

Federal Diagnostics

Prepared by: Michael McKerley
11/05/2015 02:38 PM
Michael McKerley

Critical Messages

None

Electronic Filing

None

Informational Messages

- ☐ Form 990, Part X, line 27 end of year unrestricted net asset balance is calculated
- ☐ Verify that any cash contributions from special events reported in the Direct folder that are subject to Schedule B reporting requirements have been entered in View > Contributor/Officer > Contributor Information
- ☐ Option to suppress all contributor information (Schedule B) is selected on this return
- ☐ Preparer 'Michael McKerley', Staff 'Marilyn'
- ☐ Force field entered with data "529,914" on Screen PSA
- ☐ Force field entered with data "34,347" on Screen Exp-2

Forms 990 / 990-EZ Return Summary

For calendar year 2014, or tax year beginning _____, and ending _____

58-2198012

SALAMA URBAN MINISTRIES, INC.

Net Asset / Fund Balance at Beginning of Year 484,944

Revenue

Contributions	<u>938,782</u>	
Program service revenue	<u>20,712</u>	
Investment income	<u>0</u>	
Capital gain / loss		
Fundraising / Gaming:		
Gross revenue		
Direct expenses	<u>83,951</u>	
Net income	<u>-83,951</u>	
Other income	<u>10,757</u>	
Total revenue		<u><u>886,300</u></u>

Expenses

Program services	<u>529,914</u>	
Management and general	<u>206,010</u>	
Fundraising	<u>204,320</u>	
Total expenses		<u><u>940,244</u></u>
Excess / (deficit)		<u><u>-53,944</u></u>

Changes _____

Net Asset / Fund Balance at End of Year 431,000

Reconciliation of Revenue

Total revenue per financial statements	<u>1,120,251</u>
Less:	
Unrealized gains	_____
Donated services	_____
Recoveries	_____
Other	<u>150,000</u>
Plus:	
Investment expenses	_____
Other	<u>-83,951</u>
Total revenue per return	<u><u>886,300</u></u>

Reconciliation of Expenses

Total expenses per financial statements	<u>1,174,195</u>
Less:	
Donated services	_____
Prior year adjustments	_____
Losses	_____
Other	<u>233,951</u>
Plus:	
Investment expenses	_____
Other	_____
Total expenses per return	<u><u>940,244</u></u>

Balance Sheet

	Beginning	Ending	Differences
Assets	<u>1,102,062</u>	<u>984,950</u>	
Liabilities	<u>617,118</u>	<u>553,950</u>	
Net assets	<u><u>484,944</u></u>	<u><u>431,000</u></u>	<u><u>-53,944</u></u>

Miscellaneous Information

Amended return _____
 Return / extended due date 05/15/15
 Failure to file penalty _____

McKerley+Noonan

CERTIFIED PUBLIC ACCOUNTANTS

104 Woodmont Blvd Ste 120, Nashville, TN 37205-2311
615-279-0088 | McKerleyNoonan.com | @MckerleyNoonan

November 5, 2015

CONFIDENTIAL

Salama Urban Ministries, Inc.
1205 8th Ave. South
Nashville, TN 37203

Dear Dawana:

We have prepared the following returns from information provided by you without verification or audit.

Return of Organization Exempt From Income Tax (Form 990)

We suggest that you examine these returns carefully to fully acquaint yourself with all items contained therein to ensure that there are no omissions or misstatements. Attached are instructions for signing and filing each return. Please follow those instructions carefully.

Enclosed is any material you furnished for use in preparing the returns. If the returns are examined, requests may be made for supporting documentation. Therefore, we recommend that you retain all pertinent records for at least seven years.

In order that we may properly advise you of tax considerations, please keep us informed of any significant changes in your financial affairs or of any correspondence received from taxing authorities.

If you have any questions, or if we can be of assistance in any way, please call.

Sincerely,

McKerley & Noonan, PC, CPA

Filing Instructions

Salama Urban Ministries, Inc.

Exempt Organization Tax Return

Taxable Year Ended December 31, 2014

Date Due: May 15, 2015

Remittance: None is required. Your Form 990 for the tax year ended 12/31/14 shows no balance due.

Signature: You are using a Personal Identification Number (PIN) for signing your return electronically. Sign the IRS e-file Authorization and mail it as soon as possible to:

McKerley & Noonan, PC, CPA
104 Woodmont Blvd Ste 120
Nashville, TN 37205-2311

Other: Initial and date the copies of the IRS e-file Signature Authorization and the Form 990. Retain them for your records. If previously signed and returned no further action is required for Form 8879-EO.

Your return is being filed electronically with the IRS and is not required to be mailed. Mailing a paper copy of your return to the IRS will delay the processing of your return.

Form **8879-EO****IRS e-file Signature Authorization
for an Exempt Organization**

OMB No. 1545-1878

Department of the Treasury
Internal Revenue Service

For calendar year 2014, or fiscal year beginning, 2014, and ending, 20

u Do not send to the IRS. Keep for your records.**u Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo.****2014**

Name of exempt organization

SALAMA URBAN MINISTRIES, INC.

Employer identification number

58-2198012

Name and title of officer

**WADE MCGREGOR
PRESIDENT****Part I Type of Return and Return Information (Whole Dollars Only)**

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a**, **2a**, **3a**, **4a**, or **5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b**, **2b**, **3b**, **4b**, or **5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1b 886,300
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2b
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	5b

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2014 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

☒ I authorize **MCKERLEY & NOONAN, PC, CPA** to enter my PIN **12345** as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2014 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☐ As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2014 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature }

Date } **11/04/15****Part III Certification and Authentication**

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

62570912345

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2014 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature }

Date } **11/04/15****ERO Must Retain This Form—See Instructions****Do Not Submit This Form To the IRS Unless Requested To Do So****For Paperwork Reduction Act Notice, see back of form.**Form **8879-EO** (2014)

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

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2014
Open to Public Inspection

A For the 2014 calendar year, or tax year beginning , and ending**B** Check if applicable:

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

C Name of organization**SALAMA URBAN MINISTRIES, INC.**

Doing business as

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

1205 8TH AVE. SOUTH

Room/suite

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

NASHVILLE**TN 37203****D** Employer identification number**58-2198012****E** Telephone number**G** Gross receipts \$ **970,251****F** Name and address of principal officer:**DAWANA L. WADE****1205 8TH AVE. SOUTH****NASHVILLE****TN 37203****H(a)** Is this a group return for subordinates? ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☐ No

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

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () **t** (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: **u** **SALAMASERVES.ORG****H(c)** Group exemption number **u****K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other **u****L** Year of formation: **1993****M** State of legal domicile: **TN****Part I Summary**

Activities & Governance	1 Briefly describe the organization's mission or most significant activities:		
	TO SUPPORT FAMILIES AND EQUIP YOUTH WITH THE SKILLS AND VALUES NEEDED FOR SUCCESS.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	13
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	13
	5 Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5	32
	6 Total number of volunteers (estimate if necessary)	6	200
Revenue	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
	b Net unrelated business taxable income from Form 990-T, line 34	7b	0
	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)		938,782
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		20,712
Expenses	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)		-73,194
	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)		886,300
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		0
	16a Professional fundraising fees (Part IX, column (A), line 11e)		678,355
	b Total fundraising expenses (Part IX, column (D), line 25) u		0
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)		204,320
	18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)		261,889
Net Assets or Fund Balances	19 Revenue less expenses. Subtract line 18 from line 12		940,244
	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	1,102,062	984,950
	22 Net assets or fund balances. Subtract line 21 from line 20	617,118	553,950
		484,944	431,000

