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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)

OMB No 1545-0047

▶ 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.

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning and ending C Name of organization Check if applicable D Employer identification number Address change CHILDREN AND FAMILY URBAN MINISTRIES Name change Doing Business As CHILDREN & FAM. URBAN MOVEMENT 42-1396833]Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Termin-ated P.O. BOX 41125 515-282-3242 Amended return 1,354,736. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Applica-tion pending DES MOINES, IA 50311 H(a) Is this a group return F Name and address of principal officer KEVIN CHRISTENSEN Yes X No for subordinates? SAME AS C ABOVE H(b) Are all subordinates included? Yes No Tax-exempt status X 501(c)(3) __ 501(c) () ◀ (insert no.) 4947(a)(1) or 527 If "No," attach a list. (see instructions) J Website: ► WWW.CFUM.ORG **H(c)** Group exemption number ▶ K Form of organization: X Corporation Trust Association Other > Year of formation: 1992 M State of legal domicile: IA Part I | Summary Briefly describe the organization's mission or most significant activities SEE FORM 990, PART III, LINE 1. Activities & Governance Check this box I if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 18 47 Total number of individuals employed in calendar year 2013 (Part V, line 2a) 5 1568 6 Total number of volunteers (estimate if necessary) 7 a 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 **Prior Year Current Year** 1,328,503. 837,700 Contributions and grants (Part VIII, line 1h) 8 0. 9 Program service revenue (Part VIII, line 2g) 0. 292 464. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 2,552. 25,769. 11 840,544 354,736 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1.3) 0. 0. 0. Benefits paid to or for members (Part IX, column (A), line 4) 335,887 430,591 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15 16a Professional fundraising fees (Part IX, column (A), line 11e) 0 0. 70.077. b Total fundraising expenses (Part IX, column (D), line 25) 433,411 462,047. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 769,298. 892,638. Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 71,246 462,098. Revenue less expenses Subtract line 18 from line 12 **Beginning of Current Year** End of Year 20 Total assets (Part X, line 16) 382,429 848,986. 1,101 5,560. 21 Total liabilities (Part X, line 26) Net assets or fund balances Subtract line 27 from line 20 9 381,328 843,426 Part II | Signature Block Under penalties of perjury, 🖯 declare that I have examined this return 🖟 🗓 cluding 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 KEVIN CHRISTENSEN, PRESIDENT Here Type or print name and title Preparer Signature Date Print/Type preparer's name 5-12-14 Paid JAY A HORN, CPA P01259887 self-employed Preparer Firm's name DENMAN & COMPANY Firm's EIN 42-0794029 Firm's address > 1601 22ND STREET, SUITE Use Only IA 50266-1453 Phone no. 515 - 225 - 8400 WEST DES MOINES,

May the IRS discuss this return with the preparer shown above? (see instructions)

LHA For Paperwork Reduction Act Notice, see the separate instructions.

X Yes

Form **990** (2013)

No

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		or note to any line	in this Part III	<u> </u>				
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	reck if Schedule O contains and the cont	escribe the organization's mission: REATE A COMMUNITY TO LIES THROUGH EDUCATI GEMENT. organization undertake any significant p Form 990 or 990-EZ? describe these new services on Schedi organization cease conducting, or make describe these changes on Schedule O the organization's program service acc 501(c)(3) and 501(c)(4) organizations are if any, for each program service report) (Expenses \$ 752, IDED SEVERAL PROGRAM	escribe the organization's mission: REATE A COMMUNITY TO SUPPORT LIES THROUGH EDUCATIONAL SUCC GEMENT. Organization undertake any significant program services of Form 990 or 990-EZ? describe these new services on Schedule O. organization cease conducting, or make significant change describe these changes on Schedule O the organization's program service accomplishments for 501(c)(3) and 501(c)(4) organizations are required to report if any, for each program service reported. (Expenses \$ 752,609. Including IDED SEVERAL PROGRAMS, INCLUDING INCLU	escribe the organization's mission: REATE A COMMUNITY TO SUPPORT THE POTE LIES THROUGH EDUCATIONAL SUCCESS, HEGEMENT. Organization undertake any significant program services during the year Form 990 or 990-EZ? describe these new services on Schedule O. organization cease conducting, or make significant changes in how it condescribe these changes on Schedule O. organization's program service accomplishments for each of its threfolic()(3) and 501(c)(4) organizations are required to report the amount of any, for each program service reported. Organization of \$100 SEVERAL PROGRAMS, INCLUDING BEED.	escribe the organization's mission: REATE A COMMUNITY TO SUPPORT THE POTENTIAL LIES THROUGH EDUCATIONAL SUCCESS, HEALTHY GEMENT. Organization undertake any significant program services during the year which were Form 990 or 990-EZ? describe these new services on Schedule O. organization cease conducting, or make significant changes in how it conducts, any describe these changes on Schedule O the organization's program service accomplishments for each of its three largest properties of the program service accomplishments for each of its three largest properties of the program service reported. (Expenses \$ 752,609. Including grants of \$ IDED SEVERAL PROGRAMS, INCLUDING BEFORE SO	rescribe the organization's mission: REATE A COMMUNITY TO SUPPORT THE POTENTIAL OF CHILLIS THROUGH EDUCATIONAL SUCCESS, HEALTHY LIVING GEMENT. Reganization undertake any significant program services during the year which were not listed on Form 990 or 990-EZ? describe these new services on Schedule O. reganization cease conducting, or make significant changes in how it conducts, any program service scribe these changes on Schedule O the organization's program service accomplishments for each of its three largest program service footic)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to fany, for each program service reported. 1 (Expenses \$ 752,609 including grants of \$) IDED SEVERAL PROGRAMS, INCLUDING BEFORE SCHOOL CE	REATE A COMMUNITY TO SUPPORT THE POTENTIAL OF CHILDREN LIES THROUGH EDUCATIONAL SUCCESS, HEALTHY LIVING, AND CASEMENT. Organization undertake any significant program services during the year which were not listed on Form 990 or 990 EZ? describe these new services on Schedule O. Organization cease conducting, or make significant changes in how it conducts, any program services? describe these changes on Schedule O the organization's program service accomplishments for each of its three largest program services, as measured to report the amount of grants and allocations to others, the if any, for each program service reported. (Expenses \$ 752,609. Including grants of \$) (Revenue \$ 1000 SEVERAL PROGRAMS, INCLUDING BEFORE SCHOOL CHILD CASEMENT).	REATE A COMMUNITY TO SUPPORT THE POTENTIAL OF CHILDREN, YOUTH, LIES THROUGH EDUCATIONAL SUCCESS, HEALTHY LIVING, AND COMMUNITY GEMENT. Organization undertake any significant program services during the year which were not listed on Form 990 or 990-EZ? describe these new services on Schedule O. Organization cease conducting, or make significant changes in how it conducts, any program services? Year describe these changes on Schedule O the organization's program service accomplishments for each of its three largest program services, as measured by expenses of 1(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses if any, for each program service reported.

