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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 U14
Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ 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.

A	For the	2014 Calendar year, or tax year beginning and and	ending		
В	Check if applicable	C Name of organization CHILDREN AND FAMILY URBAN MINISTRIES		D Employer identifi	cation number
	Address	Children and Paniel Ordan ministries	ייות		
F	change Name	Doing business as CHILDREN & FAM. URBAN MOVEM		42-1	396833
F	lchange		Room/suite	E Telephone numbe	
F	retum Final	P.O. BOX 41125	110011/3aile	515-	282-3242
_	return/ termin-	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	894,172.
Г	ated Amende return			H(a) Is this a group re	
F	Applica			for subordinates	
L	—Jtióñ pending	SAME AS C ABOVE		H(b) Are all subordinates in	
_	Tavaavar	mpt status: X 501(c)(3)	or 527	1 ' '	list. (see instructions)
		: ► WWW.CFUM.ORG	71 027	H(c) Group exemptio	
		rganization X Corporation	1 Vear		A State of legal domicile IA
		Summary	L	01 101111011 <u>01</u>	or crate or legal definions ====
		riefly describe the organization's mission or most significant activities: \overline{SEE}	FORM 9	90, PART II	I, LINE 1.
Activities & Governance	[' '	meny describe the organization s mission of most significant dottvities.			
naı	2 0	Check this box If the organization discontinued its operations or dispose	ed of more	than 25% of its net as	ssets
Š	1	lumber of voting members of the governing body (Part VI, line 1a)		3	16
Ĝ	1	lumber of independent voting members of the governing body (Part VI, line 1b)		4	16
જ જ	1	otal number of individuals employed in calendar year 2014 (Part V, line 2a)		5	48
ij	1	otal number of volunteers (estimate if necessary)	-	6	2584
.≑	1	otal number of volunteers (estimate in recessary) otal unrelated business revenue from Part VIII, column (C), line 12		7a	0.
ĕ	E .	let unrelated business texable income from Form 990 -T. line 34		7b	0.
_	 			Prior Year	Current Year
	8 0	Contributions and grants (Part VIII, line 1h)		1,328,503.	864,929.
Je	9 F	Program service revenue (Part VIII, line 2g)	7080	0.	0.
Revenue	10	nvestment income (Part VIII, column (A), lines 3, 4, and 30) $JUN = 12015$.	464.	2,553.	
æ	11 (Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	25,769.	26,690.	
		otal revenue - add lines 8 through 11 (must equal Part VIII, Column (A) line 12		1,354,736.	894,172.
_		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<i>i</i>	0.	0.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
(A	1	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		430,591.	475,990.
Expenses	162 5	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
per	, .o.	otal fundraising expenses (Part IX, column (D), line 25)	27.		
Ä	17 (Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		462,047.	659,718.
	1	otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	-	892,638.	1,135,708.
		Revenue less expenses. Subtract line 18 from line 12		462,098.	-241,536.
Jo d	3	revenue less expenses. Outstract line to from line 12	Re	ginning of Current Year	End of Year
ets	20 1	otal assets (Part X, line 16)	50	848,986.	606,317.
ASS	21 1	otal assets (Part X, line 16)		5,560.	4,427.
Net Assets or	22	Net assets or fund balances. Subtract line 21 from line 20		843,426.	601,890.
P	art II	Signature Block		<u> </u>	
-		ties of perjury, I degrare that I have examined this return, including accompanying schedule:	s and statem	ents, and to the best of m	v knowledge and belief it is
		, and complete. Declaration of preparer (other than officer) is based on all information of wi			,
truc	1,0011000		non propuror	5-2	2-15
Sig	.n	Sighatore of officer	<u> </u>	Date	
He		KEVIN CHRISTENSEN, PRESIDENT			
116	10	Type or print name and title			
_				Date Check	PTIN
Pai		Print/Type preparer's name JAY A HORN, CPA Preparer's signature	CPA	5-14-15 of self-employ	
		Firm's name DENMAN & COMP/ Y, LIP	- 1	Firm's EIN	42-0794029
	· +	Firm's address 1601 22ND STRI Z, SUITE 400		Time 5 Envis	
Jac	· · · · · · ·	WEST DES MOIN! 3, IA 50266-1453		Phone no 51	5-225-8400
NA-	v the ID			T F HOUSE HO D I	X Yes No
IVIS	iy ine iH	S discuss this return with the preparer shovabove? (see instructions)			(41) 169 L NO

432001 11-07-14 LHA For Paperwork Reduction Ac lotice, see the separate instructions.

Form **990** (2014) Z

Other program services (Describe in Schedule O.)

982,052.4e Total program service expenses ►

Form 990 (2014)

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Part IV Checklist of Required Schedules											
Form 990 (2014)			EN AND	FAMILY	URBAN	MOVEMEN					
1 ,	CHILDE	REN AND	FAMILY	URBAN	MINIS	TRIES					

	•		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	_1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors	2	Х	
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		Х
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		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			l
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		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	6		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	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III			Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for	8		
9	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	٦	_	-
	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, VII, 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	11a	Х	
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	11b		Х
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	11c		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	l		.,
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
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	448	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	11f	^	
	Schedule D, Parts XI and XII	12a	х	
ь	Was the organization included in consolidated, independent audited financial statements for the tax year?	120		
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
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		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	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			,,
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	4.7		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		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	1.5		
	complete Schedule G, Part III	19		х
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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. . Form 990 (2014) 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 19 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 ⁹ If "Yes," complete Schedule I, Parts I and III	22		<u>X</u>
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	ŀ		
	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		
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), 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):			
а	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	Х	
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?	Ì		
	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	ļ	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, Part II, III, or IV, and	ŀ		
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
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	ļ	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	<u> </u>	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	<u> </u>
	·	Form	990	(2014)