Part II Signature Block

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

Sign Here	Signature of officer	Date			
	WADE MCGREGOR Type or print name and title	PRESIDENT			
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	MICHAEL MCKERLEY		11/05/15	<input type="checkbox"/>	P00037316
	Firm's name	Firm's EIN			
	MCKERLEY & NOONAN, PC, CPA	62-1797916			
	Firm's address	Phone no.			
	104 WOODMONT BLVD STE 120 NASHVILLE, TN 37205-2311	615-279-0088			

May the IRS discuss this return with the preparer shown above? (see instructions) ☐ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2014)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☐

1 Briefly describe the organization's mission:

TO SUPPORT FAMILIES AND EQUIP YOUTH WITH THE SKILLS AND VALUES NEEDED FOR SUCCESS.2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

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

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ **529,914** including grants of \$) (Revenue \$)**FOR MORE THAN 25 YEARS, SALAMA (SWAHILI WORD FOR PEACE) HAS SERVED THE GREATER NASHVILLE AREA BY PROVIDING LIFE-CHANGING PROGRAMS THAT EQUIP CHILDREN WITH SKILLS NEEDED FOR SUCCESS IN LIFE.****TODAY, THE SALAMA INSTITUTE PROVIDES A YEAR-ROUND, 5-DAY/WEEK EXTENDED LEARNING PROGRAM THAT DEVELOPS YOUTH INTO VALUE GUIDED LEADERS. WE SERVE GRADES K-12. WE INVEST APPROXIMATELY 650 HOURS A YEAR OF INSTRUCTION PER STUDENT IN ACADEMICS, THE PERFORMING ARTS, AND SPIRITUAL DEVELOPMENT IN THE CHRISTIAN FAITH.****SALAMA IS PARTNERING WITH FAMILIES IN NEED TO HELP THEM REACH GOD-GIVEN DREAMS FOR THEIR CHILDREN.**

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O.)

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

4e Total program service expenses **u 529,914**

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	X	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		X
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b	X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26	X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, or IV, and Part V, line 1	34	X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36	X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	X

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 6	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 32	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
b	If "Yes," enter the name of the foreign country: u See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	

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

Section A. Governing Body and Management

	1a	13	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		13		
b Enter the number of voting members included in line 1a, above, who are independent	1b	13		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?			2	X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?			3	X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			4	X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?			5	X
6 Did the organization have members or stockholders?			6	X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?			7a	X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?			7b	X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a The governing body?			8a	X
b Each committee with authority to act on behalf of the governing body?			8b	X
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9	X

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

	Yes	No
10a Did the organization have local chapters, branches, or affiliates?	10a	X
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	X
13 Did the organization have a written whistleblower policy?	13	X
14 Did the organization have a written document retention and destruction policy?	14	X
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	15a	X
b Other officers or key employees of the organization	15b	X
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	X
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

Section C. Disclosure

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

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

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

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

THE ORGANIZATION
NASHVILLE

1205 8TH AVENUE S.

TN 37203

615-251-4050

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) WADE MCGREGOR	0.00									
CHAIR	0.00	X		X				0	0	0
(2) FRAZER BUNTIN	0.00									
VICE CHAIR	0.00	X		X				0	0	0
(3) HUNTER CONNELLY	0.00									
DIRECTOR	0.00	X		X				0	0	0
(4) JOHN ORR	0.00									
SECRETARY	0.00	X		X				0	0	0
(5) RUSH BENTON	0.00									
DIRECTOR	0.00	X						0	0	0
(6) JOHN GIFFORD	0.00									
DIRECTOR	0.00	X						0	0	0
(7) STEPHEN HANDY	0.00									
DIRECTOR	0.00	X						0	0	0
(8) GREG HUDDLESTON	0.00									
DIRECTOR	0.00	X						0	0	0
(9) THOMAS KINNARD	0.00									
DIRECTOR	0.00	X						0	0	0
(10) NATASHA METCALF	0.00									
DIRECTOR	0.00	X						0	0	0
(11) PAM MORRIS	0.00									
DIRECTOR	0.00	X						0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) GLORIA TOWNER	0.00									
DIRECTOR	0.00	X						0	0	0
(13) SUSAN WEST	0.00									
DIRECTOR	0.00	X						0	0	0
(14) DAWANA L. WADE	40.00									
EXECUTIVE DIRECTOR	0.00			X				88,269	0	12,771
(15)										
(16)										
(17)										
(18)										
(19)										
1b Sub-total								88,269		12,771
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								88,269		12,771

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

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

	Yes	No
3		X
4		X
5		X

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

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

Section B. Independent Contractors

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

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

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

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a 48,542				
	b Membership dues	1b				
	c Fundraising events	1c 213,514				
	d Related organizations	1d				
	e Government grants (contributions)	1e 21,190				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 655,536				
	g Noncash contributions included in lines 1a-1f: \$					
	h Total. Add lines 1a-1f	u 938,782				
Program Service Revenue	2a TUITION	Busn. Code	20,712	20,712		
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f	u 20,712				
	3 Investment income (including dividends, interest, and other similar amounts)	u				
4 Income from investment of tax-exempt bond proceeds	u					
5 Royalties	u					
Other Revenue	6a Gross rents	(i) Real 10,757 (ii) Personal				
	b Less: rental exps.					
	c Rental inc. or (loss)	10,757				
	d Net rental income or (loss)	u 10,757				
	7a Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
	b Less: cost or other basis & sales exps.					
	c Gain or (loss)					
	d Net gain or (loss)	u				
	8a Gross income from fundraising events (not including \$ 213,514 of contributions reported on line 1c). See Part IV, line 18	a				
	b Less: direct expenses	b 83,951				
	c Net income or (loss) from fundraising events	u -83,951				
	9a Gross income from gaming activities. See Part IV, line 19	a				
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities	u				
	10a Gross sales of inventory, less returns and allowances	a				
	b Less: cost of goods sold	b				
	c Net income or (loss) from sales of inventory	u				
	Miscellaneous Revenue		Busn. Code			
11a						
b						
c						
d All other revenue						
e Total. Add lines 11a-11d	u					
12 Total revenue. See instructions.	u	886,300	20,712	0	10,757	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	101,040		101,040	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	477,694	274,225	59,391	144,078
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	4,484	2,026	1,553	905
9 Other employee benefits	52,129	28,583		23,546
10 Payroll taxes	43,008	21,264	10,339	11,405
11 Fees for services (non-employees):				
a Management				
b Legal	2,109		2,109	
c Accounting	2,438		2,438	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	15,122	15,122		
12 Advertising and promotion				
13 Office expenses	26,732	21,522	570	4,640
14 Information technology	11,219	6,300	1,769	3,150
15 Royalties				
16 Occupancy	58,702	51,758	6,944	
17 Travel	22,943	21,662	1,281	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	18,011	17,097	914	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	34,347	30,913	1,717	1,717
23 Insurance	6,580	4,021	2,559	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a OTHER EXPENSES	13,672	3,529	7,188	2,955
b FOOD EXPENSE	13,269	13,252		17
c PROMOTION	9,083	239		8,844
d BENEVOLENCE < \$5K	8,816	8,816		
e All other expenses	18,846	9,585	6,198	3,063
25 Total functional expenses. Add lines 1 through 24e	940,244	529,914	206,010	204,320
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest bearing	237,022	1	151,204
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	300
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	50	9	50
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,579,934		
	b Less: accumulated depreciation	10b 746,538	10c	833,396
	11 Investments—publicly traded securities		11	
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	1,102,062	16	984,950	
Liabilities	17 Accounts payable and accrued expenses	85,993	17	30,950
	18 Grants payable		18	
	19 Deferred revenue	86,125	19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	430,000	23	430,000
	24 Unsecured notes and loans payable to unrelated third parties	15,000	24	93,000
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	617,118	26	553,950
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	484,944	27	401,925
	28 Temporarily restricted net assets		28	29,075
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	484,944	33	431,000	
34 Total liabilities and net assets/fund balances	1,102,062	34	984,950	