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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)?	İ		
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	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	3		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	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	l _		۱.,
e	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I Did the organization receive or hold a conservation easement, including easements to preserve open space.	6		X
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	 		_ <u>^</u>
Ü	Schedule D, Part III	8		х
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	9		х
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	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X			
	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	1 <u>1a</u>	X	
þ	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	11b		<u> </u>
С	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	11c		X
a	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			v
_	Part X, line 16? If "Yes," complete Schedule D, Part IX Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11d		<u>X</u>
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11e		
•	the organization's displaint of consolidated mantial statements for the tax year include a roombte that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	x	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	$ \mathbf{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	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		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	14b		<u>X</u>
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			
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			37
17	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		_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	47		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	17		
	1c and 8a? If "Yes," complete Schedule G, Part II	18		_ X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	10_		-41
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	-+	X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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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			
	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 individuals in the United States 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		<u> </u>
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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) and 501(c)(4) 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 so,			
	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 current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		<u>X</u>
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		<u> </u>
С	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	77	_X_
	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
	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?			v
20	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	200		v
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		_X_
33	sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
.	Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	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
	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			_ <u></u> _
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
20	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	_ <u></u> -		
38	- · · · · · · · · · · · · · · · · · · ·	1	х	l

Pal	Statements Regarding Other IRS Fillings and Tax Compliance				
	Check if Schedule O contains a response or note to any line in this Part V	<u> </u>		<u> </u>	ليا
	Fatantha an artis announced a David of Fatan 1000 Fatan 0 of anti-oxidately	1.1 10	,	Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 10	7 7		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and r		4		
С	(gambling) winnings to prize winners?	eportable garring	1c		
22	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		10		
2.0	filed for the calendar year ending with or within the year covered by this return	2a 47	, !		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retuing		2b	x	İ
b	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions		20		
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	-)	3a		х
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	0	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other				
	financial account in a foreign country (such as a bank account, securities account, or other financial		4a		Х
b	If "Yes," enter the name of the foreign country	•			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial	Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	iction?	5b		Х
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	ne 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 contribut	tions or gifts			
_	were not tax deductible?		6b	 	ļ
7	Organizations that may receive deductible contributions under section 170(c).		_	i 1	7.7
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	rvices provided to the payor?		\vdash	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w to file Form 8282?	as required	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 of		7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit conti		7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ation file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. D	id the supporting			
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at	any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the organization make any taxable distributions under section 4966?		9a		ļ
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b	 	
10	Section 501(c)(7) organizations. Enter.	11			
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 a	Section 501(c)(12) organizations. Enter Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against	i i a	†		
U	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		12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	120		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		1		
а			13a		
	Note. See the instructions for additional information the organization must report on Schedule O.				
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			
С	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a	igsqcut	Х
<u>b</u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul	le O	14b	لييا	
			Form	990	(2013)

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			X
Sec	tion A. Governing Body and Management			
		, _	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 18	ļ		
	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.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 18			
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	L	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	L	X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4_	<u> </u>	_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
ь	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			1
	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:			
а	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
Sec	tion 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	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	ın 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?			
а	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
Ь	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		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► NONE			
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) a	ıvaılab	le	
	for public inspection. Indicate how you made these available. Check all that apply			
	Own website Another's website X 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	d finar	ncial	
	statements available to the public during the tax year			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person of	tion 🕨		
	LINDA DANIELSON - 515-282-3242	. —		
	P.O. BOX 41125, DES MOINES, IA 50311			