Form 990 (2014)

D/B/A CHILDREN AND FAMILY URBAN MOVEMENT

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Form 990 (2014)

Par	Statements Regarding Other IRS Filings and Tax Compliance Check 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			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	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 48		•	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	1	Х
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		Х
b	If "Yes," enter the name of the foreign country.			
	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		Х
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5с		
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		Х
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).			
а	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		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required		1	
	to file Form 8282?	7c	ļ	X
d	If "Yes," Indicate the number of Forms 8282 filed during the year	1		Ŧ
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		ļ
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	ļ	<u> </u>
9	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<u> </u>
h		7h	ļ	<u> </u>
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	ļ	ļ
9	Sponsoring organizations maintaining donor advised funds.		1	F
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a	<u> </u>	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	ļ	
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12	-		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	-		
11	Section 501(c)(12) organizations. Enter:			ŧ
a	Gross income from members or shareholders 11a	1		•
ь				1
40-	amounts due or received from them.) Continue 4047(a)(4) and appropriate blackwards to the executation files Form 900 in liquid Form 10412	100		ŀ
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes." enter the amount of tax-exempt interest received or accrued during the year	12a	 	
	,	1		-
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	120	†	
a	Is the organization licensed to issue qualified health plans in more than one state?	13a	 	
L	Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the			1
D	organization is licensed to issue qualified health plans			1
^	Enter the amount of reserves on hand	1		1
	Did the organization receive any payments for indoor tanning services during the tax year?	14a	1	X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	T	

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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 15									
	If there are material differences in voting rights among members of the governing body, or if the governing			1						
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0			Ī						
ь	Enter the number of voting members included in line 1a, above, who are independent		•	Ī						
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		Х						
6	Did the organization have members or stockholders?	6		Х						
7a	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		Х						
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							
ь	Each committee with authority to act on behalf of the governing body?	8b	Х	ļ						
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						
<u>Sec</u>	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)									
			Yes	+						
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	<u> </u>	<u> </u>						
		11a	X	<u> </u>						
b	·			Ī						
12a	· · · · · · · · · · · · · · · · · · ·	12a	X	ļ						
b		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	ļ						
and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form? 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 b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 13 Did the organization have a written whistleblower policy? 14 Did the organization have a written document retention and destruction policy?		13	X	-						
14	•	14	X	ļ						
15	Did the process for determining compensation of the following persons include a review and approval by independent			1						
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		.,	1						
а	The organization's CEO, Executive Director, or top management official	15a	X	- V						
b		15b	<u> </u>	X						
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			1						
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	1	<u> </u>						
	List the states with which a copy of this Form 990 is required to be filed NONE									
17		01010								
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)	avallat	ле							
	for public inspection. Indicate how you made these available. Check all that apply.									
4.0	Own website Another's website X Upon request Other (explain in Schedule O)	.	-1-1							
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	o tinan	icial							
	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: ► LINDA DANIELSON - 515-282-3242									
	P.O. BOX 41125, DES MOINES, IA 50311									
	I .O. DON TITES! DEG NOTHED! IN JUSTI									

Form 990 (2014) 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.

(A)	(B)		_	_ (C		_		(D)	(E)	(F)	
Name and Title	Average	(do	not c	Posi			one	Reportable	Reportable	Estimated	
	hours per	box	unle	ss pe	rson :	s bot	h an	compensation	compensation	amount of	
	week		officer and a direct			tor/trustee)		from	from related	other	
	(list any hours for	or director				_		the organization	organizations (W-2/1099-MISC)	compensation from the	
	related	, <u>5</u>	stee			nsate		(W-2/1099-MISC)	(** 27 1033 111100)	organization	
	organizations	trustee	Institutional trustee		8 6	Highest compensated employee		(and related	
	below	Indiwdual	tuttor	Æ	Key employee	ose	귤			organizations	
	line)	ıpu	lusp	Officer	Ke	₽Ē	Former				
(1) KEVIN CHRISTENSEN	5.00										
PRESIDENT		X		X				0.	0.	0.	
(2) LAURA ALLEN	2.00										
VICE PRESIDENT		Х		Х				0.	0.	0.	
(3) DAVE DIXON	5.00]									
TREASURER		Х		X				0.	0.	0.	
(4) STACY LAGE	2.00										
SECRETARY		X		Х				0.	0.	0.	
(5) LAURA ALEXANDER	2.00										
BOARD MEMBER		X						0.	0.	0	
(6) MEGAN AMDAHL	2.00										
BOARD MEMBER		X						0.	0.	0.	
(7) STACY BAGBY	2.00										
BOARD MEMBER		X				l		0.	0.	0.	
(8) DUKE BURRELL	2.00										
BOARD MEMBER		Х						0.	0.	0	
(9) MICHELE FARRELL	2.00										
BOARD MEMBER		X						0.	0.	0	
(10) CAROLYN JENISON	2.00										
BOARD MEMBER		Х						0.	0.	0	
(11) TONY LENGELING	2.00										
BOARD MEMBER		X	<u> </u>					0.	0.	0	
(12) KAREN MILLER	2.00										
BOARD MEMBER		X			İ			0.	0.	0	
(13) JACKIE MUELLER	2.00										
BOARD MEMBER		\mathbf{x}	ļ					0.	0.	0	
(14) JESSICA RINGENA	2.00										
BOARD MEMBER		X	ľ	İ		ļ	İ	0.	0.	0	
(15) DONNA RUSK	2.00			Γ							
BOARD MEMBER		X						0.	0.	0	
(16) ROB SAND	2.00										
BOARD MEMBER		X						0.	0.	0	
(17) CARMEN LAMPE ZEITLER	40.00	Ì		Γ							
EXECUTIVE DIRECTOR		\mathbf{x}						53,434.	0.	0	
432007 11-07-14										Form 990 (2014	

