		X
b(v)		X
b(vi)		X
c		X

[illegible]

**52a** Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?

► ☐ Yes ☒ No

**b** If "Yes," complete the following schedule:

[illegible]

## Depreciation and Amortization

OMB No. 1545-0172

Form 4562

## (Including Information on Listed Property)

2004

Attachment  
Sequence No. 67Department of the Treasury  
Internal Revenue Service

▶ See separate instructions.

▶ Attach to your tax return.

Name(s) shown on return

Salama Fellowship Urban Ministries,  
Inc.

Identifying number

58-2198012

Business or activity to which this form relates

## Indirect Depreciation

## 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.

1	Maximum amount. See page 2 of the instructions for a higher limit for certain businesses	1	102,000
2	Total cost of section 179 property placed in service (see page 3 of the instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	410,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see page 3 of the instructions	5	

(a) Description of property	(b) Cost (business use only)	(c) Elected cost	
6			
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2003 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2005. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

## Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.)

14	Special depreciation allowance for qualified prop. (other than listed prop.) placed in service during the tax year (see pg. 3 of the instructions)	14	
15	Property subject to section 168(f)(1) election (see page 4 of the instructions)	15	
16	Other depreciation (including ACRS) (see page 4 of the instructions)	16	137

## Part III MACRS Depreciation (Do not include listed property.) (See page 5 of the instructions.)

## Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2004	17	37,111
18	If you are electing under section 168(i)(4) to group any assets placed in service during the tax year into one or more general asset accounts, check here		

## Section B-Assets Placed in Service During 2004 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
19a 3-year property						
b 5-year property		4,007	5.0	HY	200DB	801
c 7-year property		2,280	7.0	HY	200DB	326
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
			27.5 yrs.	MM	S/L	
i Nonresidential real property	9/30/04	8,830	39 yrs.	MM	S/L	66
	Various	2,911	39.0	MM	S/L	59

## Section C-Assets Placed in Service During 2004 Tax Year Using the Alternative Depreciation System

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

## Part IV Summary (see page 8 of the instructions)

21	Listed property. Enter amount from line 28	21	
22	Total. 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 instr.	22	38,500
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form 4562 (2004)

DAA

There are no amounts for Page 2

## Salama Fellowship Urban Ministries, 58-2198012

Form 4562 (2004)

Page 2

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

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

**Section A-Depreciation and Other Information** (Caution: See page 9 of the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed?		Yes	No	24b If "Yes," is the evidence written?		Yes	No	
(a) Type of prop. (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see page 8 of the instructions) ..... 25								
26 Property used more than 50% in a qualified business use (see page 8 of the instructions):								
		%						
		%						
27 Property used 50% or less in a qualified business use (see page 8 of the instructions):								
		%			S/L-			
		%			S/L-			
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 .....							28	
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 .....							29	

**Section B-Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person.

If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle 1	(b) Vehicle 2	(c) Vehicle 3	(d) Vehicle 4	(e) Vehicle 5	(f) Vehicle 6
30 Total business/investment miles driven during the year (do not include commuting miles-See page 2 of the instructions) .....						
31 Total commuting miles driven during the year .....						
32 Total other personal (noncommuting) miles driven ..						
33 Total miles driven during the year. Add lines 30 through 32 .....						
34 Was the vehicle available for personal use during off-duty hours? .....	Yes	No	Yes	No	Yes	No
35 Was the vehicle used primarily by a more than 5% owner or related person? .....						
36 Is another vehicle available for personal use? .....						

**Section C-Questions for Employers Who Provide Vehicles for Use by Their Employees**

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see page 10 of the instructions).

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? .....		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See page 10 of the instructions for vehicles used by corporate officers, directors, or 1% or more owners .....		
39 Do you treat all use of vehicles by employees as personal use? .....		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? .....		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See page 10 of the instructions.) .....		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

**Part VI Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year	
42 Amortization of costs that begins during your 2004 tax year (see page 11 of the instructions):						
43 Amortization of costs that began before your 2004 tax year .....					43	0
44 Total. Add amounts in column (f). See page 12 of the instructions for where to report .....					44	