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	(B) Average hours per week	box	not c , unle	Pos heck ss pe	more rson	than is bot	h an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) KEVIN CHRISTENSEN	5.00									
PRESIDENT		X		X				0.	0.	0.
(2) LAURA ALLEN	2.00									
VICE PRESIDENT		X		X			<u> </u>	0.	0.	0.
(3) DAVE DIXON	5.00									
TREASURER		X		X			L	0.	0.	0.
(4) STACY LAGE	2.00									
SECRETARY		X		X				0.	0.	0.
(5) LARS PETERSON	2.00									
PAST PRESIDENT		X						0.	0.	0.
(6) LAURA ALEXANDER	2.00]								
BOARD MEMBER		X			<u> </u>		ļ	0.	0.	0.
(7) MEGAN AMDAHL	2.00	ļ								
BOARD MEMBER		X			<u> </u>			0.	0.	0.
(8) STACY BAGBY	2.00	ļ						_	_	_
BOARD MEMBER		X		ļ				0.	0.	0.
(9) RICK GRANT	2.00	ļ	ļ					_	_	_
BOARD MEMBER		X						0.	0.	0.
(10) CAROLYN JENISEN	2.00	l		ĺ						_
BOARD MEMBER		X	_	ļ				0.	0.	0.
(11) TONY LENGELING	2.00									
BOARD MEMBER		X				_		0.	0.	0.
(12) GARY LEWIS	2.00									
BOARD MEMBER		X	_	<u> </u>				0.	0.	0.
(13) ADRIENNE MCFARLAND	2.00	 								
BOARD MEMBER		X					-	0.	0.	0.
(14) KAREN MILLER	2.00	١,,				ļ				_
BOARD MEMBER	2 00	X	\vdash	<u> </u>		-		0.	0.	0.
(15) JACKIE MUELLER	2.00							_		_
BOARD MEMBER	2 00	X			<u> </u>	 —		0.	0.	0.
(16) JESSICA RINGENA	2.00	₩.						0	_	_
BOARD MEMBER	2.00	X				_		0.	0.	0.
(17) DONNA RUSK	2.00	X						0.	0.	_
BOARD MEMBER 332007 10-29-13		<u> </u>	L	L	L	1	1	<u> </u>		0 . Form 990 (2013)

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 ▶ 0

Form 990 (2013)

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Statement of Revenue Part VIII Check if Schedule O contains a response or note to any line in this Part VIII (D)
Revenue excluded from tax under sections 512 - 514 (C) Unrelated (B) Related or Total revenue exempt function business revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a 1b **b** Membership dues 1c c Fundraising events d Related organizations e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above ... 1f 1,328,503 212,086 g Noncash contributions included in lines 1a-1f \$__ 1,328,503 h Total. Add lines 1a-1f Business Code Program Service Revenue 2 a f All other program service revenue g Total. Add lines 2a-2f Investment income (including dividends, interest, and 464. 464 other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents **b** Less rental expenses c Rental income or (loss) d Net rental income or (loss) (i) Securities 7 a Gross amount from sales of (ii) Other assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c) See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 **b** Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Business Code Miscellaneous Revenue 900099 25,769. 25,769 11 a ACTIVITIES d All other revenue 25,769. e Total. Add lines 11a-11d 354,736. 26,233. Total revenue. See instructions. 0 . 0. 332009 10-29-13

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 (C) Management and general expenses (D) Fundraising (A) Total expenses (B) Program service Do not include amounts reported on lines 6b. 7b, 8b, 9b, and 10b of Part VIII. expenses expenses Grants and other assistance to governments and organizations in the United States. See Part IV, line 21 Grants and other assistance to individuals in the United States, See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and 362,521. 268,266. 36,252 58,003. persons described in section 4958(c)(3)(B) 7 Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 40,039. 29,629. 4,004 6,406. Other employee benefits q 28,031. 20,743. 2,803. 4,485. 10 Payroll taxes Fees for services (non-employees): 11 Management Legal b 4,900 4,900 Accounting C d Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) 12 Advertising and promotion Office expenses 13 Information technology 14 Royalties 15 38,218 34,396. 3,822. Occupancy 16 1,825. 1,642 183 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 Interest 20 Payments to affiliates 21 8,181 7,363 818 22 Depreciation, depletion, and amortization 6,739. 7,488. 749 Insurance 23 Other expenses. Itemize expenses not covered 24 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.) 320,086. 311,442. 8,644 SUPPLIES CONTRACT LABOR 43,058. 4,784. 47,842. 16,508. PRINTING & PUBLICATIONS 14,032. 1,320. 1,156. 7,874. 7,087. d MISCELLANEOUS 787. 9,125. 8,212. 886. 27. e All other expenses 892,638. 752,609. 69,952. 70,077. Total functional expenses. Add lines 1 through 24e 25 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 _____ if following SOP 98-2 (ASC 958-720)

Pai	rt X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash · non-interest-bearing	368,063.	1	824,559.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	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	_	İ	
ţ		employees' beneficiary organizations (see instr) Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
Ä	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment cost or other			
		basis Complete Part VI of Schedule D 10a 54,736.			
	ь	Less accumulated depreciation 10b 30,309.	14,366.	10c	24,427.
	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	1	14	
	15	Other assets See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	382,429.	16	848,986.
	17	Accounts payable and accrued expenses	1,101.	17	5,560.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
es	22	Loans and other payables to current and former officers, directors, trustees,			
≝		key employees, highest compensated employees, and disqualified persons			_ 1
Liabilities		Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	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	1 101	25	F 560
	26	Total liabilities. Add lines 17 through 25	1,101.	26	5,560.
		Organizations that follow SFAS 117 (ASC 958), check here ▶ X and			
Ses		complete lines 27 through 29, and lines 33 and 34.	070 007		F20 400
auc	27	Unrestricted net assets	279,027.	27	539,122.
Bal	28	Temporanly restricted net assets	102,301.	28	304,304.
5	29	Permanently restricted net assets		29	
Ē		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ □			
ğ		and complete lines 30 through 34.			
set	30	Capital stock or trust principal, or current funds		30	
As	31	Paid-in or capital surplus, or land, building, or equipment fund	-	31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds	201 200	32	042 406
_	33	Total net assets or fund balances	381,328.	33	843,426.
	34	Total liabilities and net assets/fund balances	382,429.	34	848,986.

