Department of the Treasury Internal Revenue Service

EXTENDED TO NOVEMBER 15, 2019 2949300417406
Return of Organization Exempt From Income Tax OMB NO 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

► Go to www.irs.gov/Form990 for instructions and the latest information.

<u>A 1</u>	or the	2018 calendar year, or tax year beginning and	enaing		
В	Check if applicabl	C Name of organization		D Employer identif	ication number
_	Addre	Cuipnen and tamini ordan minizikies	INTO		
$\vdash$	¬Name			42 1	206022
$\vdash$	chang Initial				.396833
$\vdash$	return ∏Final	Number and street (or P 0 box if mail is not delivered to street address) P.O. BOX 41125	Room/suite	E Telephone numbe	er · 282 – 3242
Щ.	∟return, termin ated			G Gross receipts \$	1,267,861.
Г	Amen			H(a) Is this a group r	
F	Applic		JCK o	for subordinate	
_	pend	SAME AS C ABOVE	2	H(b) Are all subordinates i	= =
1 1	Tax-ex	empt status X 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1)	or 527		a list (see instructions)
		te: ► WWW.CFUM.ORG		H(c) Group exemption	
		organization X Corporation Trust Association Other ▶	L Year		M State of legal domicile: IA
Pa	artil)	Summary			
-	1	Briefly describe the organization's mission or most significant activities SEE	FORM 9	90, PART II	I, LINE 1.
Activities & Governance					
rna	2	Check this box 🕨 🔲 if the organization discontinued its operations or dispos	sed of more	than 25% of its net as	șets
ove	3	Number of voting members of the governing body (Part VI, line 1a)		3	11
ত জ	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	11
es	5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)		5	0
ķ	6	Total number of volunteers (estimate if necessary)	_	6	582
Act	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		<u>7a</u>	0.
	b	Net unrelated business taxable income from Form 990-T, line 38			<del></del>
	。	Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g)	) <i> 3 </i>	Prior Year 932,007.	Current Year 1,263,871.
ine	8   9	Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g)	019	0.	0.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d	مر الله	5,256.	3,990.
æ	11	V/), (V	\\\{\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	<u> </u>	3,550:
	12	Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 1e) Total revenue · add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1/1/2	937,263.	1,267,861.
_	13	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 1e)  Total revenue · add lines 8 through 11 (must equal Part VIII, column (A), lines 12)  Grants and similar amounts paid (Part IX, column (A), lines 1·3)  Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
ß	45	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		763,939.	708,154.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
ed.	b	Total fundraising expenses (Part IX, column (D), line 25)   161,43	34.		
ũ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		460,250.	671,237.
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		1,224,189.	1,379,391.
	19	Revenue less expenses Subtract line 18 from line 12		-286,926.	-111,530.
10 S			Beg	jinning of Current Year	End of Year
Set	20	Total assets (Part X, line 16)		441,570.	427,858.
Net Assets or	21	Total liabilities (Part X, line 26)		417.	98,235.
	22	Net assets or fund balances Subtract line 21 from line 20 Signature Block	1	441,153.	329,623.
		<u> </u>			
		lties of periory, I declare that I have examined this return, including accompanying schedules t, and complete, Declaration of preparer (other than officer) is based on all information of wh			/ knowledge and belief, it is
irue,	, correc	t, and confinely occuration of preparation of win	ich preparer i		3-19
S. ~.	_	Signature of office		Date	3-17
Sıgı Her		ANTHONY TIMM, EXECUTIVE DIRECTOR			
HEI	_	Tysi-or print name and title			
		Print/Typespreparer's name Prepager's signature/	0	ate Check	PTIN
Paid	l	JAY A HORN, CPA	CA 1	/1-13-19 If set employ	P01259887
	arer	Firm's fàme DENMAN & COMPANY, LLP	!	Firm's EIN ▶	42-0794029
	Only	Firm's Address 1601 22ND STREET, SUITE 400			
		WEST DES MOLNES, IA 50266-1453		Phone no 51	5-225-8400
May	the IF	S discuss this return with the preparer shown above? (see instructions)			X Yes No
	01 12-3		ns.		Form <b>990</b> (2018)

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

Part V Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
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			
	similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C, Part III	5		<u> </u>
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,			٠,,
	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	_		3,7
_	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			v
	If "Yes," complete Schedule D, Part IV	9_		_X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			х
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	26.6	A
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X	3.1		
	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	11a	Х	
h	Part VI  Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	Ha		
b	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
_	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	1.5		
Ŭ	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
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	1.10		
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
	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	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	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		_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		_X_
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		_X_
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			37
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	-	<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	_		v
	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	المدا		v
	complete Schedule G, Part III	19		<u> </u>
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u> </u>
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	, ,		X
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I. Parts I and II	21 Form	990	2018)
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Form 990 (2018)

D/B/A CHILDREN AND FAMILY URBAN MOVEMENT

(Pa	Checklist of Required Schedules (continued)			
			Yes	No
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 27 If "Yes," complete Schedule I, Parts I and III	22		Х
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	Х	
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>X</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		
25 a	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			3,7
	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,"			v
	complete Schedule L, Part II	26		<u>X</u>
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	07		х
00	of any of these persons? If "Yes," complete Schedule L, Part III	27		
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)	28a		Х
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		
·	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	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		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		<u>X</u>
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		_X_
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		<u>X</u>
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>X</u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		,.	
no.	Note. All Form 990 filers are required to complete Schedule O	38	Х	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V		.,	
		(chicata)	Yes	No
1a		3.00		
b	Enter the humber of Forms w 2d molded in line to Enter of infort applicable		1	
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1.0	ALL REAL PROPERTY.	
	MATHORITIC WITHINGS TO THIZE WITHERS?			

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Form 990 (2018)

Form 990 (2018)

| Part V | Sta

D/B/A CHILDREN AND FAMILY URBAN MOVEMENT
Statements Regarding Other IRS Filings and Tax Compliance (continued)