, car Am Sec	(A)	(B)	рюу	ees		<u>а ні</u> С)	gnes	si C	(D)	es (continuea) (E)			(F)	
	Name and title	Average hours per		not c		more	than •		Reportable	Reportable		Est	matec	
		week	offic				is bot or/trus		compensation from	compensation from related	'		ount o	I
		(list any hours for	Individual trustee or director				8		the organization	organizations (W-2/1099-MIS			ensatı m the	on
		related organizations	ustee or	trustee		9 8	npensat		(W-2/1099-MISC)	•		orga	nızatıc relate	
		below	wdual tr	Institutional trustee	<u>\</u>	Key employee	Highest compensated employee	Former					nzatio	
		line)	힐	lust	Office	Ke	로	For						
				-			\vdash							
													_	
						T								
				ļ .	-	-								
				<u> </u>	 -		+					· · -		
1b Sub-total									53,434.		0.	•	_	0.
	n continuation sheets to Part V	II, Section A						•	0.		0.			0.
	d lines 1b and 1c)					havi	اید دور	<u> </u>	53,434.	000 of recordable	0.			0.
	ber of individuals (including but ration from the organization	not limited to tr	iose	IIST	eo a	DOV	e) wi	10 f	eceived more than \$100	,000 of reportable)			0
0 D.III						1					F		Yes	No
	ganization list any former officer "Yes," complete Schedule J for s	•		е, к	зу е	mpi	oyee	, or	nignest compensated e	трюуее оп		3		X
•	dividual listed on line 1a, is the s	•								the organization				х
	ed organizations greater than \$15 erson listed on line 1a receive or									idual for services		4	+	Λ_
rendered	to the organization? If "Yes," con											5		X
	lependent Contractors this table for your five highest or	ompensated in	dep	ende	ent d	cont	tracte	ors 1	that received more than	\$100,000 of com	pens	ation fr	om	
	ization. Report compensation for								n the organization's tax					
	(A) Name and business	s address	N	ON:	E				(B) Description of s	services	С	(C) ompen) sation	
-	-								==					
												_		
			_					!					<u> </u>	
					_									
	nber of independent contractors of compensation from the organ		not I	ımıte	ed to	the	ose li O	ste	d above) who received n	nore than				
Ψ100,000	or componential nom the organ	incation P					_			<u></u>		Form 9	190 /2	014

Form 990 (2014) Part VIII Statement of Revenue

D/B/A CHILDREN AND FAMILY URBAN MOVEMENT

	`	Check if Schedule O cont.	ains a response	or note to any line				
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
nts nts	1 a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues	1b					
S, G	С	Fundraising events	1c					
ar a	d	Related organizations	1d					
S,E	е	Government grants (contribut	ions) 1e					
io io	f	All other contributions, gifts, gran	ts, and					
돌		similar amounts not included abo	1 1	864,929.				
들임	g							
Se	_	Total. Add lines 1a-1f			864,929.			
			-	Business Code				
e	2 a				_			
ه چَر	b							
Program Service Revenue	С							
eve.	d			1				
PG P	е							
<u> </u>	f	All other program service reve	enue					
	g	Total. Add lines 2a-2f	.=	>				
	3	Investment income (including	dividends, inter	est, and				
		other similar amounts)		▶ [2,553.	2,553.		
	4	Income from investment of ta	x-exempt bond	proceeds 🕨				
•	5	Royalties		•				
			(ı) Real	(ii) Personal				<u> </u>
	6 a	Gross rents						1
	b	Less: rental expenses						
	c	Rental income or (loss)						
	c	Net rental income or (loss)		>				
	7 a	Gross amount from sales of	(ı) Securities	(II) Other				
		assets other than inventory						
	t	Less: cost or other basis	İ					
		and sales expenses						
	0	Gain or (loss)						
	۰ (d Net gain or (loss)			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
e	8 a	 Gross income from fundraisin 	ng events (not					1
		including \$	of					-
ě		contributions reported on line	e 1c). See					
er		Part IV, line 18	a					
Other Reve	t	b Less: direct expenses	t	·				
_	I	Net income or (loss) from fund		•				<u> </u>
	9 a	a Gross income from gaming a	ctivities. See					
		Part IV, line 19	ē					ŧ.
	I	b Less: direct expenses		ــــــاد				†
	ŀ	Net income or (loss) from gan	-	•				
	10 a	 Gross sales of inventory, less 	returns					
		and allowances		•				
	l	b Less: cost of goods sold		ـــــــاد				-
		 Net income or (loss) from sale 		<u> </u>	······			<u> </u>
	<u> </u>	Miscellaneous Revenu	ue	Business Code	26 600	26 600		1
	1	a ACTIVITIES		900099	26,690.	26,690.		
	"	b						
	4	c						
	•	d All other revenue			06.600			1
	•	e Total. Add lines 11a-11d		>	26,690.			
4220	12	Total revenue. See instructions		>	894,172.	29,243.	0.	
4320 11-07	-14							Form 990 (2014)

D/B/A CHILDREN AND FAMILY URBAN MOVEMENT

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Form 990 (2014)