Form **990** (2013)

Form	990 (2013) CHILDREN AND FAMILY URBAN MINISTRIES	42-13	96833	Pa	ge 12
Pa	rt XI Reconciliation of Net Assets	<u></u>			
	Check 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	1,35	4,7	36.
2	Total expenses (must equal Part IX, column (A), line 25)	2	89:	2,6	38.
3	Revenue less expenses. Subtract line 2 from line 1	3	462	2,0	98.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			28.
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			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	843	3,4	26.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				\mathbf{x}
				Yes	No
1	Accounting method used to prepare the Form 990				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	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:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both				
	X Separate basis Consolidated basis Both consolidated and separate basis				
¢	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Scho	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sii	ngle Audıt			
	Act and OMB Circular A-133?		За		_X_
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			
	ar and to supplementary in Cabadrila O and decamba any atoms taken to underess such and to		ایرا		

Form **990** (2013)

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

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.

➤ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2013

Open to Public Inspection

Name of t	he organizati	on			<u> </u>			E	Employer	identificat	ion nu	mber
		CHILDRE	N AND FAMILY	<u>URBA</u>	N MIN	<u>ISTRI</u>	ES		4	2-1396	<u> 833</u>	
Part I	Reason	for Public Char	ity Status (All organiz	zations mu	st complet	e this part	t.) See inst	tructions				
	A church, co A school des A hospital or A medical res city, and stat An organizati section 170 A federal, sta An organizati section 170(A community An organizati activities rela	a private foundation invention of churches cribed in section 17 a cooperative hospit search organization of e: to operated for the light of the lig	because it is (For lines s, or association of chur (O(b)(1)(A)(ii). (Attach Sotal service organization operated in conjunction benefit of a college or use Part II.) ent or governmental universe a substantial part	1 through 1 through 1 through 1 through 2 the dule E) described with a hos niversity out described of its supp (Complete 1/3% of its ain exception	I1, check on the control of the cont	only one bection 170(b)(1)(n)bed in separated by an 170(b)(1)(1) government on the control of th	(A)(iii). ction 170 a governi (I)(A)(v). ental unit contains, methan 33 1	nental un or from the nembersh	e general nip fees, a s support	public desc ind gross re t from gross	cribed i	in from tment
10	See section An organizate An organizate more publicly describes the a Type I By checking foundation m If the organiz supporting of Since August (i) A perso the gove (ii) A family (iii) A 35% of	509(a)(2). (Complete on organized and open organized and open organized and open organized at the complete of supporting the box, I certify the anagers and other that on received a write organization, check that 17, 2006, has the complete of a person controlled entity of a	e Part III) perated exclusively to te perated exclusively for thations described in section organization and complype II c Tat the organization is not han one or more publication from the complete of the determination from the content of the con	est for publication 509(a)(1) eete lines 1 ype III - Furication Furication y supporte the IRS that my gift or colone or tog	c safety S of, to perfo l) or section te through nctionally in directly or d organiza at it is a Ty contribution ether with	See section form the fur on 509(a)(2 on 11h antegrated or indirectly attions desc pe I, Type	on 509(a)(4) charactions of, charactions of, depending one of the following of the following of	a). or to car ction 509 Type r more dis ection 50 e III	ry out the (a)(3). Ch pe III · No squalified 19(a)(1) or	e purposes of leck the box in-functional persons off section 509	of one of that Ily integher that 9(a)(2) Yes	or grated an
(ı) Name	of supported inization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section	(iv) Is the oin col. (i) Is	rganization sted in your	organizat	ion in col.	organızat (i) organı	s the ion in col. zed in the S.?	(vii) Amoun sur	t of moi	netary
			(see instructions))	Yes	No	Yes	No	Yes	No		<u> </u>	
Total LHA For F	aperwork Re	duction Act Notice	, see the Instructions f	or				Schedu	ile A (For	m 990 or 9	90-EZ1	2013

332021 09-25-13

Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2013 CHILDREN AND FAMILY URBAN MINISTRIES 42-1396833 Page 2