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	886,300
2	Total expenses (must equal Part IX, column (A), line 25)	2	940,244
3	Revenue less expenses. Subtract line 2 from line 1	3	-53,944
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	484,944
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	431,000

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

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

SCHEDULE A
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Public Charity Status and Public Support****Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.****u Attach to Form 990 or Form 990-EZ.****u** Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2014**Open to Public Inspection**

Name of the organization

SALAMA URBAN MINISTRIES, INC.

Employer identification number

58-2198012**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) u	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	677,537	882,123	963,794	992,013	938,782	4,454,249
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	677,537	882,123	963,794	992,013	938,782	4,454,249
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						4,454,249

Section B. Total Support

Calendar year (or fiscal year beginning in) u	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4	677,537	882,123	963,794	992,013	938,782	4,454,249
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources					10,757	10,757
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						4,465,006

12 Gross receipts from related activities, etc. (see instructions) **12** 20,712

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))	14	99.76 %
15 Public support percentage from 2013 Schedule A, Part II, line 14	15	83.20 %

- 16a 33 1/3% support test—2014.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☒
- b 33 1/3% support test—2013.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐
- 17a 10%-facts-and-circumstances test—2014.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ☐
- b 10%-facts-and-circumstances test—2013.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ☐
- 18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ☐

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.
If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) u	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) u	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2013 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2013 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests—2014. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

b 33 1/3% support tests—2013. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .		
b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		
10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.		
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
1		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
1		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
1		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
2		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		
3		

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

	Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
2a		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
2b		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI .		
3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		
3b		

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

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

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

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

Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

7 ☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in Part VI). See instructions.	
7	Total annual distributions. Add lines 1 through 6.	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9	Distributable amount for 2014 from Section C, line 6	
10	Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014:			
a				
b				
c				
d				
e	From 2013			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2014 distributable amount			
i	Carryover from 2009 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2014 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2014 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6	Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7	Excess distributions carryover to 2015. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a				
b				
c				
d	Excess from 2013 . . .			
e	Excess from 2014 . . .			

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions.)

Schedule B
(Form 990, 990-EZ,
or 990-PF)Department of the Treasury
Internal Revenue Service**Schedule of Contributors**

OMB No. 1545-0047

2014**u Attach to Form 990, Form 990-EZ, or Form 990-PF.****u** Information about Schedule B (Form 990, 990-EZ, 990-PF) and its instructions is at www.irs.gov/form990.**Name of the organization****Employer identification number****SALAMA URBAN MINISTRIES, INC.****58-2198012****Organization type** (check one):**Filers of:****Section:**

Form 990 or 990-EZ

☒ 501(c)(**3**) (enter number) organization☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation☐ 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**

- ☐
- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- ☒
- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33
- ¹
- /
- ₃
- % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of
- (1)**
- \$5,000 or
- (2)**
- 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

- ☐
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

- ☐
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the
- General Rule**
- applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year ► \$

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

Name of organization

SALAMA URBAN MINISTRIES, INC.

Employer identification number

58-2198012

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 155,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 35,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 33,003	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 29,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 25,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 21,900	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

SALAMA URBAN MINISTRIES, INC.

Employer identification number

58-2198012

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 20,000	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
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		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

**SCHEDULE D
(Form 990)**Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements**u Complete if the organization answered "Yes" to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

u Attach to Form 990.

u Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2014Open to Public
Inspection

Name of the organization

SALAMA URBAN MINISTRIES, INC.

Employer identification number

58-2198012**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements.

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

1 Purpose(s) of conservation easements held by the organization (check all that apply). <input type="checkbox"/> Preservation of land for public use (e.g., recreation or education) <input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of open space <input type="checkbox"/> Preservation of a historically important land area <input type="checkbox"/> Preservation of a certified historic structure	
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year u	
4 Number of states where property subject to conservation easement is located u	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year u	
7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year u \$	
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.	

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.	
b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:	
(i) Revenues included in Form 990, Part VIII, line 1	u \$
(ii) Assets included in Form 990, Part X	u \$
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	
a Revenue included in Form 990, Part VIII, line 1	u \$
b Assets included in Form 990, Part X	u \$

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

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

- a** ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange programs
e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

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

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII ☐

Part V Endowment Funds.

Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment **u** %
b Permanent endowment **u** %
c Temporarily restricted endowment **u** %

The percentages in lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

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

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

	Yes	No
3a(i)		
3a(ii)		
3b		

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		1,149,404	319,027	830,377
c Leasehold improvements				
d Equipment		361,932	358,913	3,019
e Other		68,598	68,598	
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) u				833,396

Part VII Investments—Other Securities.

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

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

Part VIII Investments—Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

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

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☒

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

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

1	Total revenue, gains, and other support per audited financial statements	1	1,120,251
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	150,000
e	Add lines 2a through 2d	2e	150,000
3	Subtract line 2e from line 1	3	970,251
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	-83,951
c	Add lines 4a and 4b	4c	-83,951
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	886,300

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

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

1	Total expenses and losses per audited financial statements	1	1,174,195
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	233,951
e	Add lines 2a through 2d	2e	233,951
3	Subtract line 2e from line 1	3	940,244
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	940,244

Part XIII Supplemental Information.

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

PART X - FIN 48 FOOTNOTE

THE ORGANIZATION HAS ADOPTED THE GUIDANCE IN ASC 740 ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES. FOR ALL TAX POSITIONS TAKEN BY THE ORGANIZATION, MANAGEMENT BELIEVES IT IS CLEAR THAT THE LIKELIHOOD IS GREATER THAN 50 PERCENT THAT THE FULL AMOUNT OF THE TAX POSITIONS TAKEN WILL BE ULTIMATELY REALIZED. THE ORGANIZATION INCURRED NO INTEREST OR PENALTIES DURING THE YEAR ENDED DECEMBER 31, 2014.