Part IX Statement of Functional Expenses

Secti	or 501(c)(3) and 501(c)(4) organizations must com	plete all columns. All oth	ner organizations must co	mplete column (A).	
	Check if Schedule O contains a respon	se or note to any line in			
	not include amounts reported on lines 6b, 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				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	100 100		10 010	
7	Other salaries and wages	403,102.	298,296.	40,310.	64,496.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	41 050	01 045	4 105	6 510
9	Other employee benefits	41,952.	31,045.	4,195.	6,712. 4,950.
10	Payroll taxes	30,936.	22,892.	3,094.	4,950.
11	Fees for services (non-employees):				
а	Management				
b	Legal	E E O O		- E E O O	
С	Accounting	5,500.		5,500.	
d	Lobbying				
e	Professional fundraising services See Part IV, line 17	· · · · · · · · · · · · · · · · · · ·			
T -	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
12	column (A) amount, list line 11g expenses on Sch O)				
13	Advertising and promotion Office expenses			•	· · · · · · · · · · · · · · · · · · ·
14	Information technology				
15	Royalties				
16	Occupancy	40,339.	36,305.	4,034.	
17	Travel	1,440.	1,296.	144.	
18	Payments of travel or entertainment expenses	•	•	-	
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	7,889.	7,100. 5,432.	789.	
23	Insurance	6,035.	5,432.	603.	
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)				
а	SUPPLIES	327,210.	318,136.	9,074.	
h	CORNERSTONE EXPENSES	184,000.	184,000.	- ,	
c	CONTRACT LABOR	51,613.	46,452.	5,161.	
d	DETIMENTAL A DUDT TORMTONO	20,530.	17,451.	1,642.	1,437.
_	All other expenses	15,162.	13,647.	1,483.	32.
25	Total functional expenses. Add lines 1 through 24e	1,135,708.	982,052.	76,029.	77,627.
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 If following SOP 98-2 (ASC 958-720)				

42-1396833 Page 11 Form 990 (2014) D/B/A CHILDREN AND FAMILY URBAN MOVEMENT Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 142,346. 371,086. Cash · non-interest-bearing 1 453,473. 441,026.2 Savings and temporary cash investments 3 Pledges and grants receivable, net 3 4 Accounts receivable, net 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 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 Assets employees' beneficiary organizations (see instr). Complete Part II of Sch L Notes and loans receivable, net 7 Inventories for sale or use 9 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other 61,143. basis. Complete Part VI of Schedule D 10a 38,198. 24,427. 22,945. b Less: accumulated depreciation 10b 11 11 Investments - publicly traded securities 12 12 Investments - other securities. See Part IV, line 11 13 13 Investments · program-related. See Part IV, line 11 14 Intangible assets 14 15 Other assets. See Part IV, line 11 15 606,317. 4,427. 848,986. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 5,560. 17 17 Accounts payable and accrued expenses 18 18 Grants payable 19 19 Deferred revenue 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, Liabilities key employees, highest compensated employees, and disqualified persons. 22 Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 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 5,560. 4,427. 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 539,122. 304,304. 452,610. 149,280. Unrestricted net assets 28 28 Temporarily restricted net assets 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here ▶

Form 990 (2014)

601,890. 606,317.

30

31

32

33

843,426.

848,986.

30

31 32

33

and complete lines 30 through 34.

Total net assets or fund balances

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Paid-in or capital surplus, or land, building, or equipment fund

Retained earnings, endowment, accumulated income, or other funds

	CHILDREN AND FAMILY URBAN MINISTRIES				
Form	D/B/A CHILDREN AND FAMILY URBAN MOVEMENT	42	-1396833	Pa	ige 1 2
Pa	rt XI Reconciliation of Net Assets				
	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	89	4,1	72
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,13		
3	Revenue less expenses. Subtract line 2 from line 1	3	-24	1,5	36
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	84	3,4	26
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	60	1,8	90
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	∌ O.			1
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	d on a			1
	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	<u> X</u>	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	te basis	з,		
	consolidated basis, or both:				ł
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	the second of th	ne audr	t,		1
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	ļ
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule (O.		1

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

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

Form 990 (2014)

За

Act and OMB Circular A-133?

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

CHILDREN AND FAMILY URBAN MINISTRIES

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

D/B/A CHILDREN AND FAMILY URBAN MOVEMENT

42-1396833 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.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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: 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 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). 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 11a. 🔟 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. 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. 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. 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. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, 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). (iv) Is the organization (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of listed in your organization (described on lines 1-9 support (see other support (see governing document? above or IRC section. Instructions) Instructions) No (see instructions))

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 432021 09-17-14

Schedule A (Form 990 or 990-EZ) 2014

Schedule A (Form 990 or 990-EZ) 2014 D/B/A CHILDREN AND FAMILY URBAN MOVEMENT 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.) Section A. Public Support Calendar year (or fiscal year beginning in) (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.") 667,881. 863,817. 837,700. 856,449 1,328,503, 4,554,350. 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 667,881. 863,817. 837,700. 856,449. 4 Total. Add lines 1 through 3 1,328,503. 4,554,350. 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) 1,101,882. 6 Public support. Subtract line 5 from line 4 3,452,468. Section B. Total Support (a) 2010 Calendar year (or fiscal year beginning in) (b) 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total 667,881. 863,817. 837,700. 7 Amounts from line 4 856,449 1,328,503 4,554,350. 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties 99 6. 292. 464. 2,553. 3,414. and income from similar sources 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 16,044. 21,521 2,552 25,769 26,690 assets (Explain in Part VI.) 92,576. 11 Total support. Add lines 7 through 10 4,650,340. 12 Gross receipts from related activities, etc. (see instructions) 12 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 74.24 15 Public support percentage from 2013 Schedule A, Part II, line 14 72.25 15 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 $\triangleright X$ 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