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)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not	F.C4 5745	665 001	060 045			
		561,715.	667,881.	863,817.	837,700.	1,328,503.	4,259,616.
2	•						
	·						
_	•						
3						ĺ	
		561 715	667 991	963 917	937 700	1 300 503	4 252 545
	•	361,713.	007,001.	003,017.	837,700.	1,328,503.	4,259,616.
Э	•						
	• •						
	• • •	,					
	amount shown on line 11,						
	column (f)						1,133,116.
6	Public support. Subtract line 5 from line 4				- t- t		3 126 500.
	ction B. Total Support						
Cale	tis, grants, contributions, and smbership fees received. (Do not hidde any *unusual grants.*) x revenues levied for the organition's benefit and either paid to expended on its behalf e value of services or facilities inshed by a governmental unit to egranization without charge tail. Add lines 1 through 3 eportion of total contributions each person (other than a vernmental unit or publicly poported organization) included line 1 that exceeds 2% of the bount shown on line 11, lumn (f) The B. Total Support Tyear (of fiscal year beginning in) (a) 2009 (b) 2010 (c) 2011 (d) 2012 (e) 2013 (f) 561, 715. 667, 881. 863, 817. 837, 700. 1, 328, 503. 4, 900 (c) 2011 (d) 2012 (e) 2013 (f) 2010 (c) 2011 (d) 2012 (e) 2013 (f) 2010 (c) 2011 (d) 2012 (e) 2013 (f) 2010 (c) 2011 (d) 2012 (e) 2013 (f) 2010 (c) 2011 (d) 2012 (e) 2013 (f) 2010 (c) 2011 (d) 2012 (e) 2013 (f) 2010 (c) 2011 (d) 2012 (e) 2013 (f) 2010 (c) 2011 (d) 2012 (e) 2013 (f) 2010 (c) 2011 (d) 2012 (e) 2013 (f) 2010 (c) 2011 (d) 2012 (e) 2013 (f) 2010 (c) 2011 (d) 2012 (e) 2013 (f) 2010 (c) 2011 (d) 2012 (e) 2013 (f) 2010 (c) 2011 (d) 2012 (e) 2013 (f) 2010 (c) 2011 (d) 2012 (e) 2013 (f) 2010 (c) 2011 (d) 2012 (e) 2013 (f) 2010 (c) 2011 (d) 2012 (e) 2013 (f) 2010 (c) 2011 (d) 2012 (e) 2013 (f) 2010 (c) 2011 (d) 2012 (e) 2013 (f) 2010 (c) 2011 (d) 2012 (e) 2013 (f) 2010 (e) 2011 (e) 2013 (f) 2010 (e) 2011 (e) 2013 (f) 2010 (e) 2011 (e) 2013 (f) 2010 (e) 2013 (f)		(f) Total				
7	Amounts from line 4	561,715.	667,881.	863,817.	837,700.	1,328,503.	4,259,616.
8	Gross income from interest,						
	dividends, payments received on						
	secunties loans, rents, royalties						
	and income from similar sources	390.	99.	6.	292.	464.	1,251.
9	Net income from unrelated business						
	activities, whether or not the				1		
	business is regularly carried on						
10	Other income Do not include gain						
	·	7.60	16 044	01 501	0 550	05 560	66 646
	, ,	/60.	16,044.	21,521.	2,552.	25,769.	66,646.
	• • •	L			<u> </u>		4,327,513.
	·	•	•			\ \	
13	*	=	s tirst, secona, tnir	a, τουπη, or τιπη τα	ax year as a section	n 501(c)(3)	
Sed	ction C. Computation of Publ	ic Support Pe	rcentage				
				column (fl)		14	72.25 %
	,		•	Joidinin (i))			76.17 %
		•		n line 13. and line :	ا 14 is 33 1/3% or ¤		
	• •	-				,	► X
b	• •		_		line 15 is 33 1/3%	or more, check the	=
	• •	J		•		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	▶ □
17a	•				e 13, 16a, or 16b, a	and line 14 is 10% o	or more,
		•					•
				•	•		ightharpoons
b		•	•	. , , , ,	•	17a, and line 15 is 1	0% or
		_				•	
	organization meets the "facts-and-cire	cumstances" test.	The organization of	qualifies as a publi	cly supported orga	anızatıon	. ▶□
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17t	o, check this box a	ınd see instructions	
					Sche	dule A (Form 990	or 990-EZ) 2013

Schedule A (Form 990 or 990-EZ) 2013 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)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 per-						
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose						
2	Gross receipts from activities that						
3	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf				ļ		
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge	ļ			<u> </u>		
6	Total. Add lines 1 through 5						
7 <i>a</i>	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						I
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year			İ			
c	Add lines 7a and 7b						
-	Public support (Subtract line 7c from line 6)				1		
	ction B. Total Support				<u> </u>	1	
	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	Amounts from line 6	(4) 2000	(2) 20 10	197.20.	(4) 20.2	10/2010	
_	Gross income from interest,						Ì
	dividends, payments received on						ļ
	securities loans, rents, royalties						
	and income from similar sources						
t	Unrelated business taxable income						1
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	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					1	
	or loss from the sale of capital assets (Explain in Part IV)						
13	Total support. (Add lines 9, 10c, 11, and 12)						
	First five years. If the Form 990 is for	r the organization's	first, second, thi	d, fourth, or fifth t	ax year as a section	on 501(c)(3) organiz	ation,
_	check this box and stop here						
Se	ction C. Computation of Publ	ic Support Pe	rcentage				
	Public support percentage for 2013 (column (f))		15	%
	Public support percentage from 2012		•			16	%
	ction D. Computation of Inve			-		- · · ·	
	Investment income percentage for 20					17	%
	Investment income percentage from	•	•	10, 001011111 (1))	• •	18	% %
	, •			on line 14, and line	a 15 is mara than t		
198	33 1/3% support tests - 2013. If the	•				•	/ IS HUL
_	more than 33 1/3%, check this box a	-	•			•	
t	33 1/3% support tests - 2012. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	his box and see in	structions	

chedule A	(Form 990 or 990-E	Z) 2013 CHIL	DREN AND	FAMILY	URBAN	MINISTRI	ES 4	<u> 12-1396833</u>	Page
Part IV	Supplementa	I Information.	Provide the exp	olanations requ	ired by Part	II, line 10; Part II, I	line 17a or 17	b, and Part III, line	12.
•	Also complete this	s part for any addi	itional informatio	on (See instruc	tions)				
				····		-·· 			
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SCHEDULE D

Department of the Treasury

(Form 990)

Supplemental Financial Statements

▶ 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.

▶ Attach to Form 990.