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a Did the sponsoring organization make any taxable distributions under section 4966?  b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  9b Section 501(c)(7) organizations. Enter  a 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  10b  11 Section 501(c)(12) organizations. Enter  a Gross income from members or shareholders  b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  12a Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O  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  c Enter the amount of reserves on hand  13b  13c  Enter the amount of reserves on hand  14a Did the organization receive any payments for indoor tanning services during the tax year?  14b  15 Is the organization subject to the section 4960 tax on payments(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?  15 If "Yes," see instructions and file Form 4720, Schedule N  16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  16 If "Yes," complete Form 4720, Schedule O		Statements regarding other mornings and rax compliance (continued)		_	,
feed for the calendary year ending with or within the year covered by this ratum  If all least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1 and 2a is greater than 250, you may be required to e-flip (See instructions)  If If Yees, 1 has it file a form 900 17 for this year? "In "the 'or his Page, your day not during the year?  If If Yees, 1 has it file a form 900 17 for this year? "In "the 'or his Page, your day an explanation in Schedule O  By If Yees, 1 has it file a form 900 17 for this year? "In "the 'or his Page, your day an explanation in Schedule O  By If Yees, 1 has it file a form 900 17 for this year? "In "the 'or his Page, your day are page and the organization of 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 one threshold accounts (FBAR)  Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  See instructions for filing requirements for FinGEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)  Was the organization a party to a prohibited tax shelter transaction?  By If Yee," and the organization have annual gross receipts that are normally greater than \$100,000, and did the organization shell any originations that was not as deductible as charable contributions?  By If Yee," and the organization noticity the donor of the value of the goods or services provided?  Could the organization receive a payment in excess of \$35 made parily as a contribution and party for goods and services provided to file Form \$220  If Yee," indicate the number of Forms \$222 the during the year  Did the organization receive a payment in excess of \$35 made parily as a continution and party for goods and services provided?  If the organization receive any any funds, directly or indirectly, to pay premums on a personal benefit contract?  Te Did th			TRANSPORT	Yes	No
b if at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1 and 2a is greater than 250, you may be required to g-life (see instructions)  3a. Did the organization have unrelated business gross income of \$1,000 or more during the yeal?  3a. At any time at form 990 T for this year? If "No" to line 3b, provide an explanation in Schedule 0  b If "Yes," has it filed a Form 990 T for this year? If "No" to line 3b, provide an explanation in Schedule 0  b If "Yes," enter the name of the foreign country (such as a bank account, securities account, or other financial accounts (FBAR)  See instructions for fling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)  b If "Yes," the street the name of the foreign country (such as a bank account, securities account, or other financial accounts (FBAR)  b Was the organization have annual gross receipts that en orimization at any time during the tax year?  b Did any taxable party northy the organization file Form 8886 T?  b Did any taxable party northy the organization file Form 8886 T?  b If "Yes," the street 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?  b If "Yes," fold the organization include with every solicitation an express statement that such contributions or grifs were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  a bid the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required?  7 If If Yes, and the organization received a contribution of care special property, did the organization file Form 8999 as required?  7 If If Yes, and the organization file Form 8999 as required?  9 Sponsoring organizatio	2a				3
Note, if the sum of lines 1a and 2a is greater than 250, you may be required to <i>g-tife</i> (see instructions)  3. Did the organization have unrelated business gross income of \$1,000 or more during the year?  3. A tary time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial accountly a financial account in a foreign country such as a bank account, securities accounts or other financial accountly over, a financial account in a foreign country such as a bank account, securities accounts or other financial accountly over, a financial account in a foreign country such as a bank account, securities accounts or other financial accountly over, a financial account of the foreign country such as a bank account, securities accounts or other financial accounts (FBAR)  5. Was the organization a party to a prohibited tax sheller transaction at any time during the tax year?  5. B Did any taxable party notify the organization file Form 8886.T?  6. 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?  7. Organizations that may receive deductible contributions under section 170(c).  8. B Did the organization notify the donor of the value of the goods or services provided to the payor?  7. If "Yes," did the organization notify the donor of the value of the goods or services provided?  7. To granizations that may receive deductible contributions under section 170(c).  8. Did the organization receive alignment in excess of \$75 made partly as a contribution of quartant of the goods and services provided to the payor?  7. To differ the organization received a contribution of quarties of the goods or services provided?  7. To differ the organization received a contribution of quarties of the goods or services provided?  7. To differ the organization and partly for goods and services provided to the fermitian of the fermitian of the payor of the payor o		, , , , , , , , , , , , , , , , , , , ,	***************************************		19:
3a Dut the organization have unrelisted business gross income of \$1,000 or more during the year?  b if Yes, "has it field a Form 990 ff for this year? if "No' to line 3b, provide an explanation in Schedule O  4 At any time during the clained arysear, of 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 accounts (FBAR)  5 if "Yes," either thin name of the foreign country   ▶  5 see instructions for filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)  5 a Was the organization party to a prohibited tax shelter transaction?  5 b did any taxable party notify the organization file Form 8886-17?  6 if "Yes" to line 5 aor 5b, did the organization file Form 8886-17?  6 if "Yes" to line 5 aor 5b, did the organization file Form 8886-17?  6 if "Yes" to line 5 aor 5b, did the organization file Form 8886-17?  6 if "Yes" to line 5 aor 5b, did the organization file form 8886-17?  6 if "Yes" to line 5 aor 5b, did the organization file form 8886-17?  6 if "Yes" to line 5 aor 5b, did the organization file form 8886-17?  6 if "Yes" to line 5 aor 5b, did the organization file form 8886-17?  6 if "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 organizations that may receive deductible as charitable contributions and partly for goods and services provided to the payor?  7 organizations that may receive deductible contributions under section 170(c).  8 if "Yes," did the organization notify the donor of the value of the goods or services provided?  9 if "Yes," did the organization notify the donor of the value of the goods or services provided?  10 if the organization selection of qualified intellectual property, did the organization file a Form 1096 C?  10 if the organization received a contribution of qualified intellectual property, did the organization file a Form 1	b		<u>2b</u>	a Region	37222
b if "Yes," has if field a Form 990 T for this year? If "No' to line 3b, provide an explanation in Schedule O A fairly 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, secuntes account, or other financial accountry over, a financial account in a foreign country (such as a bank account, secuntes account, or other financial accountry over, a financial account in a foreign country (such as a bank account, secuntes account, or other financial accountry over, a financial account in a foreign country (such as a bank account, secuntes account, or other financial accountry over, a financial accountry over, and in a secundary over, and a sec				(a)	165.7660 V
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)?  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial accounts (FBAF))  Sa Was the organization aparty to a prohibited tax sheller transaction at any time during the tax year?  5a Was the organization party to a prohibited tax sheller transaction at any time during the tax year?  5b Did any taxable party notify the organization file Form 8886-T?  5c If Yes' to line 5a or 5b, did the organization file Form 8886-T?  5b Did any taxable party notify the organization file Form 8886-T?  5c If Yes' to line 5a or 5b, did the organization file Form 8886-T?  5c If Yes' to line 5a or 5b, did the organization file Form 8886-T?  5c If Yes' to line 5a or 5b, did the organization include with very solicitation and express statement that such contributions on grifs were not tax deductible?  5c Organization include with very solicitation and express statement that such contributions or grifs were not tax deductible?  6c Ord the organization shall express the state of the solicity of the special of the organization of the payor?  7c Organizations that may receive deductible contributions under section 170(c).  a Did the organization shall express the other of the value of the goods or services provided?  1 If Yes, "did the organization on ority the donor of the value of the goods or services provided?  1 If Yes, "did the organization shall be donor of the value of the goods or services provided?  1 If Yes, "did the organization shall be donor of the value of the goods or services provided?  1 If Yes, "did the organization received a contribution of qualified intellectual property, did the organization flue form 1898 c?  1 If Yes, "did the organization make a pay taxable distribution to a donor, other vehicles, did the organization file a form 1990 c					X
tranacal account in a foreign country ▶  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 (FBAF)  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAF)  Sa Was the organization a pairty to a prohibited tax shelter transaction at any time during the tax year?  5a Was the organization apparty to a prohibited tax shelter transaction at any time during the tax year?  5b Ci If "Yes" to line 5a or 5b, did the organization file Form 8886.T?  5c 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?  5c Does the organization include with every solicitation an express statement that such contributions or grifts were not tax deductible?  7c Organizations that may receive deductible contributions under section 170(c).  8d Did the organization receive apayment in excess of \$75 made parity as a contribution and partly for goods and services provided to the payor?  7e Did the organization receive apayment in excess of \$75 made parity as a contribution and partly for goods and services provided to the payor?  7e Did the organization receive apayment in excess of \$75 made parity as a contribution and partly for goods and services provided to the payor?  7e Did the organization receive apayment in excess of \$75 made parity as a contribution and partly for goods and services provided to the payor?  7e Did the organization receive apayment in excess of \$75 made parity as a contribution and partly for goods and services provided to the payor?  7e Did the organization self-excess apayment in excess of \$75 made parity as a contribution and partly for made and partly contributions in foreign the value of the payor of the pa			<u>3b</u>	+	-
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Form 990 (2018)