Schedule A (Form 990 or 990-EZ) 2014

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

Schedule A (Form 990 or 990-EZ) 2014 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	now, please com	piete rait ii j		•••		
	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not					,,,,,,,	17. 23
	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 bus- iness under section 513						
4	Tax revenues levied for the organ-						
	ization'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						
76	Amounts included on lines 1, 2, and 3 received from disqualified persons						
ŀ	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						
	Add lines 7a and 7b			-			
_ 8	Public support (Subtract line 7c from line 6)						
Se	ction B. Total Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6						
10	a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
ı	Unrelated business taxable income						
	(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 or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12)						
	First five years. If the Form 990 is for	the organization	s first, second, the	rd, 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 Publi	c Support Pe	ercentage				
15	Public support percentage for 2014 (I	ine 8, column (f) c	divided by line 13,	column (f))		15	%
16	Public support percentage from 2013					16	%
<u>Se</u>	ction D. Computation of Inves	tment Incom	<u>ne Percentage</u>	·			
17	, ,	•	• • • • • • • • • • • • • • • • • • • •	ne 13, column (f))		17	%
18	·	•				18	%
19	a 33 1/3% support tests - 2014. If the						7 is not
	more than 33 1/3%, check this box at						▶∟
ı	b 33 1/3% support tests - 2013. If the						
00	line 18 is not more than 33 1/3%, che					-	
20	Private foundation. If the organization	n ala not check a	LOOX ON line 14, 19	<u>a, or 190, check t</u>	nis box and see in	structions	▶

Schedule A (Form 990 or 990 EZ) 2014 D/B/A CHILDREN AND FAMILY URBAN MOVEMENT 42-1396833 Page 4

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

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in Part VIhow 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 Viwhen 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 Viwhat 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.)

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a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organizations on 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. b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's position that its supported organization(s) would have engaged in Part VI the reasons 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. 3 Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions	;).	
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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. b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each					
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 <i>Part VI</i> . b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each		activities but for the organization's involvement.	2b		
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 <i>Part VI</i> . b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3	•			
trustees of each of the supported organizations? Provide details in <i>Part VI</i> . b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	а				
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			3a	l '	Ţ
	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		

Schedule A (Form 990 or 990-EZ) 2014 D/B/A CHILDREN AND FAMILY URBAN MOVEMENT 42-1396833 Page 6 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations 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. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) 1 Net short-term capital gain 2 2 Recoveries of prior-year distributions 3 Other gross income (see instructions) 4 Add lines 1 through 3 5 Depreciation and depletion 5 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or 6 maintenance of property held for production of income (see instructions) 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior 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 1b **b** Average monthly cash balances c Fair market value of other non-exempt-use assets 1c 1d d Total (add lines 1a, 1b, and 1c) 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 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 7 Recoveries of prior-year distributions Minimum Asset Amount (add line 7 to line 6) 8 **Current Year Section C - Distributable Amount** 1 Adjusted net income for prior year (from Section A, line 8, Column A) 2 2 Enter 85% of line 1 3 Minimum asset amount for prior year (from Section B, line 8, Column A) 4 4 Enter greater of line 2 or line 3 5 Income tax imposed in prior year Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) 🔟 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see

Schedule A (Form 990 or 990-EZ) 2014

instructions)

Schedule A (Form 990 or 990-EZ) 2014 D/B/A CHILDREN AND FAMILY URBAN MOVEMENT42-1396833 Page 7
Part V Type III Non-Functionally Integrated 500(a)(2) Superation 2

rdi	t v Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	
<u>Secti</u>	on D - Distributions		·	Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	s	
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	ne 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			
		(i)	(ii)	(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2014	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				
е	From 2013			
f	Total of lines 3a through e			,
<u>g</u>	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2014 distributable amount			
<u>i</u>	Carryover from 2009 not applied (see instructions)			
i_	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			
<u>b</u>	Applied to 2014 distributable amount			
С	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				
<u>b</u>				
c				
d	Excess from 2013			
<u> e</u>	Excess from 2014			

Schedule A (Form 990 or 990-EZ) 2014

CHILDREN AND FAMILY URBAN MINISTRIES Schedule A (Form 990 or 990-EZ) 2014 D/B/A CHILDREN AND FAMILY URBAN MOVEMENT42-1396833 Page 8 Part VI 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 D

(Form 990)

.