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

IN-KIND RENT INCOME \$ 150,000

PART XI, LINE 4B - REVENUE AMOUNTS INCLUDED ON RETURN - OTHER

DIRECT EXP FOR FUNDRAISER \$ -83,951

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

RENT EXPENSE	\$	150,000
DIRECT EXP FOR FUNDRAISING EVNT	\$	83,951

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1 <u>PHEASANT HUNT</u> (event type)	(b) Event #2 <u>SONGWRITERS NIG</u> (event type)	(c) Other events <u>1</u> (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	85,253	81,515	46,746	213,514
	2 Less: Contributions	85,253	81,515	46,746	213,514
	3 Gross income (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	1,394		7,384	8,778
	7 Food and beverages	4,008	3,371	5,850	13,229
	8 Entertainment			16,500	16,500
	9 Other direct expenses	35,518	4,913	5,013	45,444
	10 Direct expense summary. Add lines 4 through 9 in column (d)				83,951
11 Net income summary. Subtract line 10 from line 3, column (d)				-83,951	

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

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

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

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

b If "No," explain:

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

b If "Yes," explain:

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

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

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

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

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

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

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

Name of the organization

Supplemental Information to Form 990 or 990-EZComplete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

u Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2014**Open to Public
Inspection**

Employer identification number

SALAMA URBAN MINISTRIES, INC.**58-2198012**

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990

THE 990 IS REVIEWED BY THE PRESIDENT, EXECUTIVE DIRECTOR, AND ACCOUNTANT

BEFORE FILING.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY

ANY DUALITY OF INTEREST OR POSSIBLE CONFLICT OF INTEREST ON THE PART OF ANY

DIRECTOR SHOULD BE DISCLOSED TO THE OTHER MEMBERS OF THE BOARD AND MADE A

MATTER OF RECORD, EITHER THROUGH AN ANNUAL PROCEDURE OR WHEN THE INTEREST

BECOMES A MATTER OF BOARD ACTION. ANY DIRECTOR HAVING A DUALITY OF

INTEREST OR POSSIBLE CONFLICT OF INTEREST ON ANY MATTER SHOULD NOT VOTE OR

USE PERSONAL INFLUENCE ON THE MATTER, AND SHOULD NOT BE COUNTED IN

DETERMINING THE QUORUM FOR THE MEETING, EVEN WHEN PERMITTED BY LAW. THE

MINUTES OF THE MEETING SHOULD REFLECT THAT A DISCLOSURE WAS MADE, THE

ABSTENTION FROM VOTING AND THE QUORUM COUNT WITHOUT INCLUSION OF SAID

DIRECTOR.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL

COMPENSATION IS FORMULATED BY THE EXECUTIVE COMMITTEE OF THE BOARD AND PUT

FORTH TO THE BOARD FOR FULL APPROVAL. COMPENSATION IS BASED ON

COMPARABILITY DATA AND MARKET RESEARCH ON OTHER LOCAL NON-PROFITS WITH

SIMILAR MISSION. THE LOCAL CENTER FOR NON-PROFIT MANAGEMENT HAS RESEARCH

ON SALARIES FOR NON-PROFITS IN NASHVILLE. THE EMPLOYEES QUALITY MANAGEMENT

PROCESSES AND OUTCOMES ARE REVIEWED TO DETERMINE EFFECTIVENESS.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS

Name of the organization

SALAMA URBAN MINISTRIES, INC.

Employer identification number

58-2198012

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

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

FORM 990, PART XI, LINE 9 - RECONCILIATION OF CHANGES - OTHER

IN-KIND RENT INCOME	\$	150,000
DIRECT EXP FOR FUNDRAISER	\$	83,951
RENT EXPENSE	\$	-150,000
DIRECT EXP FOR FUNDRAISING EVNT	\$	-83,951

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

u Attach to your tax return.

u Information about Form 4562 and its separate instructions is at www.irs.gov/form4562.

OMB No. 1545-0172

2014Attachment
Sequence No. **179**

Name(s) shown on return

SALAMA URBAN MINISTRIES, INC.

Identifying number

58-2198012

Business or activity to which this form relates

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

1	Maximum amount (see instructions)	1	500,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,000,000
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 instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
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 2013 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 2015. 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.) (See instructions.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	34,350

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2014	17	0
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input checked="" type="checkbox"/> u		

Section B—Assets Placed in Service During 2014 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						
c 7-year property						
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			39 yrs.	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2014 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 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 instructions	22	34,350
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** (2014)