**Federal Statements****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

# Federal Statements

## 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				
T-SHIRTS	1,638	1,638		
TAXES AND LICENSES	5,801		5,801	
TEACHER EXPENSES	681	681		
TRANSPORTATION	17,616	10,396	7,220	
UTILITIES	13,773		13,773	
VOLUNTEER EXPENSE	2,279	1,734	545	
Total	\$ 199,310	\$ 126,614	\$ 66,119	\$ 6,577



**Federal Statements****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.

## Federal Statements

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

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

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

Description	Beginning of Year	End of Year
1203 Building	\$ 99,615	\$ 99,615
Total	\$ 99,615	\$ 99,615

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

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

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58-2198012

FYE: 12/31/2004

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

Description	Amount
DONATED SERVICES	\$ 258,182
Total	\$ 258,182

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

SCHOLARSHIP GIVEN BASED ON ACADEMIC REQUIREMENTS AND FINANCIAL NEED

58-2198012

**TN Asset Report**

FYE: 12/31/2004

**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Basis for Depr	TN Prior	TN Current	Federal Current	Difference Fed - TN
<b>5-year GDS Property:</b>								
72	Canon Digital Camera	1/29/04	675	675	0	135	135	0
73	Dell Computer - Dimension 3000	9/15/04	2,952	2,952	0	590	590	0
74	Powershot Digital Camera	7/12/04	380	380	0	76	76	0
			<u>4,007</u>	<u>4,007</u>	<u>0</u>	<u>801</u>	<u>801</u>	<u>0</u>
<b>7-year GDS Property:</b>								
71	Carpet - 1203 Bldg	12/29/04	750	750	0	107	107	0
75	60 Black Chairs	3/30/04	600	600	0	86	86	0
76	89 Black Chairs	6/30/04	930	930	0	133	133	0
			<u>2,280</u>	<u>2,280</u>	<u>0</u>	<u>326</u>	<u>326</u>	<u>0</u>
<b>Non-Residential Real Property:</b>								
68	New Shower - 1203 Bldg	9/30/04	8,830	8,830	0	66	66	0
69	1203 Remodeling	3/11/04	2,161	2,161	0	44	44	0
70	1203 Remodeling	3/29/04	750	750	0	15	15	0
			<u>11,741</u>	<u>11,741</u>	<u>0</u>	<u>125</u>	<u>125</u>	<u>0</u>
<b>Prior MACRS:</b>								
12	Computer	6/30/96	0	0	0	0	0	0
13	HP lazer Jet Printer	1/16/97	0	0	0	0	0	0
16	Refrigerator	6/23/97	0	0	0	0	0	0
17	Two Drawer File Cabinet	6/30/97	0	0	0	0	4	4
18	Laminator	6/30/97	0	0	0	0	58	58
19	Laminator Cabinet	6/30/97	0	0	0	0	11	11
60	Telephone System	10/15/03	7,050	7,050	252	1,942	1,942	0
61	Powerite 5300 LCD Projector	1/29/03	1,000	1,000	350	260	260	0
62	Epson Scanner	10/27/03	225	225	11	86	86	0
63	6 Black Leather Executive Chairs	9/25/03	468	468	50	120	120	0
64	3 Back Mesh-Back Chairs	9/25/03	335	335	36	85	85	0
65	150 Stack Chairs	12/13/03	5,640	5,640	201	1,554	1,554	0
66	145 Teal/Wild Cherry Chairs	12/13/03	12,452	12,452	445	3,430	3,430	0
67	Costumes	7/07/03	1,175	1,175	176	400	400	0
			<u>28,345</u>	<u>28,345</u>	<u>1,521</u>	<u>7,877</u>	<u>7,950</u>	<u>73</u>
<b>Other Depreciation:</b>								
1	SURGE PROTECTOR	10/16/96	0	0	0	0	0	0
2	46X60 CHAIR MAT	10/16/96	0	0	0	0	0	0
3	Desk	6/30/96	0	0	0	0	0	0
4	Credenza	6/30/96	0	0	0	0	0	0
5	Conference Chairs (6)	6/30/96	0	0	0	0	0	0
6	Office Chairs (3)	6/30/96	0	0	0	0	0	0
7	Office Chair	6/30/96	0	0	0	0	0	0
8	Table and Chairs (4)	6/30/96	0	0	0	0	0	0
9	RAMP	1/26/96	0	0	0	0	0	0
10	ARCHITECT SERVICES	1/30/96	0	0	0	0	0	0
11	PRINTER	10/08/96	0	0	0	0	0	0
14	CARPET	5/16/97	0	0	0	0	49	49
15	HP LASERJET 6LSE	5/13/97	0	0	0	0	0	0
20	CAMCORDER	6/11/98	0	0	0	0	67	67
21	CAMERA PENTAX	6/11/98	0	0	0	0	32	32
22	COMPUTER MONITOR	6/22/98	0	0	0	0	0	0
23	EPSON PRINTER	12/15/98	0	0	0	0	0	0
24	MONITOR AND SCANNER	12/15/98	0	0	0	0	0	0
25	STACKING CHAIRS AND STORAGE CA	3/06/98	0	0	0	0	193	193
26	G.E. 31" TV	11/06/98	0	0	0	0	13	13
27	CONCRETE SLAB	2/26/98	0	0	0	0	197	197
28	Paper Shredder	2/11/99	0	0	0	0	3	3
29	Gateway Computer	2/11/99	0	0	0	0	35	35
30	27" TV and VCR	5/05/99	0	0	0	0	50	50
31	Printer	8/12/99	0	0	0	0	21	21
32	2 Dell Computers	9/30/99	0	0	0	0	265	265