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

OMB No 1545-0047 Open to Public Inspection

Internal Revenue Service Name of the organization

Employer identification number

	CHILDREN AND FAMILY URBAN		42-1396833					
Pai	rt I Organizations Maintaining Donor Advised Funds or	Other Similar Funds or A	Accounts. Complete if the					
	organization answered "Yes" to Form 990, Part IV, line 6.							
	(a) Do	nor advised funds (b) Funds and other accounts					
1	Total number at end of year							
2	Aggregate contributions to (during year)							
3	Aggregate 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 fun	nds					
	are the organization's property, subject to the organization's exclusive lega		Yes No					
6	Did the organization inform all grantees, donors, and donor advisors in writ							
	for chantable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring							
	impermissible private benefit?	, and any annual purpose connec	Yes No					
Pai		vered "Yes" to Form 990, Part IV.						
1	Purpose(s) of conservation easements held by the organization (check all t							
·	Preservation of land for public use (e.g., recreation or education)	Preservation of an historical	ly important land area					
	Protection of natural habitat	Preservation of a certified hi						
	Preservation of open space	Treservation of a contined in	Stone Structure					
2	Complete lines 2a through 2d if the organization held a qualified conservation	on contribution in the form of a co	onservation easement on the last					
_	day of the tax year.	of contribution in the form of a co	onservation easement on the last					
	day of the tax year.		Held at the End of the Tax Year					
а	Total number of conservation easements							
b	Total acreage restricted by conservation easements		2a					
	Number of conservation easements on a certified historic structure include	d up (a)	2b					
c d	Number of conservation easements included in (c) acquired after 8/17/06,	` '	2c					
u	listed in the National Register	and not on a historic structure						
3	Number of conservation easements modified, transferred, released, extingu	ushed or terminated by the organ	2d					
3	year	islied, or terminated by the organ	iization during the tax					
4	Number of states where property subject to conservation easement is loca	ber						
5	Does the organization have a written policy regarding the periodic monitorii							
3	violations, and enforcement of the conservation easements it holds?	g, inspection, nariding of	Yes No					
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing	conseniation easoments during ti						
7	Amount of expenses incurred in monitoring, inspecting, and enforcing cons	•	· · — — —					
8	Does each conservation easement reported on line 2(d) above satisfy the re	- -						
0	and section 170(h)(4)(B)(ii)?	quirements of section 170(n)(4)(E						
9	In Part XIII, describe how the organization reports conservation easements	in its revenue and evaces ateter						
9	include, if applicable, the text of the footnote to the organization's financial	•	· · · · · · · · · · · · · · · · · · ·					
	conservation easements	statements that describes the org	garlization's accounting for					
Pai	rt III Organizations Maintaining Collections of Art, Histo	rical Treasures or Other	Similar Assets					
L:	Complete if the organization answered "Yes" to Form 990, Part IV, li	-	Jillia Assets.					
12	If the organization elected, as permitted under SFAS 116 (ASC 958), not to		and halance sheet works of art					
14								
historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part 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 rep		plance shoot works of art historical					
D								
	treasures, or other similar assets held for public exhibition, education, or re-	search in furtherance of public ser	rvice, provide the following amounts					
	relating to these items:		• •					
	(i) Revenues included in Form 990, Part VIII, line 1		► \$ ► \$					
_	(ii) Assets included in Form 990, Part X							
2	If the organization received or held works of art, historical treasures, or other	• .	provide					
	the following amounts required to be reported under SFAS 116 (ASC 958)	elating to these items						
a	Revenues included in Form 990, Part VIII, line 1		► \$ ► \$					
b	Assets included in Form 990, Part X	-	▶ \$					

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 332051 09-25-13

Schedule D (Form 990) 2013

		N AND FAMI						<u>42-13</u>			<u>; 2</u>	
	t III Organizations Maintaining C											
з.	Using the organization's acquisition, accessi	on, and other record	ds, chec	k any of the	following tha	t are a s	significant	use of its	collection	ıtems		
	(check all that apply)											
а	Public exhibition	C			change progra	ams						
þ	Scholarly research	e	• 🗀	Other								
С	Preservation for future generations											
4	Provide a description of the organization's co							ose in Par	t XIII			
5	During the year, did the organization solicit of					er sımıla	r assets	_	7			
Γ	to be sold to raise funds rather than to be m								<u> Yes</u>		<u> 10</u>	
Par	t IV Escrow and Custodial Arran reported an amount on Form 990, Pa	•	ete if the	e organizatio	on answered '	"Yes" to	Form 990	, Part IV, I	ine 9, or			
1a	Is the organization an agent, trustee, custod	ian or other intermed	diary for	contribution	ns or other as	sets no	t included					
	on Form 990, Part X?								Yes		lo	
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing	table.								
	,		_						Amount		_	
С	Beginning balance						1c				_	
d	Additions during the year					-	1d					
е	Distributions during the year						1e					
f	Ending balance						1f					
2a	Did the organization include an amount on F	orm 990, Part X, line	21?						Yes		10	
b	If "Yes," explain the arrangement in Part XIII	Check here if the ex	xplanatio	on has beer	n provided in l	Part XIII						
Par	t V Endowment Funds. Complete	f the organization ar	nswered	"Yes" to Fo	orm 990, Part	IV, line	10.				_	
		(a) Current year	(b) F	nor year	(c) Two year	s back	(d) Three y	ears back	(e) Four	ears bac	k	
1a	Beginning of year balance											
b	Contributions							·				
С	Net investment earnings, gains, and losses											
d	Grants or scholarships											
	Other expenditures for facilities											
	and programs				1							
f	Administrative expenses				1						_	
g	End of year balance										_	
2	Provide the estimated percentage of the cur	rent year end baland	e (line 1	g, column (a)) held as							
а	Board designated or quasi-endowment		%									
b	Permanent endowment	%										
С	Temporarily restricted endowment ▶											
	The percentages in lines 2a, 2b, and 2c show	uld equal 100%										
За	Are there endowment funds not in the posse	ession of the organiz	ation tha	at are held a	and administe	red for t	the organiz	zation				
	by Yes No											
	(i) unrelated organizations			-					3a(i)			
	(ii) related organizations			-					3a(ii)			
b	If "Yes" to 3a(ii), are the related organization:	s listed as required o	on Sche	dule R?					3b			
4												
Par	Part VI Land, Buildings, and Equipment.											
	Complete if the organization answere	d "Yes" to Form 990), Part IV	/, line 11a S	See Form 990	, Part X,	line 10					
	Description of property	(a) Cost or o	other	(b) Cos	t or other	(c) A	ccumulate	ed	(d) Book	value		
		basıs (ınvestı	ment)	basis	(other)	de	preciation				_	
1a	Land _										_	
b	Buildings										_	
c	Leasehold improvements										_	
d	Equipment			9	54,736.		30,3	09.	24	,42	<u>. </u>	
e	Other											
Total	Add lines 1a through 1e (Column (d) must e	equal Form 990 Part	X colu	mn (R) line	10(c))				2.4	.42	7	