DAA

THERE ARE NO AMOUNTS FOR PAGE 2

Federal Asset Report

FYE: 12/31/2014

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per	Conv	Meth	Prior	Current
Other Depreciation:												
1	Surge Protector	10/16/96	54				54	7	MO	200DB	54	0
2	46X60 Chair Mat	10/16/96	98				98	7	MO	200DB	98	0
3	Desk	6/30/96	800				800	7	MO	200DB	800	0
4	Credenza	6/30/96	600				600	7	MO	200DB	600	0
5	Conference Chairs (6)	6/30/96	600				600	7	MO	200DB	600	0
6	Office Chairs (3)	6/30/96	1,050				1,050	7	MO	200DB	1,050	0
7	Office Chair	6/30/96	100				100	7	MO	200DB	100	0
8	Table and Chairs (4)	6/30/96	500				500	7	MO	200DB	500	0
9	Ramp	1/26/96	685				685	7	MO	200DB	685	0
10	Architect Services	1/30/96	3,130				3,130	7	MO	200DB	3,130	0
11	Printer	10/08/96	600				600	5	MO	200DB	600	0
12	Computer	6/30/96	2,000				2,000	5	MO	200DB	2,000	0
13	HP Lazer Jet Printer	1/16/97	800				800	5	MO	200DB	800	0
14	Carpet	5/16/97	1,100				1,100	7	MO	200DB	1,100	0
15	HP Laserjet 6LSE	5/13/97	406				406	5	MO	200DB	406	0
16	Refrigerator	6/23/97	640				640	5	MO	200DB	640	0
17	Two Drawer File Cabinet	6/30/97	93				93	7	MO	200DB	93	0
18	Laminator	6/30/97	1,295				1,295	7	MO	200DB	1,295	0
19	Laminator Cabinet	6/30/97	250				250	7	MO	200DB	250	0
20	Camcorder	6/11/98	750				750	7	MO	200DB	750	0
21	Camera Pentax	6/11/98	360				360	7	MO	200DB	360	0
22	Computer Monitor	6/22/98	476				476	5	MO	200DB	476	0
23	Epson Printer	12/15/98	530				530	5	MO	200DB	530	0
24	Monitor and Scanner	12/15/98	725				725	5	MO	200DB	725	0
25	Stacking Chairs and Storage	3/06/98	2,160				2,160	7	MO	200DB	2,160	0
26	GE 31in TV	11/06/98	150				150	7	MO	200DB	150	0
27	Concrete Slab	2/26/98	2,200				2,200	7	MO	200DB	2,200	0
28	Paper Shredder	2/11/99	223				223	5	MO	200DB	223	0
29	Gateway Computer	2/11/99	2,538				2,538	5	MO	200DB	2,538	0
30	27in TV and VCR	5/05/99	560				560	7	MO	200DB	560	0
31	Printer	8/12/99	300				300	5	MO	200DB	300	0
32	2 Dell Computers	9/30/99	3,747				3,747	5	MO	200DB	3,747	0
33	Gateway Computer	7/30/99	2,671				2,671	5	MO	200DB	2,671	0
34	Color Copier	11/04/99	600				600	5	MO	200DB	600	0
35	Paper Cutter	12/09/99	238				238	5	MO	200DB	238	0
36	Dell Computer	12/16/99	1,895				1,895	5	MO	200DB	1,895	0
37	Telephone System	11/11/99	7,162				7,162	7	MO	200DB	7,162	0
38	Table & Chairs	11/22/99	1,987				1,987	7	MO	200DB	1,987	0
39	Electric Piano	3/07/00	2,189				2,189	5	MO	200DB	2,189	0
40	CD Writer	2/23/00	303				303	5	MO	200DB	303	0
41	Paper Schredder	4/20/00	82				82	5	MO	200DB	82	0
42	Printer	10/12/00	200				200	5	MO	200DB	200	0
43	Printer	2/17/00	158				158	5	MO	200DB	158	0
45	Cabinets	2/28/00	852				852	7	MO	200DB	852	0
46	Bookcase	3/03/00	149				149	7	MO	200DB	149	0
47	Ford Van	3/31/00	39,408				39,408	5	MO	200DB	39,408	0
49	2 Chadwood Wall Cabinets & 2 Bas	3/12/01	519				519	7	MO	200DB	519	0
50	1999 Ford XL Van	4/12/01	12,400				12,400	5	MO	200DB	12,400	0
51	Costumes	9/15/01	15,000				15,000	5	MO	200DB	15,000	0
52	Dell Dimension 2300	9/04/02	3,595				3,595	5	MO	200DB	3,595	0
53	Epson Stylus Printer	4/08/02	255				255	5	MO	200DB	255	0
54	Fax Machine	5/14/02	360				360	5	MO	200DB	360	0
55	Windows XP	9/11/02	410				410	3	MO	S/L	410	0
56	Refrigerator & Stove	2/05/02	2,576				2,576	5	MO	200DB	2,576	0
57	2 U-Stations w/ Hutch & Bookcase	3/08/02	825				825	7	MO	200DB	825	0
58	10' Conference Table	4/11/02	450				450	7	MO	200DB	450	0
59	Building Renovation	3/01/02	690,187				690,187	39	MO	S/L	208,678	17,698
60	Telephone System	10/15/03	7,050				7,050	7	MO	200DB	7,050	0
61	Powerite 5300 LCD Projector	1/29/03	1,000				1,000	5	MO	200DB	1,000	0
62	Epson Scanner	10/27/03	225				225	5	MO	200DB	225	0
63	6 Black Leather Executive Chairs	9/25/03	468				468	7	MO	200DB	468	0
64	3 Back Mesh-Back Chairs	9/25/03	335				335	7	MO	200DB	335	0
65	150 Stack Chairs	12/13/03	5,640				5,640	7	MO	200DB	5,640	0
66	145 Teal/Wild Cherry Chairs	12/13/03	12,452				12,452	7	MO	200DB	12,452	0
67	Costumes	7/07/03	1,175				1,175	5	MO	200DB	1,175	0
68	New Shower - 1203 Bldg	9/30/04	8,830				8,830	39	MO	S/L	2,104	226
69	1203 Remodeling	3/11/04	2,161				2,161	39	MO	S/L	543	55
70	1203 Remodeling	3/29/04	750				750	39	MO	S/L	188	20
71	Carpet - 1203 Bldg	12/29/04	750				750	7	MO	200DB	750	0

Federal Asset Report

FYE: 12/31/2014

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per	Conv	Meth	Prior	Current
72	Canon Digital Camera	1/29/04	675				675	5	MO	200DB	675	0
73	Dell Computer - Dimension 3000	9/15/04	2,952				2,952	5	MO	200DB	2,952	0
74	Powershot Digital Camera	7/12/04	380				380	5	MO	200DB	380	0
75	60 Black Chairs	3/30/04	600				600	7	MO	200DB	600	0
76	89 Black Chairs	6/30/04	930				930	7	MO	200DB	930	0
77	Dell Computer (2.8GHz)	10/27/05	962				962	5	MO	200DB	962	0
78	Refrigerator/Freezer/Warmer	12/19/05	5,055				5,055	7	MO	200DB	5,055	0
79	Laminated Shelves	2/12/05	665				665	7	MO	200DB	665	0
80	Mural Painting	11/07/05	8,175				8,175	7	MO	200DB	8,175	0
81	casework	12/05/05	3,570				3,570	7	MO	200DB	3,570	0
82	2004 Honda Accord	11/10/05	16,790				16,790	5	MO	200DB	16,790	0
83	Southbend Range - Oven	6/30/06	4,287				4,287	7	MO	200DB	4,287	0
84	Fax Machine	7/20/06	161				161	7	MO	200DB	161	0
85	Laptop	6/15/06	1,233				1,233	7	MO	200DB	1,233	0
86	Computer Equipment	9/25/06	662				662	5	MO	200DB	662	0
87	Computer Equipment	9/25/06	43				43	5	MO	200DB	43	0
88	Roland Piano (2)	11/03/06	2,782				2,782	7	MO	200DB	2,782	0
89	Whiteboards and Quipment	10/19/06	6,130				6,130	7	MO	200DB	6,130	0
90	Leather Highback Chair (8)	10/19/06	2,437				2,437	7	MO	200DB	2,437	0
91	Highback Chair (2)	11/15/06	590				590	7	MO	200DB	590	0
92	Indiana Desk Board	11/15/06	1,213				1,213	7	MO	200DB	1,213	0
93	Picture Frame	11/27/06	350				350	7	MO	200DB	350	0
94	New Sidewalk	2/21/06	334				334	15	MO	150DB	193	20
95	Gas Line for Stove	6/30/06	1,292				1,292	15	MO	150DB	729	75
96	Thermostat	1/06/06	1,921				1,921	15	MO	150DB	1,113	115
97	Carpet - 1213 8th Ave South	6/20/07	5,198				5,198	7	MO	200DB	4,966	232
98	7.5 ton A/C Unit - 1213 8th Ave	6/05/07	3,043				3,043	15	MO	150DB	1,515	182
99	Magazine Displays	2/16/07	465				465	7	MO	200DB	444	21
100	Laptop Cart	2/28/07	1,920				1,920	7	MO	200DB	1,834	86
101	Office Furniture	3/24/07	1,344				1,344	7	MO	200DB	1,284	60
102	File Cabinet & Book Case	3/25/07	475				475	7	MO	200DB	454	21
103	Bookcase	2/22/07	174				174	7	MO	200DB	166	8
104	Palladio Buffet	3/21/07	1,745				1,745	7	MO	200DB	1,667	78
105	Mini Mobile Unit	7/10/07	543				543	7	MO	200DB	519	24
106	Hufcor 3500	7/06/07	3,780				3,780	7	MO	200DB	3,611	169
107	15 Dell computers	5/23/07	12,832				12,832	5	MO	200DB	12,832	0
108	Dell Laser Printer	5/23/07	458				458	5	MO	200DB	458	0
110	Dell Printer	5/23/07	458				458	5	MO	200DB	458	0
111	Dell PC	5/25/07	1,960				1,960	5	MO	200DB	1,960	0
112	Microsoft Server	6/04/07	3,255				3,255	5	MO	200DB	3,255	0
113	Flash Drive	6/06/07	784				784	5	MO	200DB	784	0
114	Netgear	4/27/07	415				415	5	MO	200DB	415	0
115	Faceplate and Doorcloser	9/12/07	1,166				1,166	7	MO	200DB	1,113	53
116	Camera System	9/30/07	625				625	7	MO	200DB	597	28
117	Screen Protector	6/04/07	934				934	5	MO	200DB	934	0
118	Dell Printer	6/20/07	561				561	5	MO	200DB	561	0
119	Server Stand	6/21/07	468				468	7	MO	200DB	447	21
120	NetGear	6/15/07	2,865				2,865	5	MO	200DB	2,865	0
121	Sharp Stereo Equipment	8/02/07	7,776				7,776	7	MO	200DB	7,429	347
122	Sharp Case	8/07/07	202				202	7	MO	200DB	193	9
123	Sony Equipment	6/08/07	870				870	7	MO	200DB	831	39
124	Pro Team Motor	6/11/07	450				450	7	MO	200DB	430	20
125	Access Control System	7/18/07	26,745				26,745	7	MO	200DB	25,552	1,193
126	Smartpro Control Equipment	6/21/07	1,142				1,142	7	MO	200DB	1,091	51
127	Access Control System	4/30/07	13,173				13,173	7	MO	200DB	12,585	588
128	Telephone System	5/09/07	2,131				2,131	7	MO	200DB	2,036	95
129	Dell Laptop	2/21/07	1,595				1,595	5	MO	200DB	1,595	0
130	Dell Laptop	2/21/07	4,497				4,497	5	MO	200DB	4,497	0
131	Camera	12/04/07	380				380	7	MO	200DB	363	17
132	Tracking for Laptops	12/10/07	4,450				4,450	5	MO	200DB	4,450	0
133	Dell Computers	4/20/07	13,290				13,290	5	MO	200DB	13,290	0
134	Dell Computers	4/20/07	13,290				13,290	5	MO	200DB	13,290	0
135	Computer Equipment	4/20/07	413				413	5	MO	200DB	413	0
136	Computer Case	4/20/07	458				458	7	MO	200DB	437	21
137	Computer Cart	4/20/07	1,364				1,364	7	MO	200DB	1,303	61
145	Windows Server	6/04/07	5,381				5,381	5	MO	200DB	5,381	0
146	Computer Equipment	9/12/08	2,031				2,031	5	MO	200DB	2,031	0
147	Electronic Whiteboard	4/28/08	330				330	7	MO	200DB	308	16
148	Mural Painting	4/28/08	1,200				1,200	7	MO	200DB	1,120	60
149	1211 8th Avenue	9/30/08	418,967				418,967	39	MO	S/L	56,847	10,743
150	Bathroom Renovation	5/18/09	4,065				4,065	15	MO	150DB	1,531	254