58-2198012

**TN Asset Report**

FYE: 12/31/2004

**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Basis for Depr	TN Prior	TN Current	Federal Current	Difference Fed - TN
33	Gateway Computer	7/30/99	0	0	0	0	189	189
34	Color Copier	11/04/99	0	0	0	0	57	57
35	Paper Cutter	12/09/99	0	0	0	0	22	22
36	Dell Computer	12/16/99	0	0	0	0	181	181
37	Telephone System	11/11/99	0	0	0	0	626	626
38	Table & Chairs	11/22/99	0	0	0	0	174	174
39	ELECTRIC PIANO	3/07/00	0	0	0	0	252	252
40	CD WRITER	2/23/00	0	0	0	0	35	35
41	PAPER SHREDDER	4/20/00	0	0	0	0	9	9
42	PRINTER	10/12/00	0	0	0	0	23	23
43	PRINTER	2/17/00	0	0	0	0	18	18
45	CABINETS	2/28/00	0	0	0	0	76	76
46	BOOKCASE	3/03/00	0	0	0	0	14	14
47	FORD VAN	3/31/00	0	0	0	0	4,540	4,540
48	Fax Machine	3/21/01	0	0	0	0	34	34
49	2 Chadwood Wall Cabinets & 2 Base Cabin	3/12/01	0	0	0	0	65	65
50	1999 Ford XL Van	4/12/01	0	0	0	0	1,428	1,428
51	Costumes	9/15/01	0	0	0	0	1,728	1,728
52	Dell Dimension 2300	9/04/02	0	0	0	0	483	483
53	Epson Stylus Printer	4/08/02	0	0	0	0	35	35
54	Fax Machine	5/14/02	0	0	0	0	48	48
55	Windows XP	9/11/02	0	0	0	0	137	137
56	Refrigerator & Stove	2/05/02	0	0	0	0	346	346
57	2 U-Stations w/ Hutch & Bookcase	3/08/02	0	0	0	0	101	101
58	10' Conference Table	4/11/02	0	0	0	0	55	55
59	Building Renovation	3/01/02	0	0	0	0	17,697	17,697
<b>Total Other Depreciation</b>			<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>29,298</u>	<u>29,298</u>
<b>Total ACRS and Other Depreciation</b>			<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>29,298</u>	<u>29,298</u>
<b>Grand Totals</b>			46,373	46,373	1,521	9,129	38,500	29,371
<b>Less: Dispositions</b>			<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
<b>Net Grand Totals</b>			<u>46,373</u>	<u>46,373</u>	<u>1,521</u>	<u>9,129</u>	<u>38,500</u>	<u>29,371</u>

**Federal Statements****Form 990, Part I, Line 1a - Direct Public Support**

<u>Description</u>	<u>Cash</u>	<u>Noncash</u>	<u>Total</u>
Other Contributions	\$ 169,766	\$ 9,961	\$ 179,727
Total	<u>\$ 169,766</u>	<u>\$ 9,961</u>	<u>\$ 179,727</u>