Department of the Treasury Internal Revenue Service

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

Name of the organization

CHILDREN AND FAMILY URBAN MINISTRIES D/B/A CHILDREN AND FAMILY URBAN MOVEMENT

Employer identification number 42-1396833

Par	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, lin	e 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 advise	ed funds
	are the organization's property, subject to the organization's		Yes No
6	Did the organization inform all grantees, donors, and donor a		ised only
	for charitable purposes and not for the benefit of the donor		
	impermissible private benefit?	,	Yes No
Par		ganization answered "Yes" to Form 990, Pa	
1	Purpose(s) of conservation easements held by the organizat		· · · · · · · · · · · · · · · · · · ·
	Preservation of land for public use (e.g., recreation or		rically important land area
	Protection of natural habitat	Preservation of a certif	
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form o	of a conservation easement on the last
	day of the tax year.		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
ь	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic st	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired		
	listed in the National Register	,	2d
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the	organization during the tax
	year▶	,	
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the pe		
	violations, and enforcement of the conservation easements		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting		iring the year
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) abo		
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservat	ion easements in its revenue and expense	statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization		
	conservation easements.		
Par	t III Organizations Maintaining Collections o	of Art, Historical Treasures, or Ot	her 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 (A	SC 958), not to report in its revenue statem	ent and balance sheet works of art,
	historical treasures, or other similar assets held for public ex	hibition, education, or research in furtheran	ice of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri	nbes these items.	
b	If the organization elected, as permitted under SFAS 116 (A	SC 958), to report in its revenue statement	and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e	education, or research in furtherance of pub	lic service, provide the following amounts
	relating to these items:	·	·
	(i) Revenue 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 tre	easures, or other similar assets for financial	
	the following amounts required to be reported under SFAS	116 (ASC 958) relating to these items:	
а	Revenue included in Form 990, Part VIII, line 1		> \$
b	Assets included in Form 990, Part X		> \$

Par		Collections of Ar					139003		age Z
3	Using the organization's acquisition, accessi								
•	(check all that apply):	on, and other records	s, check any or	the following tha	it ale a sig	illilicant use of	its collection	Hem	5
а	Public exhibition	d	Loan or	exchange progra	ame				
b	Scholarly research	e e	Other	excitatige progra	21115				
c	Preservation for future generations	e	Other _						
4	Provide a description of the organization's co	ollections and explain	how they furth	or the ergonizati	on'o ovom	ent nurnono in	Dort VIII		
5	During the year, did the organization solicit of						Part Alli.		
3	to be sold to raise funds rather than to be ma				er similar a	assets	Yes		٦
Par	t IV Escrow and Custodial Arran				"Voo" to E	orm 000 Bort			No
<u> </u>	reported an amount on Form 990, Pa		te ii the organiz	ation answered	tes to F	orm 990, Part	iv, line 9, or		
1a	is the organization an agent, trustee, custod		any for contribu	itions or other as	eate not in	achided			
	on Form 990, Part X?	ian or other intermed	ary for contino	itions of other as	100 II	iciadea	Yes		No
h	If "Yes," explain the arrangement in Part XIII	and complete the foll	owing table:				1es	L) IAO
•	ir res, explain the arrangement in rait Am	and complete the fol	owing table.						
^	Beginning balance					10	Amoun	!	
c	Additions during the year					1c			
	Distributions during the year					1d			
e	• ,					1e			
f 20	Ending balance Did the organization include an amount on F	orm 000 Post V line	Od for coordin		بعران عامرا المحرر	1f			1
						y	Yes	\vdash	No
Par	If "Yes," explain the arrangement in Part XIII The transfer of the transfer o							L	<u> </u>
1 0	Lindowinient i dilds. Complete			1			and to Law		<u></u>
1.	Paginging of year balance	(a) Current year	(b) Prior yea	r (c) Two year	is back (c	d) Three years b	ack (e) Four	years	раск
1a	Beginning of year balance	-		- -					
b	Contributions								
C	Net investment earnings, gains, and losses			-					
ď	Grants or scholarships								
е	Other expenditures for facilities								
	and programs								
f	Administrative expenses						- 		
g	End of year balance					·			
2	Provide the estimated percentage of the cur	rent year end balance		nn (a)) held as:					
a	Board designated or quasi-endowment		_%						
D	Permanent endowment	%							
С	Temporarily restricted endowment	%							
_	The percentages in lines 2a, 2b, and 2c should be a sh	•							
За	Are there endowment funds not in the posse	ession of the organiza	tion that are he	eld and administe	ered for the	e organization	F	1	
	by:							Yes	No
	(i) unrelated organizations						3a(i)		
_	(ii) related organizations						3a(ii)		
	If "Yes" to 3a(II), are the related organization:						3b		
4	Describe in Part XIII the intended uses of the		wment funds.				·		
Fal	t VI Land, Buildings, and Equipm		Dark IV. barrata	- 0 - E - 000	D 17/1	40			
	Complete if the organization answere				-				
	Description of property	(a) Cost or ot basis (investm	1 , ,	Cost or other asis (other)		cumulated reciation	(d) Bool	k value	Э
12	Land	200 (11703111	,	(01.101)	чері	COIGUOTI		_	
b	Buildings		<u> </u>						
	Leasehold improvements								
	Equipment .			61,143.		38,198.	2	2,9	15
	Other			01,140.		30,190.		L , J'	1) •
	. Add lines 1a through 1e. (Column (d) must e	ogual Form 000. Part	V ookuma (B) 1		· · · · · · · · · · · · · · · · · · ·		2.	2,9	15
iola	. Add mies Ta unough Te. (Column (d) must e	чиш гонн ээо, гап ,	<u>^, colutrin (B), li</u>	ne ruc.)		Saba	tulo D /Form		