Federal Asset Report

FYE: 12/31/2014

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
151	Sign	11/15/09	790			790	7 MO200DB	614	62
152	Computer Equipment - Dell	3/04/09	843			843	5 MO200DB	794	49
153	Computer & Peripherals - Dell	7/08/09	15,549			15,549	5 MO200DB	14,654	895
155	Computer Equipment	12/19/11	105			105	5 MO200DB	105	0
156	Fencing for Bus	3/28/12	4,002			4,002	15 MO150DB	2,291	171
157	Dell Optiplex 390 MT	6/15/12	1,189			1,189	5 MO200DB	903	114
158	Dell Lat E5520	6/15/12	1,772			1,772	5 MO200DB	1,346	170
159	Dishwasher	9/02/14	2,750			2,750	5 MO S/L	0	183
Total Other Depreciation			<u>1,515,684</u>			<u>1,515,684</u>		<u>647,938</u>	<u>34,350</u>
Total ACRS and Other Depreciation			<u>1,515,684</u>			<u>1,515,684</u>		<u>647,938</u>	<u>34,350</u>
<u>Amortization:</u>									
138	Odyssey Learning Software	2/27/07	46,715			46,715	3 MOAmort	46,715	0
139	Sage Software	3/01/07	3,170			3,170	3 MOAmort	3,170	0
140	CD Maestro Software	3/19/07	610			610	3 MOAmort	610	0
141	School Recodeeper	4/23/07	6,000			6,000	3 MOAmort	6,000	0
142	FM Pro Nonprofit Software	5/01/07	1,707			1,707	3 MOAmort	1,707	0
143	Music Maestro Software	6/01/07	1,310			1,310	3 MOAmort	1,310	0
144	Classroom Software	6/04/07	4,743			4,743	3 MOAmort	4,743	0
154	Loan Costs	11/29/10	4,211			4,211	2 MOAmort	4,211	0
			<u>68,466</u>			<u>68,466</u>		<u>68,466</u>	<u>0</u>
Grand Totals			1,584,150			1,584,150		716,404	34,350
Less: Dispositions and Transfers			0			0		0	0
Less: Start-up/Org Expense			<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>
Net Grand Totals			<u>1,584,150</u>			<u>1,584,150</u>		<u>716,404</u>	<u>34,350</u>