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D/B/A CHILDREN AND FAMILY URBAN MOVEMENT 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 ın	structions			
	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	11			
	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	11			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship		<u> </u>			4
_	officer, director, trustee, or key employee?	p with t	arry ourier	2	Semath Self-28	X
3	Did the organization delegate control over management duties customarily performed by or under the	a diract	teunangeion			
Ü	of officers, directors, or trustees, or key employees to a management company or other person?	c direct	oupervision	3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 9	aan wa	s filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass		3 mca	5		X
6	Did the organization have members or stockholders?	3013		6		X
	Did the organization have members of stockholders, or other persons who had the power to elect or a	anoint (	one or	<b>├</b>		
7 a	more members of the governing body?	oponit (	one or	7a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s	tockho	ldors or	/a		
U	persons other than the governing body?	LOCKIO	iders, Or	7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar by the	following:	70	MINE NO.	
	The governing body?	ar by the	ionowing.	8a	X	ESSANGE WASHINGTON
a 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 rea	chod a	t the	00	- 11	
9	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	crieu a	i iiie	9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re		Cadal	<u> </u>		
	This Section B requests information about policies not required by the internal re	venue	Code j		Yes	No
102	Did the organization have local chapters, branches, or affiliates?			10a	163	X
	If "Yes," did the organization have written policies and procedures governing the activities of such ch	antore	affiliates	104		
D	and branches to ensure their operations are consistent with the organization's exempt purposes?	apters	, armatos,	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing bod	v hefor	e filing the form?	11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990	y 50101	e ming the form			Mark Control
	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	object/do.)
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to conf	inte2	12b	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If			120		
·	in Schedule O how this was done	res, a	escribe	12c	х	
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 approva	al by inc	denendent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	ar by inc	зерениени	1		
а	The organization's CEO, Executive Director, or top management official			15a	X	
	Other officers or key employees of the organization			15b		Х
b	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)					
160	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger	ment w	th a			
iva	taxable entity during the year?	nent w	iui a	16a	4.95	X
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalua	ta ita ni	articipation	102	la de la composição de	
b	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization to evaluation to ev					
		IIZation	3	16b	/STANCE OF THE	**************************************
Sec	exempt status with respect to such arrangements? tion C. Disclosure		<u></u>	100		
	List the states with which a copy of this Form 990 is required to be filed NONE					
17		'4 000 .	T (Control 601(a)(3)	only) (	a volot	
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, ar	ia 330.	1 (36011011 301(0)(3)8	orny) i	avallal	n <del>c</del>
	for public inspection. Indicate how you made these available. Check all that apply  Own website. Another's website. X Upon request.	• •	- dula (0)			
10	Own website Another's website X Upon request Other (explain		-	fines-	ol.	
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, con	IIIICT Of	interest policy, and	iiianci	di	
00	statements available to the public during the tax year	_1	l vacanda - N			
20	State the name, address, and telephone number of the person who possesses the organization's bot ANTHONY TIMM, EXECUTIVE DIRECTOR - 515-282-3242	oks and	records -			
	P.O. BOX 41125, DES MOINES, IA 50311					

### Form 990 (2018)

D/B/A CHILDREN AND FAMILY URBAN MOVEMENT

Rart VIII 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

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

- 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 (Ď), (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

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

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		itior more	) than (	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson	s both	n an	compensation	compensation	amount of
	week (list any	⊢	Ī			1	<u> </u>	from the	from related organizations	other compensation
	hours for	drec				-		organization	(W 2/1099-MISC)	from the
	related	tee or	ustee		l	ensate		(W-2/1099-MISC)	,	organization
	organizations	l frus	nal tr		loyee	dwo3				and related
	below line)	Individual trustee or director	Institutional trustee	Olficer	Key employee	Highest compensated employee	Former			organizations
(1) LAINE MENDENHALL-BUCK	5.00	Ē	Ē	5	3	£ 5	요			
PRESIDENT	3.00	$\mathbf{x}$		х				0.	0.	0.
(2) JESSICA RINGENA	2.00			<del></del>	$\vdash$					
TREASURER		x		х			ŀ	0.	0.	0.
(3) ELIZABETH BAUSTIAN	5.00	İ								
SECRETARY		X		Х				0.	0.	0.
(4) JASON ADAMS	2.00									
BOARD MEMBER		Х		Х				0.	0.	0.
(5) KC CLAUSSEN	2.00									
BOARD MEMBER		Х						0.	0.	0.
(6) SHERRI HART	2.00									
BOARD MEMBER		X	ļ		_	<u> </u>		0.	0.	0.
(7) MICHAEL LEE	2.00							_		
BOARD MEMBER		X		_		<u> </u>		0.	0.	0.
(8) MARK LINDER	2.00	ļ					ŀ			_
BOARD MEMBER		Х	<u> </u>	_	_	<u> </u>	<u></u>	0.	0.	0.
(9) BRIAN POTTORFF	2.00	ļ								
BOARD MEMBER		Х	<u> </u>	_				0.	0.	0.
(10) NATHAN RIGGLE	2.00	١							•	•
BOARD MEMBER	1 2 00	Х	-	-	_	<u> </u>	<u> </u>	0.	0.	0.
(11) ROB SAND	2.00	<b>.</b> ,			ł				0	^
BOARD MEMBER (12) ANTHONY TIMM	40.00	Х	-	-		1	-	0.	0.	0.
EXECUTIVE DIRECTOR	40.00	X		x				15,264.	0.	0.
(13) JAMES SWANSTROM	40.00	^	$\vdash$	^			-	13,204.	0.	<u> </u>
FORMER EXCUTIVE DIRECTOR	40.00	1					Х	63,876.	0.	0.
Totalia Encolled Planston	1					-	21	05,070.	<u> </u>	<u></u>
		1								
		1								
	_	1								
822007 12.31-18										Form <b>990</b> (2018)

Form 990 (2018)