CHILDREN AND FAMILY URBAN MINISTRIES D/B/A CHILDREN AND FAMILY URBAN MOVEMENT 42-1396833 Page 3

Part VII Investments - Other Securities.			-	
Complete if the organization answered "Yes"				
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of value	uation Cost or end	-of-year market value
(1) Financial derivatives		<u></u>		
(2) Closely-held equity interests				
(3) Other				<u>_</u>
(A)				
(B)				
(C)				
(D)				.
(E)				
(F) (G)				
(H)				
Total. (Col (b) must equal Form 990, Part X, col (B) line 12)			······	
Part VIII Investments - Program Related.		t		
Complete if the organization answered "Yes"	to Form 990, Part IV, Iir	ne 11c. See Form 990. Pa	rt X. line 13.	
(a) Description of investment	(b) Book value			l-of-year market value
(1)			<u> </u>	·
(2)				
(3)				
(4)	_			
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Col (b) must equal Form 990, Part X, col (B) line 13) ► Part IX Other Assets.			·····	
Complete if the organization answered "Yes"	to Form 990 Part IV lin	ne 11d. See Form 990. Pa	rt Y line 15	
	Description	10 110.00010111000,10	177, 1110 10.	(b) Book value
(1)	 			
(2)				· · · · · · · · · · · · · · · · · · ·
(3)				
(4)				
(5)				
(6)				
(7)		· · · · · · · · · · · · · · · · · · ·		·
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	e 15.)		<u></u>	
<u> </u>	4a Farm 000 Bart IV Iv		00 D-4V t 05	
Complete if the organization answered "Yes" 1. (a) Description of liability	to Form 990, Part IV, III	(b) Book value	90, Paπ X, line 25.	
(1) Federal income taxes		(b) Book Value		
(2)	· · · · · · · · · · · · · · · · · · ·	-		
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) lin				
2. Liability for uncertain tax positions. In Part XIII, provide				
organization's liability for uncertain tax positions under	r FIN 48 (ASC 740). Che	eck here if the text of the t		
			Sch	edule D (Form 990) 2014

Sche	dule D (Form 990) 2014 D/B/A CHILDREN AND FAMILY	URBAN MOVEMENT	42-	1396833 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Stateme	nts With Revenue per	Return	ı .
	. 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	894,172.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c	7	
d	Other (Describe in Part XIII.)	2d	7 1	
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	894,172.
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		
	Other (Describe in Part XIII.)	4b	-	
	Add lines 4a and 4b	,	4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	894,172.
	t XII Reconciliation of Expenses per Audited Financial Statem	ents With Expenses n		
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.	one will Expended p	oi itotu	
_	Total expenses and losses per audited financial statements		1	1,135,708.
1 2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		-	1,100,100+
		2a		
a	Donated services and use of facilities		\dashv \mid	
D	Prior year adjustments	2b		
	Other losses	2c	-	
	Other (Describe in Part XIII.)	2d	_	
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	1,135,708.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b	\neg	
	Add lines 4a and 4b	•	4c	0.
-	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	1,135,708.
	rt XIII Supplemental Information.			2/200/.000
	······································	IV lines the and Ohi Bort V. II	as 4: Dort	V line Or Dort VI
Prov	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part		ne 4; Part	X, line 2; Part XI,
Prov	······································		ne 4; Part	X, line 2; Part XI,
Prov	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part		ne 4; Part	X, line 2; Part XI,
Prov	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any add		ne 4; Part	X, line 2; Part XI,
Prov	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part		ne 4; Part	X, line 2; Part XI,
Prov lines PA	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any add	litional information.		
Prov lines PA	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any add	litional information.		
Prov lines PA	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any add RT X, LINE 2: E ORGANIZATION HAS ADOPTED THE ACCOUNTING	FOR UNCERTAINT	Y IN	INCOME TAX
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SCHEDULE M (Form 990)

Noncash Contributions

OMB No 1545-0047

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

Open To Public

Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990. CHILDREN AND FAMILY URBAN MINISTRIES

Employer identification number

D/B/A CHILDREN AND FAMILY URBAN MOVEMENT 42-1396833 Part I Types of Property

		(a) Check if applicable	(b) Number of contributions or	(c) Noncash contri amounts report	ted on		(d) Method of det cash contribut			s
			items contributed	Form 990, Part VI	ll, line 1g			-		
1	Art - Works of art				<u>.</u>					
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		i							
10	trust interests									
12	Securities - Miscellaneous									
13	Qualified conservation contribution -									
14	Historic structures Qualified conservation contribution - Other									
15	Real estate - Residential						 			
16	Real estate • Commercial									
17	Real estate • Other						•			
18	Collectibles									
19	Food inventory	Х	842	157.	508.	FATR	MARKET	VAI	HE	
20	Drugs and medical supplies	21	012	1311	500.		IHHUULI	V111	101	
21	Taxidermy									
22	Historical artifacts					-		_		
23	Scientific specimens				••					
24	Archeological artifacts				· · · ·					
25	Other (SUPPLIES)	Х	393	33,	308.	FAIR	MARKET	VAI	LUE	
26	Other (MISCELLANEOUS)	X	13				MARKET			
27	Other ()			,						
28	Other ()								-	
29	Number of Forms 8283 received by the organi	zation durin	a the tax vear for o	ontributions						
	for which the organization completed Form 82				29					
	,								Yes	No
30a	During the year, did the organization receive b	y contribution	on any property re	oorted in Part I, line	es 1 throu	gh 28, tha	atıt [
	must hold for at least three years from the date	-				_				
	exempt purposes for the entire holding period			·				30a]	Х
ь	If "Yes," describe the arrangement in Part II.									
31	Does the organization have a gift acceptance	policy that r	equires the review	of any non-standa	rd contrib	utions?		31	1	X
32a	Does the organization hire or use third parties	or related o	rganizations to sol	cit, process, or sel	l noncash					
	contributions?			- -				32a		Х
b	If "Yes," describe in Part II.									
33	If the organization did not report an amount in	column (c)	for a type of prope	rty for which colun	nn (a) is ch	necked,				į
	describe in Part II.							l		

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

Schedule M (Form 990) (2014)

CHILDREN AND FAMILY URBAN MINISTRIES Schedule M (Form 990) (2014) D/B/A CHILDREN AND FAMILY URBAN MOVEMENT 42-1396833 Page 2 Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Schedule M (Form 990) (2014)

SCHEDULE O

A to real to

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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.