Schedule D (Form 990) 2013

1.	(a) Description of hability	(b) book value
(1) Federa	al income taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column	(b) must equal Form 990, Part X, col. (B) line 25.)	>

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

Schedule D (Form 990) 2013

	edule D (Form 990) 2013 CHILDREN AND FAMILY URBAN M	INISTRIES	<u>42-:</u>	<u> 1396833</u>	Page 4
Par	rt XI Reconciliation of Revenue per Audited Financial Statemen	ts With Revenue per l			
	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	1,354	736.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	•			
а	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b	1		
С	Recovenes of pnor year grants	2c	1		
d		2d	1		
	Add lines 2a through 2d		2e		0.
3	Subtract line 2e from line 1		3	1,354	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	•			7.30.
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b	1		
	Add lines 4a and 4b	70	4c		0.
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	-	5	1,354,	
	rt XII Reconciliation of Expenses per Audited Financial Statemen	nts With Expenses ne			, , , , , , .
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a	its with Expenses per	Heta	•••	
			Т.Т	902	638.
1	Total expenses and losses per audited financial statements		1	094	030.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a	-		
b	Pnor year adjustments	2b	-		
С	Other losses .	2c	-		
d	,	2d	-		•
е	Add lines 2a through 2d		2e		0.
3	Subtract line 2e from line 1		3	892,	638.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1	ı			
а	Investment expenses not included on Form 990, Part VIII, line 7b		-		
b	Other (Describe in Part XIII)	_4b_	-		
_	Other (Describe in Part XIII) Add lines 4a and 4b	_4b	4c		0.
c 5	Add lines 4a and 4b Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	_4b	4c 5	892,	0.
c 5	Add lines 4a and 4b	_4b		892,	
c 5 Par	Add lines 4a and 4b Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)		5		638.
c 5 Par	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) rt XIII Supplemental Information.	, lines 1b and 2b, Part V, line	5		638.
c 5 Par	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) rt XIII Supplemental Information. de 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	5		638.
c 5 Par	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) rt XIII Supplemental Information. de 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	5		638.
Par Providines	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) rt XIII Supplemental Information. de 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	5		638.
Par Providines	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) rt XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional states of the part XII, lines 2d and 4b.	, lines 1b and 2b, Part V, line	5		638.
PAR	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) rt XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addition of the complete this part	, lines 1b and 2b, Part V, line onal information	4, Part)	X, line 2; Part)	(i,
PAR	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) rt XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional states of the part XII, lines 2d and 4b.	, lines 1b and 2b, Part V, line onal information	4, Part)	X, line 2; Part)	(i,
PAR	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) rt XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addition of the complete this part	, lines 1b and 2b, Part V, line onal information ACCOUNTING FOR	4, Part)	X, line 2; Part >	(i,
PAR	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) rt XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addition of the complete this part	, lines 1b and 2b, Part V, line onal information ACCOUNTING FOR	4, Part)	X, line 2; Part >	(i,
PAF	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) IT XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addition. RT X, LINE 2: PLANATION: THE ORGANIZATION HAS ADOPTED THE INCOME TAX REQUIREMENTS AS REQUIRED BY THE	ACCOUNTING FOR	4, Part	X, line 2; Part >	(i,
PAF	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) rt XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addition of the complete this part	ACCOUNTING FOR	4, Part	X, line 2; Part >	(i,
PAF	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) IT XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addition. RT X, LINE 2: PLANATION: THE ORGANIZATION HAS ADOPTED THE INCOME TAX REQUIREMENTS AS REQUIRED BY THE	ACCOUNTING FOR	4, Part	X, line 2; Part >	(i,
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PAF	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) IT XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addition. RT X, LINE 2: PLANATION: THE ORGANIZATION HAS ADOPTED THE INCOME TAX REQUIREMENTS AS REQUIRED BY THE	ACCOUNTING FOR	4, Part	X, line 2; Part >	(i,
PAF	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) IT XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addition. RT X, LINE 2: PLANATION: THE ORGANIZATION HAS ADOPTED THE INCOME TAX REQUIREMENTS AS REQUIRED BY THE	ACCOUNTING FOR	4, Part	X, line 2; Part >	(i,
PAF	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) IT XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addition. RT X, LINE 2: PLANATION: THE ORGANIZATION HAS ADOPTED THE INCOME TAX REQUIREMENTS AS REQUIRED BY THE	ACCOUNTING FOR	4, Part	X, line 2; Part >	(i,
PAF	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) IT XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addition. RT X, LINE 2: PLANATION: THE ORGANIZATION HAS ADOPTED THE INCOME TAX REQUIREMENTS AS REQUIRED BY THE	ACCOUNTING FOR	4, Part	X, line 2; Part >	(i,
PAF	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) IT XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addition. RT X, LINE 2: PLANATION: THE ORGANIZATION HAS ADOPTED THE INCOME TAX REQUIREMENTS AS REQUIRED BY THE	ACCOUNTING FOR	4, Part	X, line 2; Part >	(i,
PAF	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) IT XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addition. RT X, LINE 2: PLANATION: THE ORGANIZATION HAS ADOPTED THE INCOME TAX REQUIREMENTS AS REQUIRED BY THE	ACCOUNTING FOR	4, Part	X, line 2; Part >	(i,
PAF	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) IT XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addition. RT X, LINE 2: PLANATION: THE ORGANIZATION HAS ADOPTED THE INCOME TAX REQUIREMENTS AS REQUIRED BY THE	ACCOUNTING FOR	4, Part	X, line 2; Part >	(i,
PAF	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) IT XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addition. RT X, LINE 2: PLANATION: THE ORGANIZATION HAS ADOPTED THE INCOME TAX REQUIREMENTS AS REQUIRED BY THE	ACCOUNTING FOR	4, Part	X, line 2; Part >	(i,
PAF	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) IT XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addition. RT X, LINE 2: PLANATION: THE ORGANIZATION HAS ADOPTED THE INCOME TAX REQUIREMENTS AS REQUIRED BY THE	ACCOUNTING FOR	4, Part	X, line 2; Part >	(i,
PAF	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) IT XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addition. RT X, LINE 2: PLANATION: THE ORGANIZATION HAS ADOPTED THE INCOME TAX REQUIREMENTS AS REQUIRED BY THE	ACCOUNTING FOR	4, Part	X, line 2; Part >	(i,
PAF	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) IT XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addition. RT X, LINE 2: PLANATION: THE ORGANIZATION HAS ADOPTED THE INCOME TAX REQUIREMENTS AS REQUIRED BY THE	ACCOUNTING FOR	4, Part	X, line 2; Part >	(i,
PAF	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) IT XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addition. RT X, LINE 2: PLANATION: THE ORGANIZATION HAS ADOPTED THE INCOME TAX REQUIREMENTS AS REQUIRED BY THE	ACCOUNTING FOR	4, Part	X, line 2; Part >	(i,