42-1396833

Page 7

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

	LDREN A	ND	F	AM	ΊL	Y	UR	RBAN MOVEMENT	42-13	96833	Page 8
Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloye	es,	and	Hıg	hes	t C	ompensated Employee	s (continued)		
(A)	(B)			)) Door				(D)	(E)		(F)
Name and title	Average hours per		not ch	neck r		than c		Reportable	Reportable compensation		stimated nount of
	week		unles er an					compensation from	from related		other
	(list any	ector						the	organizations		pensation
	hours for related	or dir	, e			sated		organization	(W 2/1099 MISC	·	om the
	organizations	rustee	l trust		aa/	mpen		(W-2/1099-MISC)			anızatıon d related
	below	Individual trustee or director	Institutional trustee		Key employee	Highest compensated employee	Jet				anizations
	line)	ngu N	Insti	Officer	Key	Hrgh emp	Former				
		$\vdash$	-							+-	
					•						
			_								
			-								
					;						
									····	+	
			l								
1b Sub-total	L						_	79,140.		<del>.                                     </del>	0.
c Total from continuation sheets to Part VII	. Section A							0.		0.	0.
d Total (add lines 1b and 1c)	,						<u> </u>	79,140.	(	).	0.
2 Total number of individuals (including but no	ot limited to th	ose l	listed	d ab	ove	) wh	o re	eceived more than \$100,	000 of reportable		
compensation from the organization									<del> </del>		0
										20075022	Yes No
3 Did the organization list any former officer,		istee	, ke	y em	ıpıo	yee,	or i	nignest compensated er	npioyee on	3	X
line 1a? If "Yes," complete Schedule J for so 4 For any individual listed on line 1a, is the su		e coi	mpe	nsat	tion	and	oth	er compensation from the	ne organization		
and related organizations greater than \$150										4	X
5 Did any person listed on line 1a receive or a	ccrue compen	satio	on fr	om a	any	unre	late	ed organization or individ	lual for services	Ś	
rendered to the organization? If "Yes." com	olete Schedule	J fo	or su	ch r	ers:	on		<u>.</u>		5	X
Section B. Independent Contractors											
Complete this table for your five highest continuous the organization. Report compensation for the organization.	•								,	nsation tro	m
(A)	ne calendar ye	ai e	IIGIII	y w	iti i Ç	V VVII	<del>, , , , , , , , , , , , , , , , , , , </del>	(B)	501	(C	
Name and business	address	NC	NE	;				Description of s	ervices	Compe	
							$\dashv$			<del></del>	
<del></del>							$\dashv$	<del></del>			
							$\dashv$		,		
				_			_[			***	
2 Total number of independent contractors (in	•	ot lim	nited	to t	hos: 0		ed	above) who received mo	ore than		1.00
\$100,000 of compensation from the organiz	ation 📂				U				(499)	artina maria de la companya dela companya dela companya de la companya de la companya de la companya dela companya de la compa	ACT MARKED AND THE PERSON OF T

Form 990 (2018)

D/B/A CHILDREN AND FAMILY URBAN MOVEMENT 42-1396833 <sup>1</sup> Form 990 (2018) Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (D) Revenue excluded from tax under (C) Related or Unrelated Total revenue exempt function business revenue revenue 1 a Federated campaigns 1b **b** Membership dues c Fundraising events 1c d Related organizations e Government grants (contributions) 1e All other contributions, gifts, grants, and ,263,871. similar amounts not included above 325,328. g Noncash contributions included in lines 1a-1f \$ 1,263,871. Total. Add lines 1a 1f 2 a f All other program service revenue Total. Add lines 2a-2f Investment income (including dividends, interest, and 3,990. 3,990. other similar amounts) Income from investment of tax-exempt bond proceeds Royalties (i) Real (II) Personal 6 a Gross rents b Less rental expenses Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (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 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 11 a d All other revenue

1,267,861

e Total. Add lines 11a-11d

Total revenue See instructions

D/B/A CHILDREN AND FAMILY URBAN MOVEMENT

Part X Statement of Functional Expenses

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

360	on 501(c)(3) and 501(c)(4) organizations must com Check if Schedule O contains a respo		•	F	
		(A)	(B) Program service	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII	(A) Total expenses	Program service expenses	Management and general expenses	(D) Fundraising expenses
. 1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	,	, , ,		(a) the contract
2	Grants and other assistance to domestic	ı		2	
۷,	individuals See Part IV, line 22	','			
3	Grants and other assistance to foreign		• .		
	organizations, foreign governments, and foreign	3 •	' ' ' '		
	individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				25 2 2 3 3 3 3 T
5	Compensation of current officers, directors,	, , , , ,		t not represent the party of 1971 and 1975	
Ŭ.	trustees, and key employees	.		•	
6	Compensation not included above, to disqualified		•		,
ν,	persons (as defined under section 4958(f)(1)) and				<b>k</b>
•	persons described in section 4958(c)(3)(B)	<b>"</b>	,	•	_
7	Other salaries and wages	588,644.	412,051.	58,864.	117,729.
,	Pension plan accruals and contributions (include	000/0110	,	00,0020	
	section 401(k) and 403(b) employer contributions)		- *•		,
9	Other employee benefits	75,523.	52,866.	7,552.	15,105.
10	Payroll taxes	. 43,987.	, 30,791.	4,399.	8,797.
11	Fees for services (non-employees)	. 13,30,0	3077321	1,3330	0,7,5,7
	Management			, i	
a	Legal	460.	,	460.	
b	Accounting	6,800.	<del></del>	6,800.	
ن	Lobbying	7 0,000.		. 0,000.	,
d	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	A .	***************************************		
	Other (If line 11g amount exceeds 10% of line 25,	'1	,	*	
g	column (A) amount, list line 11g expenses on Sch O.)	. •	<b>'</b> ,	, .	
40	Advertising and promotion	<u> </u>			
12 13	Office expenses	•	,		
14	Information technology				
15	Royalties •				
	-	91,314.	. 52,933.	38,381.	•
16	Occupancy Travel	1,851.	1,666.	185.	
17	Payments of travel or entertainment expenses	1,051.		,,	
10	'	•		r	
19	for any federal, state, or local public officials  Conferences, conventions, and meetings	•	· ·	,	
20	Interest		•	-	
21	Payments to affiliates			- r-	
	•	25,638.	23,074.	2;564.	
22 23	Depreciation, depletion, and amortization Insurance	8,428.	7,585.	843.	
23 24	Other expenses Itemize expenses not covered	V 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	7,7505.		
24	above (List miscellaneous expenses in line 24e If line				Catholic Control of
	24e amount exceeds 10% of line 25, column (A)				
٠.	amount, list line 24e expenses on Schedule 0.) SUPPLIES	314,274.	310,514.	3,760.	2000 C 100 C 1
a í h	PROFESSIONAL FEES	87,010.	310,314.	87;010.	
D ~	CONTRACT LABOR	50,906.	45,815.	5,091.	,
C	PRINTING & PUBLICATIONS	44,267.	37,627.	3,541.	3,099.
d		40,289.	21,309.	2,276.	16,704
. •е	All other expenses	1,379,391.	996,231.	2,276. √ 221,726.	161,434
05	Total functional expenses Add lines 1 through 24e	1,J/J,JJL.	, 330,431.	- 441,140.	1 101,434
			ł ·		
25 26	Joint costs Complete this line only if the organization				•
	Joint costs Complete this line only if the organization reported in column (B) joint costs from a combined				
	Joint costs Complete this line only if the organization				

Form **990** (2018)

Form 990 (2018)

D/B/A CHILDREN AND FAMILY URBAN MOVEMENT

42-1396833 Page 11

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year End of year 31,622. 104,767. Cash - non-interest-bearing 352,167. 193,841. Savings and temporary cash investments Pledges and grants receivable, net Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr) Complete Part II of Sch L Notes and loans receivable, net Inventories for sale or use 8 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other -. 240.844 basis Complete Part VI of Schedule D 10a 54,515. 121, 119,250. Less accumulated depreciation 10b 10c Investments · publicly traded securities \* 11 Investments - other securities See Part IV, line 11 12. Investments - program related See Part IV, line 11 13 13 14 Intangible assets 10,000. 3,266. Other assets See Part IV, line 11 15 15 441,570. 427,858 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 98,235 17 17 Accounts payable and accrued expenses 18 Grants payable Deferred revenue 19 20 Tax exempt bond liabilities 20 21 21 Escrow or custodial account liability Complete Part IV of Schedule D Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 23 ' Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 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 417. 98,235 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here \( \subseteq \text{X} \) and complete lines 27 through 29, and lines 33 and 34. Balances 164,792. 189,615. Unrestricted net assets 276,361. 140,008. 28 Temporarily restricted net assets 29 Permanently restricted net assets Fund Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. ò Net Assets 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds 329,623. 441,153. 33 Total net assets or fund balances 441,570. 427,858 Total liabilities and net assets/fund balances Form 990 (2018)