Open to Public Inspection

OMB No 1545-0047

Name of the organization

CHILDREN AND FAMILY URBAN MINISTRIES

Employer identification number

D/B/A CHILDREN AND FAMILY URBAN MOVEMENT 42-1396833
FORM 990, PART VI, SECTION B, LINE 11:
THE BOARD OF DIRECTORS REVIEW THE FORM 990 BEFORE FILING.
FORM 990, PART VI, SECTION B, LINE 12C:
WRITTEN CONFLICT OF INTEREST POLICIES ARE UPDATED AND REVIEWED ANNUALLY FOR
EACH BOARD MEMBER.
FORM 990, PART VI, SECTION B, LINE 15A:
THE EXECUTIVE COMMITTEE REVIEWS THE ANNUAL 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:
THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND
FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST, AT THE
ORGANIZATION'S OFFICE.
FORM 990, PART XI, LINE 2C:
THE EXECUTIVE COMMITTEE ASSUMES RESPONSIBILITY FOR THE OVERSIGHT OF THE
AUDIT OF ITS FINANCIAL STATEMENTS AND SELECTION OF AN INDEPENDENT AUDIT
FIRM.

Form **8868**

(Rev. January 2014)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868

OMB No. 1545-1709

Form 8868 (Rev. 1-2014)

If you	are filing for an Automatic 3-Month Extension, complet	te only Pa	rt I and check this box			► X
If you	are filing for an Additional (Not Automatic) 3-Month Ex	tension, c	complete only Part II (on page 2 of	this form)		
Do not d	complete Part II unless you have already been granted a	an automa	itic 3-month extension on a previous	sly filed Fo	rm 8868	
Electron	ic filing (e-file). You can electronically file Form 8868 if y	ou need a	3-month automatic extension of tir	ne to file (6	6 months for a cor	poration
	to file Form 990-T), or an additional (not automatic) 3-moi					
	file any of the forms listed in Part I or Part II with the exc					
	Benefit Contracts, which must be sent to the IRS in pap					
	.irs.gov/efile and click on e-file for Chanties & Nonprofits		,			
Part I	Automatic 3-Month Extension of Time		ubmit original (no copies ne	eded).		
A corpor	ation required to file Form 990-T and requesting an autor				-	
Part I on				p		▶ □
All other	corporations (including 1120-C filers), partnerships, REM	ICs. and t	rusts must use Form 7004 to reques	st an exten	sion of time	_
	ome tax returns.	,			er's identifying nu	ımher
Type or	Name of exempt organization or other filer, see instru-	ctions			r identification nur	
print	CHILDREN AND FAMILY URBAN N		TRIES	Linployo	identification nat	noci (Ent) oi
	D/B/A CHILDREN AND FAMILY U				42-13968	133
File by the due date for	le by the			Social co	curity number (SS	
filing your	P.O. BOX 41125			000141 30	conty number (oc	/14/
retum See instructions	City, town or post office, state, and ZIP code. For a fo	oreign add	ress, see instructions.	<u> </u>		
	DES MOINES, IA 50311		, , , , , , , , , , , , , , , , , , , ,			
•	, , , , , , , , , , , , , , , , , , , ,					
Enter the	Return code for the return that this application is for (file	a separa	te application for each return)			0 1
						<u> </u>
Application Return Application F				Return		
ls For		Code	Is For			Code
	or Form 990-EZ	01	Form 990-T (corporation)			07
Form 990		02	Form 1041-A	08		
	20 (individual)	03	Form 4720 (other than individual)			09
Form 990		04	Form 5227			10
	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
	O-T (trust other than above)	06	Form 8870			12
	LINDA DANIELSON		1 01111 0010			12
• The b	ooks are in the care of ▶ P.O. BOX 41125		S MOINES, TA 50311			
	none No. ► 515-282-3242		Fax No.			
•	organization does not have an office or place of business	e in the l lr				
	is for a Group Return, enter the organization's four digit			lf this is fo	r tha whala arawa	abaak thia
	. If it is for part of the group, check this box					
	equest an automatic 3-month (6 months for a corporation				ers the extension	is for.
1 116			to file Form 990-1) extension of time tion return for the organization name		The section	
	or the organization's return for:	t Organiza	tion return for the organization name	ed above.	The extension	
	X calendar year 2014 or					
•			al a salus s			
	tax year beginning	, an	a enaing		<u> </u>	
0 14.4	he tay year antoned in line 1 is faulton than 10 march.	h!	🗀	5		
2 If t	he tax year entered in line 1 is for less than 12 months, c	neck reas	on: Initial return	Final retur	n	
20 lf t	Change in accounting period	0000			 	
	his application is for Forms 990-BL, 990-PF, 990-T, 4720,	or buby,	enter the tentative tax, less any			0
	nrefundable credits. See instructions.		unafina dalah ana di	3a	\$	0.
	his application is for Forms 990-PF, 990-T, 4720, or 6069					^
	timated tax payments made. Include any prior year overp			3b	\$	0.
	lance due. Subtract line 3b from line 3a. Include your pa	-	•			^
	using EFTPS (Electronic Federal Tax Payment System).			3c		0.
Caution Instruction	. If you are going to make an electronic funds withdrawal	(direct de	bit) with this Form 8868, see Form 8	8453-EO aı	nd Form 8879-EO	for payment

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

LHA