SCHEDULE M (Form 990)

Noncash Contributions

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization ► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

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

Open to Public Inspection

CHILDREN AND FAMILY URBAN MINISTRIES

Employer identification number 42-1396833

Pa	rt I Types of Property									
		(a) Check if applicable	(b) Number of contributions or	Noncash cont	orted on		(d) Method of de ash contribu			s
1	Art - Works of art		rtems contributed	Pomi 990, Part V	viii, line 1g					
2	Art · Historical treasures						···			
3	Art · Fractional interests	·								
4	Books and publications									
5	Clothing and household goods									
6	Cars and other vehicles									
7	Boats and planes						-			
8	Intellectual property									
9	Securities · Publicly traded									
10	Securities · Closely held stock							_		
11	Securities - Partnership, LLC, or									
••	trust interests									
12	Securities - Miscellaneous									
13	Qualified conservation contribution -									
	Historic structures									
14	Qualified conservation contribution Other									
15	Real estate - Residential									
16	Real estate - Commercial									
17	Real estate · Other									
18	Collectibles									
19	Food inventory	X	400	155	,066.	FAIR	MARKET	VA	LUE	
20	Drugs and medical supplies									
21	Taxidermy									
22	Historical artifacts						•			
23	Scientific specimens				·		·	-		
24	Archeological artifacts						····			
25	Other ► (SUPPLIES)	X	103	46	,787.	FAIR	MARKET	VA	LUE	
26	Other (MISCELLANEOUS)	X	18				MARKET			
27	Other ()									
28	Other ()									
29	Number of Forms 8283 received by the organiz	zation during	g the tax year for c	ontributions						
	for which the organization completed Form 828	33, Part IV, I	Donee Acknowled	gement	29					
									Yes	No
30a	During the year, did the organization receive by	y contributio	on any property rep	oorted in Part I, Iir	nes 1 - 28, t	hat it mus	t hold for			
	at least three years from the date of the initial of	contribution	, and which is not	required to be us	ed for exen	npt purpo:	ses for			. '
	the entire holding period?					_		30a		X
b	If "Yes," describe the arrangement in Part II									
31	Does the organization have a gift acceptance p	oolicy that re	equires the review	of any non-stand	ard contrib	utions?		31		X
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash									
	contributions?							32a		X
b	If "Yes," describe in Part II									
33	If the organization did not report an amount in	column (c) 1	or a type of prope	rty for which colu	mn (a) is ch	ecked,				
	describe in Part II				·					
ΙHΑ	For Panerwork Reduction Act Notice see	the Instruc	tions for Form 99	Λ			Schodula M	Eorm	000) (2012)

332141 09-03-13

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Schedule M (Form 990) (2013)

SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization

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

Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047 Open to Public Inspection

Name of the organization CHILDREN AND FAMILY URBAN MINISTRIES	Employer identification number 42-1396833
FORM 990, PART VI, SECTION B, LINE 11:	
EXPLANATION: THE BOARD OF DIRECTORS REVIEW THE FORM 990 I	BEFORE FILING.
FORM 990, PART VI, SECTION B, LINE 12C:	
EXPLANATION: WRITTEN CONFLICT OF INTEREST POLICIES ARE U	PDATED AND REVIEWED
ANNUALLY FOR EACH BOARD MEMBER.	
FORM 990, PART VI, SECTION B, LINE 15A:	
EXPLANATION: THE EXECUTIVE COMMITTEE REVIEWS THE ANNUAL I	BUDGET. THE
EXECUTIVE COMMITTEE ALSO REVIEWS THE TOTAL SALARY EXPENSE	BUDGETED FOR THE
ORGANIZATION. SALARIES, INCLUDING THE EXECUTIVE DIRECTOR	, ARE REVIEWED BY
THE EXECUTIVE COMMITTEE.	
·	
FORM 990, PART VI, SECTION C, LINE 19:	
EXPLANATION: THE ORGANIZATION'S GOVERNING DOCUMENTS, CON	LICT OF INTEREST
POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBL	LIC UPON REQUEST,
AT THE ORGANIZATION'S OFFICE.	
FORM 990, PART XI, LINE 2C:	
EXPLANATION: THE EXECUTIVE COMMITTEE ASSUMES RESPONSIBILE	TTY FOR THE
OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND SI	ELECTION OF AN
INDEPENDENT AUDIT FIRM.	