Form	1990 (2018) D/B/A CHILDREN AND FAMILI ORBAN MOVEMENT	<u> 42 – </u>	1330033	Pag	<u> 12   2   </u>
Pa	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	1,267		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,379		
3	Revenue less expenses Subtract line 2 from line 1	3			
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	441	1,1!	<u>53.</u>
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,	1 1			
	column (B))	10	329	62	<u>23.</u>
Pa	TIXII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		————	1	<u>X</u>
				Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other			* 1	*
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	<b>O</b>		A, A	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	Les interiors	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				(100)式
b	Were the organization's financial statements audited by an independent accountant?		2b	X	SOLUTION I
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both			4	
	X Separate basis Consolidated basis Both consolidated and separate basis				# Gr
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,		х	
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Λ (**)	We wan
_	If the organization changed either its oversight process or selection process during the tax year, explain in Sche		<del></del>	1010000	
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gie Audi			х
L	Act and OMB Circular A-133?	od sud.	. 3a		
Ø	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits and the organization did not undergo the required audit or audits.	eu audi	3b		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		Form	990 /	2019\
			LOIM) .		2010)

### **SCHEDÙLE A**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

CHILDREN AND FAMILY URBAN MINISTRIES

Employer identification number

D/B/A CHILDREN AND FAMILY URBAN MOVEMENT 42-1396833 Reason for Public Charity Status (All organizations must complete this part ) See instructions Rantil The organization is not a private foundation because it is (For lines 1 through 12, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) 3 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 5 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). 6 X 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 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 ) 11 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 12 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 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g 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, C 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 II, Type III, functionally integrated, or Type III non-functionally integrated supporting organization Enter the number of supported organizations Provide the following information about the supported organization(s) (iv) Is the organization listed (i) Name of supported (n) EIN (III) Type of organization (v) Amount of monetary (vi) Amount of other (described on lines 1-10 organization support (see instructions) support (see instructions) above (see instructions))

17121112 758194 17-1812-001

Total

Schedule A (Form 990 or 990-EZ) 2018 D/B/A CHILDREN AND FAMILY URBAN MOVEMENT 42-1396833 Page 2

| Part | 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)

Caler 1	THOM A PHONE SHOOM			•					
1	tion A. Public Support	<del>                                     </del>							
	ndar year (or fiscal year beginning in) 🕨	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total		
	Gifts, grants, contributions, and								
	membership fees received (Do not					4400-40			
	include any "unusual grants")	856,449.	1418235.	982,926.	932,007.	1132510.	5322127.		
2	Tax revenues levied for the organ-								
	ization's benefit and either paid to								
	or expended on its behalf								
3	The value of services or facilities								
	furnished by a governmental unit to								
	the organization without charge								
4	Total. Add lines 1 through 3	856,449.	1418235.	982,926.	932,007.	1132510.	5322127.		
5	The portion of total contributions								
	by each person (other than a		64 3 M						
	governmental unit or publicly								
	supported organization) included								
	on line 1 that exceeds 2% of the								
	amount shown on line 11,					4.			
	column (f)					<b>设备</b>	1241552.		
6	Public support. Subtract line 5 from line 4	100 A					4080575.		
	tion B. Total Support								
Caler	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total		
7	Amounts from line 4	856,449.	1418235.	982,926.	932,007.	1132510.	5322127.		
8	Gross income from interest,								
	dividends, payments received on								
	securities loans, rents, royalties,								
	and income from similar sources	2,553.	1,188.	3,101.	5,419.	3,990.	16,251.		
	Net income from unrelated business			•	·	·			
	activities, whether or not the								
	business is regularly carried on								
	Other income Do not include gain						-		
	or loss from the sale of capital								
	assets (Explain in Part VI )	26,690.	29,013.	15,765.	-163.	15,365.	86,670.		
	• •				7.6		5425048.		
	Gross receipts from related activities,			a need doctor to a continue at the 1.516	September 2. Se to Torri A 2017 of the treatment	12			
	First five years. If the Form 990 is for		•	d, fourth, or fifth ta	ı x vear as a section				
	organization, check this box and stor	•	2-1	,,,	,	(-/(-/	<b>▶</b> □		
Sec	tion C. Computation of Publi	c Support Per	centage						
	Public support percentage for 2018 (I	ine 6, column (f) div	vided by line 11, co	olumn (f))		14	75.22 %		
14	,, ,		-			15	70.87 %		
15	Public support percentage from 2017 33 1/3% support test - 2018. If the control of the control o			n line 13, and line 1	ا 4 is 33 1/3% or mo		and		
15 16a	33 1/3% support test - 2018. If the o	organization did no	t check the box or	n line 13, and line 1	l 4 is 33 1/3% or me				
15 16a		organization did no as a publicly suppo	t check the box or orted organization			ore, check this box	$\triangleright X$		
15 16a b	33 1/3% support test - 2018. If the c stop here. The organization qualifies 33 1/3% support test - 2017. If the c	organization did no as a publicly suppo organization did no	t check the box or orted organization t check a box on li	ne 13 or 16a, and		ore, check this box	$\triangleright X$		
15 16a b	33 1/3% support test - 2018. If the c stop here. The organization qualifies	organization did no as a publicly suppo organization did no ifies as a publicly s	t check the box or orted organization t check a box on li upported organiza	ne 13 or 16a, and Ition	line 15 is 33 1/3%	ore, check this box	s box		
15 16a b	33 1/3% support test - 2018. If the opening stop here. The organization qualifies 33 1/3% support test - 2017. If the cand stop here. The organization qual 10% -facts-and-circumstances test	organization did no as a publicly suppo organization did no offies as a publicly s - 2018. If the orgi	t check the box or orted organization t check a box on li upported organiza anization did not c	ne 13 or 16a, and ition heck a box on line	line 15 is 33 1/3%	ore, check this box or more, check thi nd line 14 is 10% o	s box or more,		
15 16a b	33 1/3% support test - 2018. If the ostop here. The organization qualifies 33 1/3% support test - 2017. If the oand stop here. The organization qual	organization did no as a publicly supporting an application did no ifies as a publicly s - 2018. If the orgats-and-circumstand	t check the box or orted organization t check a box on li supported organiza anization did not coss the the ces" test, check the	ne 13 or 16a, and ition heck a box on line is box and stop h	line 15 is 33 1/3% 13, 16a, or 16b, a ere. Explain in Par	ore, check this box or more, check thi nd line 14 is 10% o	s box or more,		
15 16a b	33 1/3% support test - 2018. If the of stop here. The organization qualifies 33 1/3% support test - 2017. If the of and stop here. The organization qual 10% -facts-and-circumstances test and if the organization meets the "fac	organization did no as a publicly supporting an anization did no offices as a publicly so a 2018. If the organizaties The organizaties and corganizaties and	t check the box or orted organization t check a box on li supported organiza anization did not c ces" test, check the ion qualifies as a p	ne 13 or 16a, and ition heck a box on line is box and stop h publicly supported	line 15 is 33 1/3% 13, 16a, or 16b, a ere. Explain in Par organization	ore, check this box or more, check thi nd line 14 is 10% of t VI how the organ	s box or more, uzation		
15 16a b 17a	33 1/3% support test - 2018. If the of stop here. The organization qualifies 33 1/3% support test - 2017. If the of and stop here. The organization qual 10% -facts-and-circumstances test and if the organization meets the "fact meets the "facts-and circumstances"	organization did no as a publicly supporting an application did no offices as a publicly size and circumstance test. The organizat - 2017. If the organizat	t check the box or orted organization t check a box on li upported organiza anization did not c ees" test, check thi ion qualifies as a p anization did not c	ne 13 or 16a, and ation heck a box on line is box and stop houblicly supported heck a box on line	line 15 is 33 1/3% 13, 16a, or 16b, a ere. Explain in Par organization 13, 16a, 16b, or 1	ore, check this box or more, check thi nd line 14 is 10% of t VI how the organ	s box or more, lization 10% or		
15 16a b 17a	33 1/3% support test - 2018. If the costop here. The organization qualifies 33 1/3% support test - 2017. If the costop here. The organization qual 10% -facts-and-circumstances test and if the organization meets the "fact meets the "facts-and circumstances" 10% -facts-and-circumstances test more, and if the organization meets the	organization did no as a publicly supporganization did no offices as a publicly size - 2018. If the organization test The organization of the orga	t check the box or orted organization t check a box on li supported organiza anization did not c ses" test, check thi ion qualifies as a p anization did not c mstances" test, ch	ne 13 or 16a, and ation heck a box on line as box and stop houblicly supported heck a box on line eck this box and	line 15 is 33 1/3%  13, 16a, or 16b, a ere. Explain in Par organization  13, 16a, 16b, or 1 stop here. Explain	ore, check this box or more, check thi nd line 14 is 10% of t VI how the organ 7a, and line 15 is 1 in Part VI how the	s box or more, lization 10% or		
15 16a b 17a	33 1/3% support test - 2018. If the content of the stop here. The organization qualifies 33 1/3% support test - 2017. If the content of the stop here. The organization qual 10% -facts-and-circumstances test and if the organization meets the "fact meets the "facts-and circumstances" 10% -facts-and-circumstances test	organization did no as a publicly supporting a	t check the box or orted organization t check a box on li upported organization did not coes" test, check the ion qualifies as a panization did not constances" test, check the organization qualifies as a panization did not constances test, check the organization qualifies test, checket and the organization qualifies as a panization did not constances.	ne 13 or 16a, and ation heck a box on line as box and stop houblicly supported heck a box on line eck this box and aualifies as a public	line 15 is 33 1/3%  13, 16a, or 16b, a ere. Explain in Par organization  13, 16a, 16b, or 1 stop here. Explain ly supported organ	ore, check this box or more, check thi nd line 14 is 10% of t VI how the organ 7a, and line 15 is 7 in Part VI how the lization	s box  or more, ization  10% or		