AMT Asset Report

FYE: 12/31/2014

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per	Conv	Meth	Prior	Current
<u>5-year GDS Property:</u>												
159	Dishwasher	9/02/14	2,750			X	1,375	5	HY	200DB	0	1,650
			<u>2,750</u>				<u>1,375</u>				<u>0</u>	<u>1,650</u>
<u>Other Depreciation:</u>												
1	Surge Protector	10/16/96	0				0	0	HY		0	0
2	46X60 Chair Mat	10/16/96	0				0	0	HY		0	0
3	Desk	6/30/96	0				0	0	HY		0	0
4	Credenza	6/30/96	0				0	0	HY		0	0
5	Conference Chairs (6)	6/30/96	0				0	0	HY		0	0
6	Office Chairs (3)	6/30/96	0				0	0	HY		0	0
7	Office Chair	6/30/96	0				0	0	HY		0	0
8	Table and Chairs (4)	6/30/96	0				0	0	HY		0	0
9	Ramp	1/26/96	0				0	0	HY		0	0
10	Architect Services	1/30/96	0				0	0	HY		0	0
11	Printer	10/08/96	0				0	0	HY		0	0
12	Computer	6/30/96	0				0	0	HY		0	0
13	HP Lazer Jet Printer	1/16/97	0				0	0	HY		0	0
14	Carpet	5/16/97	0				0	0	HY		0	0
15	HP Laserjet 6LSE	5/13/97	0				0	0	HY		0	0
16	Refrigerator	6/23/97	0				0	0	HY		0	0
17	Two Drawer File Cabinet	6/30/97	0				0	0	HY		0	0
18	Laminator	6/30/97	0				0	0	HY		0	0
19	Laminator Cabinet	6/30/97	0				0	0	HY		0	0
20	Camcorder	6/11/98	0				0	0	HY		0	0
21	Camera Pentax	6/11/98	0				0	0	HY		0	0
22	Computer Monitor	6/22/98	0				0	0	HY		0	0
23	Epson Printer	12/15/98	0				0	0	HY		0	0
24	Monitor and Scanner	12/15/98	0				0	0	HY		0	0
25	Stacking Chairs and Storage	3/06/98	0				0	0	HY		0	0
26	GE 31in TV	11/06/98	0				0	0	HY		0	0
27	Concrete Slab	2/26/98	0				0	0	HY		0	0
28	Paper Shredder	2/11/99	0				0	0	HY		0	0
29	Gateway Computer	2/11/99	0				0	0	HY		0	0
30	27in TV and VCR	5/05/99	0				0	0	HY		0	0
31	Printer	8/12/99	0				0	0	HY		0	0
32	2 Dell Computers	9/30/99	0				0	0	HY		0	0
33	Gateway Computer	7/30/99	0				0	0	HY		0	0
34	Color Copier	11/04/99	0				0	0	HY		0	0
35	Paper Cutter	12/09/99	0				0	0	HY		0	0
36	Dell Computer	12/16/99	0				0	0	HY		0	0
37	Telephone System	11/11/99	0				0	0	HY		0	0
38	Table & Chairs	11/22/99	0				0	0	HY		0	0
39	Electric Piano	3/07/00	0				0	0	HY		0	0
40	CD Writer	2/23/00	0				0	0	HY		0	0
41	Paper Schredder	4/20/00	0				0	0	HY		0	0
42	Printer	10/12/00	0				0	0	HY		0	0
43	Printer	2/17/00	0				0	0	HY		0	0
45	Cabinets	2/28/00	0				0	0	HY		0	0
46	Bookcase	3/03/00	0				0	0	HY		0	0
47	Ford Van	3/31/00	0				0	0	HY		0	0
49	2 Chadwood Wall Cabinets & 2 Bas	3/12/01	0				0	0	HY		0	0
50	1999 Ford XL Van	4/12/01	0				0	0	HY		0	0
51	Costumes	9/15/01	0				0	0	HY		0	0
52	Dell Dimension 2300	9/04/02	0				0	0	HY		0	0
53	Epson Stylus Printer	4/08/02	0				0	0	HY		0	0
54	Fax Machine	5/14/02	0				0	0	HY		0	0
55	Windows XP	9/11/02	0				0	0	HY		0	0
56	Refrigerator & Stove	2/05/02	0				0	0	HY		0	0
57	2 U-Stations w/ Hutch & Bookcase	3/08/02	0				0	0	HY		0	0
58	10' Conference Table	4/11/02	0				0	0	HY		0	0
59	Building Renovation	3/01/02	0				0	0	HY		0	0
60	Telephone System	10/15/03	0				0	0	HY		0	0
61	Powerite 5300 LCD Projector	1/29/03	0				0	0	HY		0	0
62	Epson Scanner	10/27/03	0				0	0	HY		0	0
63	6 Black Leather Executive Chairs	9/25/03	0				0	0	HY		0	0
64	3 Back Mesh-Back Chairs	9/25/03	0				0	0	HY		0	0
65	150 Stack Chairs	12/13/03	0				0	0	HY		0	0

AMT Asset Report

FYE: 12/31/2014

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

AMT Asset Report

FYE: 12/31/2014

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per	Conv	Meth	Prior	Current
145	Windows Server	6/04/07	0				0	0	HY		0	0
146	Computer Equipment	9/12/08	0				0	0	HY		0	0
147	Electronic Whiteboard	4/28/08	0				0	0	HY		0	0
148	Mural Painting	4/28/08	0				0	0	HY		0	0
149	1211 8th Avenue	9/30/08	0				0	0	HY		0	0
150	Bathroom Renovation	5/18/09	0				0	0	HY		0	0
151	Sign	11/15/09	0				0	0	HY		0	0
152	Computer Equipment - Dell	3/04/09	0				0	0	HY		0	0
153	Computer & Peripherals - Dell	7/08/09	0				0	0	HY		0	0
155	Computer Equipment	12/19/11	0				0	0	HY		0	0
156	Fencing for Bus	3/28/12	0				0	0	HY		0	0
157	Dell Optiplex 390 MT	6/15/12	0				0	0	HY		0	0
158	Dell Lat E5520	6/15/12	0				0	0	HY		0	0
Total Other Depreciation			<u>0</u>				<u>0</u>				<u>0</u>	<u>0</u>
Total ACRS and Other Depreciation			<u>0</u>				<u>0</u>				<u>0</u>	<u>0</u>
Grand Totals			2,750				1,375				0	1,650
Less: Dispositions and Transfers			<u>0</u>				<u>0</u>				<u>0</u>	<u>0</u>
Net Grand Totals			<u>2,750</u>				<u>1,375</u>				<u>0</u>	<u>1,650</u>

Depreciation Adjustment Report

FYE: 12/31/2014

All Business Activities

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

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

Asset	Description	Date In Service	Cost	Tax	AMT
70	1203 Remodeling	3/29/04	750	19	0
71	Carpet - 1203 Bldg	12/29/04	750	0	0
72	Canon Digital Camera	1/29/04	675	0	0
73	Dell Computer - Dimension 3000	9/15/04	2,952	0	0
74	Powershot Digital Camera	7/12/04	380	0	0
75	60 Black Chairs	3/30/04	600	0	0
76	89 Black Chairs	6/30/04	930	0	0
77	Dell Computer (2.8GHz)	10/27/05	962	0	0
78	Refrigerator/Freezer/Warmer	12/19/05	5,055	0	0
79	Laminated Shelves	2/12/05	665	0	0
80	Mural Painting	11/07/05	8,175	0	0
81	casework	12/05/05	3,570	0	0
82	2004 Honda Accord	11/10/05	16,790	0	0
83	Southbend Range - Oven	6/30/06	4,287	0	0
84	Fax Machine	7/20/06	161	0	0
85	Laptop	6/15/06	1,233	0	0
86	Computer Equipment	9/25/06	662	0	0
87	Computer Equipment	9/25/06	43	0	0
88	Roland Piano (2)	11/03/06	2,782	0	0
89	Whiteboards and Quipment	10/19/06	6,130	0	0
90	Leather Highback Chair (8)	10/19/06	2,437	0	0
91	Highback Chair (2)	11/15/06	590	0	0
92	Indiana Desk Board	11/15/06	1,213	0	0
93	Picture Frame	11/27/06	350	0	0
94	New Sidewalk	2/21/06	334	20	0
95	Gas Line for Stove	6/30/06	1,292	75	0
96	Thermostat	1/06/06	1,921	116	0
97	Carpet - 1213 8th Ave South	6/20/07	5,198	0	0
98	7.5 ton A/C Unit - 1213 8th Ave	6/05/07	3,043	181	0
99	Magazine Displays	2/16/07	465	0	0
100	Laptop Cart	2/28/07	1,920	0	0
101	Office Furniture	3/24/07	1,344	0	0
102	File Cabinet & Book Case	3/25/07	475	0	0
103	Bookcase	2/22/07	174	0	0
104	Palladio Buffet	3/21/07	1,745	0	0
105	Mini Mobile Unit	7/10/07	543	0	0
106	Hufcor 3500	7/06/07	3,780	0	0
107	15 Dell computers	5/23/07	12,832	0	0
108	Dell Laser Printer	5/23/07	458	0	0
110	Dell Printer	5/23/07	458	0	0
111	Dell PC	5/25/07	1,960	0	0
112	Microsoft Server	6/04/07	3,255	0	0
113	Flash Drive	6/06/07	784	0	0
114	Netgear	4/27/07	415	0	0
115	Faceplate and Doorcloser	9/12/07	1,166	0	0
116	Camera System	9/30/07	625	0	0
117	Screen Protector	6/04/07	934	0	0
118	Dell Printer	6/20/07	561	0	0
119	Server Stand	6/21/07	468	0	0
120	NetGear	6/15/07	2,865	0	0
121	Sharp Stereo Equipment	8/02/07	7,776	0	0
122	Sharp Case	8/07/07	202	0	0
123	Sony Equipment	6/08/07	870	0	0
124	Pro Team Motor	6/11/07	450	0	0
125	Access Control System	7/18/07	26,745	0	0
126	Smartpro Control Equipment	6/21/07	1,142	0	0
127	Access Control System	4/30/07	13,173	0	0
128	Telephone System	5/09/07	2,131	0	0
129	Dell Laptop	2/21/07	1,595	0	0
130	Dell Laptop	2/21/07	4,497	0	0
131	Camera	12/04/07	380	0	0
132	Tracking for Laptops	12/10/07	4,450	0	0
133	Dell Computers	4/20/07	13,290	0	0
134	Dell Computers	4/20/07	13,290	0	0
135	Computer Equipment	4/20/07	413	0	0
136	Computer Case	4/20/07	458	0	0
137	Computer Cart	4/20/07	1,364	0	0
145	Windows Server	6/04/07	5,381	0	0
146	Computer Equipment	9/12/08	2,031	0	0
147	Electronic Whiteboard	4/28/08	330	6	0
148	Mural Painting	4/28/08	1,200	20	0