Sche Par	dule A (Form 990 or 990 EZ) 2018 D Support Schedule for C	/B/A CHIL Organizations	DREN AND Described in S	FAMILY UR: Section 509(a)	BAN MOVEMI (2)	ENT 42-139	6833 Page 3
	(Complete only if you checked	the box on line 10	of Part I or if the	organization failed	to qualify under Pa	art II If the organiz	ation fails to
	qualify under the tests listed b	elow, please comp	olete Part II )				
Sect	tion A. Public Support	<u></u>		<del>_</del>			
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	Total
1 (	Gifts, grants, contributions, and						/
	membership fees received (Do not						
ı	nclude any "unusual grants ")					/	1
2 (	Gross receipts from admissions,						
1	nerchandise sold or services per- formed, or facilities furnished in						
	any activity that is related to the organization's tax exempt purpose					/	
	Gross receipts from activities that					<del>  /                                   </del>	-
	are not an unrelated trade or bus-					/	
	ness under section 513				/	1	
					<del>                                     </del>		<del></del>
	Fax revenues levied for the organ- zation's benefit and either paid to						
	zation's benefit and either paid to or expended on its behalf						
	•				<del>                                     </del>		
	The value of services or facilities				/		
	urnished by a governmental unit to						
	he organization without charge				<b>/</b>		
	Fotal. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons				· · · · · · · · · · · · · · · · · · ·		
	Amounts included on lines 2 and 3 received rom other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
a	mount on line 13 for the year						
C A	Add lines 7a and 7b			/			
0 1	Public support. (Subtract line 7c from line 6)			CONTRACTOR OF THE PARTY			
		pile selection because contains	(A.)	CARL AND	3400 AMON AMON AMON AMON AMON AMON AMON AMON	2 60 700	PI
	ion B. Total Support	2007 - 1400 S			1 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
Sect		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
Sect Calend	ion B. Total Support dar year (or fiscal year beginning in) Amounts from line 6				I		(f) Total
Sect Calend 9 / 10a	ion B. Total Support  dar year (or fiscal year beginning in)  Amounts from line 6  Gross income from interest,				I		(f) Total
Sect Calend 9 / 10a (	ion B. Total Support dar year (or fiscal year beginning in) Amounts from line 6				I		(f) Total
Calend 9 / 10a (	dar year (or fiscal year beginning in)  Amounts from line 6 Gross income from interest, dividends, payments received on				I		(f) Total
Calend 9 / 10a (	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties,				I		(f) Total
Sect Calend 9 / 10a ( s a b (	dar year (or fiscal year beginning in)  Amounts from line 6  Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources				I		(f) Total
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Sect Calend 9 / 10a (	dar year (or fiscal year beginning in) Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is egularly carried on Other income Do not include gain or loss from the sale of capital lessets (Explain in Part VI)				I		(f) Total
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Sect Calend 9 / 10a (	dar year (or fiscal year beginning in) Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources direlated business taxable income less section 511 taxes) from businesses required after June 30, 1975 and lines 10a and 10b Net income from unrelated business icclivities not included in line 10b, whether or not the business is egularly carried on other income Do not include gain or loss from the sale of capital issets (Explain in Part VI) fotal support (Add lines 9, 10c, 11, and 12) first five years. If the Form 990 is for	(a) 2014	(b) 20/15	(c) 2016	(d) 2017	(e) 2018	
Sect Calend 9 / 10a (	dar year (or fiscal year beginning in) Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is egularly carried on Other income Do not include gain or loss from the sale of capital lessets (Explain in Part VI) otal support (Add lines 9, 10c, 11, and 12)	(a) 2014	(b) 20/15	(c) 2016	(d) 2017	(e) 2018	
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Sect 15 F 16 F	dar year (or fiscal year beginning in) Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is egularly carried on or loss from the sale of capital issets (Explain in Part VI) otal support (Add lines 9, 10c, 11, and 12) first five years. If the Form 990 is for sheck this box and stop here ion C. Computation of Publi Public support percentage for 2018 (li	the organization's  c Support Per ine 8, column (f), d Schedule A, Part	(b) 20/15  first, second, third  centage  rided by line 13, c	(c) 2016	(d) 2017	(e) 2018	ation,
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Schedule A (Form 990 or 990-EZ) 2018 D/B/A CHILDREN AND FAMILY URBAN MOVEMENT 42-1396833 Page 4

### Part V Supporting Organizations

(Complete only if you checked a box in line 12 on Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V)

### Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) 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 (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- B 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 or 990-EZ)
- 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 9a) 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 9a) 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 section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b 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.)

Yes N  1  2  3a  3b  3c  4a  4b	o **	
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	Idule A (Form 990 or 990-EZ) 2018 D/B/A CHILDREN AND FAMILY URBAN MOVEMENT 42-1	.390033 Page 5
and sec	Supporting Organizations (continued)	
44	Lies the exceptation accepted a gift or contribution from any of the following paragraps?	Yes No
11	Has the organization accepted a gift or contribution from any of the following persons?	
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	110
	below, the governing body of a supported organization?	11a
	A family member of a person described in (a) above?	11b
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a. b. or c. provide detail in Part VI. tion B. Type I Supporting Organizations	11c
360	tion B. Type I Supporting Organizations	V N-
	D. I. I. and a second s	Yes   No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or	
	controlled the organization's activities. If the organization had more than one supported organization,	
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	
•	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	SESSEE VECTOR RESERVE
2	Did the organization operate for the benefit of any supported organization other than the supported	
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in	
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	
500	supervised, or controlled the supporting organization tion C. Type II Supporting Organizations	2
566	tion of Type it Supporting Organizations	Yes No
4	Ware a majority of the example time directors or trustees during the tay year also a majority of the directors	Yes No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	
	or management of the supporting organization was vested in the same persons that controlled or managed	4
Sec	the supported organization(s). tion D. All Type III Supporting Organizations	<u> </u>
000	tion B. All Type III Supporting Organizations	Yes No
4	Did the executation arounds to each of its supported executations, by the last day of the fifth month of the	CASSE BAS DESE
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	S46581 0-2-0 0-800
2	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	
	the organization maintained a close and continuous working relationship with the supported organization(s)	2
3	By reason of the relationship described in (2), did the organization's supported organizations have a	COMPANY.
Ū	significant voice in the organization's investment policies and in directing the use of the organization's	
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	
	supported organizations played in this regard	3
Sec	tion E. Type III Functionally Integrated Supporting Organizations	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction	ns).
а	The organization satisfied the Activities Test Complete line 2 below	•
b	The organization is the parent of each of its supported organizations. Complete line 3 below	
c	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see in	nstructions)
2	Activities Test Answer (a) and (b) below.	Yes No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	
	those supported organizations and explain how these activities directly furthered their exempt purposes,	
	how the organization was responsive to those supported organizations, and how the organization determined	
	that these activities constituted substantially all of its activities	2a
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	
-	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	
	reasons for the organization's position that its supported organization(s) would have engaged in these	2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	activities but for the organization's involvement	2b
3	Parent of Supported Organizations Answer (a) and (b) below.	7988 948 DEE
	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? <i>Provide details in</i> <b>Part VI.</b>	'3a
h	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	7.5
-	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b
	II Tea. Describe III - Season De Line Diaved DV tite Organization III titls recard.	

Schedule A (Form 990 or 990-EZ) 2018 D/B/A CHILDREN AND FAMILY URBAN MOVEMENT 42-1396833 Page 6 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 (explain in Part VI) 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) Net short-term capital gain 1 2 Recoveries of prior year distributions Other gross income (see instructions) 3 3 Add lines 1 through 3 4 5 Depreciation and depletion 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) 7 Other expenses (see instructions) 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) Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year) a Average monthly value of securities 1a b Average monthly cash balances 1b c Fair market value of other non exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) 1d e Discount claimed for blockage or other factors (explain in detail in Part VI) Acquisition indebtedness applicable to non-exempt-use assets 3 3 Subtract line 2 from line 1d Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, Net value of non-exempt-use assets (subtract line 4 from line 3) 5 Multiply line 5 by 035 6 6 7 Recoveries of prior-year distributions 7 8 Minimum Asset Amount (add line 7 to line 6) Section C - Distributable Amount Current Year Adjusted net income for prior year (from Section A, line 8, Column A) Enter 85% of line 1 2 2 Minimum asset amount for prior year (from Section B, line 8, Column A) 3 3 4 Enter greater of line 2 or line 3 4 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) 2018

instructions)

Schedule A (Form 990 or 990 EZ) 2018 D/B/A CHILDREN AND FAMILY URBAN MOVEMENT 42-1396833 Page 7 Part Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 3 Administrative expenses paid to accomplish exempt purposes of supported organizations Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required) 5 6 Other distributions (describe in Part VI) See instructions Total annual distributions. Add lines 1 through 6 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions 9 Distributable amount for 2018 from Section C, line 6 10 Line 8 amount divided by line 9 amount (1) (m) (iii) Underdistributions Distributable Section E - Distribution Allocations (see instructions) **Excess Distributions** Amount for 2018 Pre-2018 Distributable amount for 2018 from Section C, line 6 2 Underdistributions, if any, for years prior to 2018 (reasonable cause required- explain in Part VI) See instructions 3 Excess distributions carryover, if any, to 2018 a From 2013 **b** From 2014 c From 2015 d From 2016 e From 2017 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2018 distributable amount Carryover from 2013 not applied (see instructions) Remainder Subtract lines 3g, 3h, and 3i from 3f Distributions for 2018 from Section D. a Applied to underdistributions of prior years b Applied to 2018 distributable amount c Remainder Subtract lines 4a and 4b from 4 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 For result greater than zero, explain in Part VI. See instructions Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI See instructions Excess distributions carryover to 2019. Add lines 3j and 4c Breakdown of line 7 a Excess from 2014 b Excess from 2015 c Excess from 2016 d Excess from 2017 e Excess from 2018

Schedule A (Form 990 or 990-EZ) 2018

Schedule A	(Form 990 or 990 EZ) 20	18 D/B/A CHILDI	REN AND FAMIL	Y URBAN MOVEMEN	T 42-1396833 Page 8
Part VIE	Supplemental Info Part IV, Section A, lines line 1, Part IV, Section I	<b>Drmation</b> . Provide the ex s 1, 2, 3b, 3c, 4b, 4c, 5a, 6, D, lines 2 and 3, Part IV, Se	xplanations required by P 9a, 9b, 9c, 11a, 11b, and ection E, lines 1c, 2a, 2b, 3	art II, line 10, Part II, line 17a o I 11c, Part IV, Section B, lines 3a, and 3b, Part V, line 1, Part	r 17b, Part III, line 12, 1 and 2, Part IV, Section C, V, Section B, line 1e, Part V,
	Section D, lines 5, 6, ar (See instructions)	nd 8, and Part V, Section E,	lines 2, 5, and 6 Also co	emplete this part for any addition	nal information
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# SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