Asset	Description	Date In Service	Cost	Tax	AMT
149	1211 8th Avenue	9/30/08	418,967	10,742	0
150	Bathroom Renovation	5/18/09	4,065	242	0
151	Sign	11/15/09	790	62	0
152	Computer Equipment - Dell	3/04/09	843	0	0
153	Computer & Peripherals - Dell	7/08/09	15,549	0	0
155	Computer Equipment	12/19/11	105	0	0
156	Fencing for Bus	3/28/12	4,002	154	0
157	Dell Optiplex 390 MT	6/15/12	1,189	71	0
158	Dell Lat E5520	6/15/12	1,772	106	0
159	Dishwasher	9/02/14	2,750	550	440
Total Other Depreciation			<u>1,515,684</u>	<u>30,343</u>	<u>440</u>
Total ACRS and Other Depreciation			<u><u>1,515,684</u></u>	<u><u>30,343</u></u>	<u><u>440</u></u>
<u>Amortization:</u>					
138	Odyssey Learning Software	2/27/07	46,715	0	0
139	Sage Software	3/01/07	3,170	0	0
140	CD Maestro Software	3/19/07	610	0	0
141	School Recodeeper	4/23/07	6,000	0	0
142	FM Pro Nonprofit Software	5/01/07	1,707	0	0
143	Music Maestro Software	6/01/07	1,310	0	0
144	Classroom Software	6/04/07	4,743	0	0
154	Loan Costs	11/29/10	4,211	0	0
			<u>68,466</u>	<u>0</u>	<u>0</u>
Grand Totals			<u><u>1,584,150</u></u>	<u><u>30,343</u></u>	<u><u>440</u></u>

SCHEDULE G (Form 990 or 990-EZ)		Fundraising Other Events			2014
		For calendar year 2014, or tax year beginning _____, and ending _____			
Name SALAMA URBAN MINISTRIES, INC.				Employer Identification Number 58-2198012	
Revenue		(a) Other event ROOBERTS <small>(event type)</small>	(b) Other event _____ <small>(event type)</small>	(c) Other event _____ <small>(event type)</small>	(d) Total other events <small>(add col. (a) through col. (c))</small>
	1 Gross receipts	46,746			46,746
	2 Less: Charitable contributions	46,746			46,746
	3 Gross income <small>(line 1 minus line 2)</small>				
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	7,384			7,384
	7 Food/beverages	5,850			5,850
	8 Entertainment	16,500			16,500
	9 Other expenses	5,013			5,013

Federal Statements

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

Description	Total Expenses	Program Service	Management & General	Fund Raising
OTHER PROFESSIONAL FEES	\$ 15,122	\$ 15,122	\$	\$
TOTAL	\$ 15,122	\$ 15,122	\$ 0	\$ 0

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

Description	Total Expenses	Program Service	Management & General	Fund Raising
STAFF DEVELOPMENT	\$ 6,607	\$ 2,013	\$ 4,364	\$ 230
DUES & SUBSCRIPTIONS	3,874	1,177	232	2,465
EQUIP RENTAL	2,644	2,559	85	
MUSIC	2,230	2,230		
HOSPITALITY	1,675	46	1,360	269
KITCHEN EXPENSES	1,429	1,272	157	
CURRICULUM	288	288		
OTHER SPEC EVENT EXPENSES	99			99
TOTAL	\$ 18,846	\$ 9,585	\$ 6,198	\$ 3,063

Federal Statements

Schedule A, Part II, Line 1(e)

Description	Amount
UNITED WAY	\$ 48,542
GOVERNMENT GRANTS OR CONTRIBUTIONS	21,190
OTHER	336,633
CHRIST PRESBYTERIAN CHURCH	
CASH CONTRIBUTION	155,000
ROBERTS, RICHARDSON M.	
CASH CONTRIBUTION	35,000
UNITED WAY	
CASH CONTRIBUTION	33,003
CUMMINGS, MR. & MRS. HARVEY	
CASH CONTRIBUTION	29,000
SOLI DEIO GLORIA FOUNDATION	
CASH CONTRIBUTION	25,000
DAN & MARGARET MADDOX CHARITABLE FND	
CASH CONTRIBUTION	21,900
ANDREA WAITT CARLTON FAMILY FOUNDATI	
CASH CONTRIBUTION	20,000
SONGWRITERS NIGHT	
CASH CONTRIBUTION	81,515
PHEASANT HUNT	
CASH CONTRIBUTION	85,253
ROOBERTS	
CASH CONTRIBUTION	46,746
TOTAL	\$ 938,782

Schedule A, Part II, Line 8(e)

Description	Amount
FACILITIES RENT INCOME	\$ 10,757
TOTAL	\$ 10,757

Federal Statements**Schedule A, Part II, Line 12**

Description	Amount
TUITION SONGWRITERS NIGHT PHEASANT HUNT ROOBERTS	\$ 20,712
TOTAL	\$ 20,712

Federal Statements

FYE: 12/31/2014

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

<u>Description</u>	<u>Amount</u>
ADVERTISING	\$ 1,571
OTHER MISC EXP	3,342
TOTAL	<u>\$ 4,913</u>

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

<u>Description</u>	<u>Amount</u>
BIRDS	\$ 28,404
SUPPLIES & MISC	7,114
TOTAL	<u>\$ 35,518</u>

Rooberts**Other Direct Fundraising or Gaming Expenses**

<u>Description</u>	<u>Amount</u>
SUPPLIES & MISC EXP	\$ 5,013
TOTAL	\$ 5,013