# **Supplemental Financial Statements**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.

CHILDREN AND FAMILY URBAN MINISTRIES

Employer identification number

18

Public

Name of the organization D/B/A CHILDREN AND FAMILY URBAN MOVEMENT 42-1396833

Rai	Organizations Maintaining Donor Advised		or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	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 v	vriting that the assets held in donor advis	sed funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor ad	=	used only
	for charitable purposes and not for the benefit of the donor or	r donor advisor, or for any other purpose	conferring
	impermissible private benefit?		Yes No
<u>Pa</u>	Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990,	Part IV, line 7
1	Purpose(s) of conservation easements held by the organization	on (check all that apply)	
	Preservation of land for public use (e.g., recreation or ea	ducation) Preservation of a his	torically important land area
	Protection of natural habitat	Preservation of a cer	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifi	ied conservation contribution in the form	of a conservation easement on the last
	day of the tax year		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic stru	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	ifter 7/25/06, and not on a historic structi	ure
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the	e organization during the tax
	year ▶		
4	Number of states where property subject to conservation eas	ement is located >	
5	Does the organization have a written policy regarding the peri	iodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it	holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, l	handling of violations, and enforcing con	servation easements during the year
	<b></b>		
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conserva	ition easements during the year
	<b>▶</b> \$		
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170	
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation		
	include, if applicable, the text of the footnote to the organizat	ion's financial statements that describes	the organization's accounting for
Dar	conservation easements  ttill Organizations Maintaining Collections of	Art Historical Transuras or O	thor Similar Assats
(Rai			ther Sillinar Assets.
	Complete if the organization answered "Yes" on Form		and and belongs about works of ort
та	If the organization elected, as permitted under SFAS 116 (AS		
	historical treasures, or other similar assets held for public exh	·	ince of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describ		and belease about wedge of out bystomool
b	If the organization elected, as permitted under SFAS 116 (AS		
	treasures, or other similar assets held for public exhibition, ed	lucation, or research in furtherance of pu	blic service, provide the following amounts
	relating to these items		<b>•</b> •
	(i) Revenue included on 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 trea		al gain, provide
	the following amounts required to be reported under SFAS 11	16 (ASC 958) relating to these items	
	Revenue included on Form 990, Part VIII, line 1		\$
b	Assets included in Form 990. Part X		<b>▶</b> \$

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

832051 10-29-18

Schedule D (Form 990) 2018

	dule D (Form 990) 2018 D/B/A C	HILDREN AN							96833	
3	Using the organization's acquisition, accessi									
	(check all that apply)									
а	Public exhibition	·	d 🔲 L	oan or exc	hange progra	ams				
b	Scholarly research	•		Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explain	n how the	ey further th	ne organizatio	on's exem	pt purpo	se in Part	XIII	
5	During the year, did the organization solicit o	· ·		=	=					
	to be sold to raise funds rather than to be ma								Yes	☐ No
Rai	Escrow and Custodial Arran					"Yes" on I	Form 990	), Part IV.		
L	reported an amount on Form 990, Pai			<b>J</b>				,		
1a	Is the organization an agent, trustee, custodi	an or other intermed	liarv for c	ontribution:	s or other as:	sets not in	ncluded			
	on Form 990, Part X?								Yes	No
h	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing ta	able						
_									Amount	
С	Beginning balance						1c			
d	Additions during the year						1d	,		
	Distributions during the year						1e	,		
e	Ending balance						1f			
7.	Did the organization include an amount on Fe	orm 990 Part V June	21 for a	ecrow or ci	istodial acco	unt liabilit			Yes	No
	If "Yes," explain the arrangement in Part XIII						у.		_ 163	<b>=</b> "
	Endowment Funds. Complete						n			
1.2	Complete I	(a) Current year	ĭ	rior year	(c) Two yea			years back	(e) Four y	ears back
10	Beginning of year balance	(a) Current year	(0)11	ioi yeai	(C) TWO yea	13 back 1	uj mice	ycars back	(6)1001	Cars back
1a		· <del></del>				<u> </u>				
b	Contributions							<del>.</del> .		
С	Net investment earnings, gains, and losses		-							
d	Grants or scholarships				<del> </del>					
е	Other expenditures for facilities									
	and programs				-					
f	Administrative expenses							-		
g	End of year balance							_		
2	Provide the estimated percentage of the curr	ent year end balanc	e (line 1g	, column (a)	)) held as					
а	Board designated or quasi-endowment		%							
b	Permanent endowment	<u></u> %								
С	Temporarily restricted endowment ▶	%								
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%								
За	Are there endowment funds not in the posse	ssion of the organiza	ation that	are held ar	nd administer	red for the	organiza	ation		
	by	<del>-</del>								res No
	(i) unrelated organizations								3a(ı)	
	(ii) related organizations								3a(II)	
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requir	red on Sc	hedule B?					3b	
4	Describe in Part XIII the intended uses of the	•							( 00 )	
	tivia Land, Buildings, and Equipm		WILLELLE IC							
[- <u>T</u> -:	Complete if the organization answered		) Part IV	line 11a S	ee Form 990	) Part X II	ne 10			
	Description of property	(a) Cost or o			or other		cumulate	24	(d) Book	value
	Description of property	basis (investr			(other)		reciation	1	(a) Book	vaiac
	Land	2230 (1110011	,		()			<b>1</b>		
	Land				-					
	Buildings							_		
	Leasehold improvements		+	2.4	0 0 1 1	1	21 5	<u>a /                                    </u>	110	250
	Equipment			۷4	0,844.	1	21,5	74.	119	,250.
<u>e</u>	Other	1.5 000 5 :	<u> </u>	- (O) to a	0-1				119	. 250.

Schedule D (Form 990) 2018

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Schedule	D	(Form	990)	2018

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D/B/A	CHILDREN	AND	F.WWT LA	UKBAN	MOVEMENT	42-1396833	Page 3

Rant VII Investments - Other Securities.				
Complete if the organization answered "Yes"	<del></del>		<del></del>	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method o	f valuation Cost or en	d-of-year market value
(1) Financial derivatives				
(2) Closely held equity interests				
(3) Other				
(A)				
(B)			·-·	<del> </del>
(C)				<del></del>
(D)				
(E) .				
(F) (G)				
(H)				<del></del>
Total (Col (b) must equal Form 990, Part X, col. (B) line 12 )				
Part VIII Investments - Program Related.		Indian's College Doverson 13 . 46	CHIEF CORD CO. MATERIAL CONTROL CONTRO	MANAGEMENT A MANAGEMENT ACCIDENT
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990	D. Part X. line 13	
(a) Description of investment	(b) Book value		f valuation Cost or en	d-of-year market value
(1)				
(2)				
(3)				-
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total (Col. (b) must equal Form 990, Part X, col (B) line 13 )				
Partix Other Assets.				
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11d See Form 990	<ol> <li>Part X, line 15</li> </ol>	
			•	(h) Deelesselse
(a)	Description		· · · · · · · · · · · · · · · · · · ·	(b) Book value
(a)				(b) Book value
(a) (1) (2)				(b) Book value
(a) (1) (2) (3)				(b) Book value
(a) (1) (2) (3) (4)				(b) Book value
(a) (1) (2) (3) (4) (5)				(b) Book value
(a) (1) (2) (3) (4) (5) (6)				(b) Book value
(a) (1) (2) (3) (4) (5) (6) (7)				(b) Book value
(a) (1) (2) (3) (4) (5) (6) (7) (8)				(b) Book value
(a) (1) (2) (3) (4) (5) (6) (7) (8) (9)	Description			(b) Book value
(a) (1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) lines	Description		<b>&gt;</b>	(b) Book value
(a) (1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X. col. (B) line Part XX Other Liabilities.	Description		<b>&gt;</b>	(b) Book value
(a)  (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.  Complete if the organization answered "Yes"	Description  2.15.) on Form 990, Part IV, line		<b>&gt;</b>	(b) Book value
(a)  (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.  Complete if the organization answered "Yes"  1. (a) Description of liability	Description  2.15.) on Form 990, Part IV, line	11e or 11f See Fo	<b>&gt;</b>	(b) Book value
(a)  (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.  Complete if the organization answered "Yes"  1.  (a) Description of liability  (1) Federal income taxes	Description  2.15.) on Form 990, Part IV, line	11e or 11f See Fo	<b>&gt;</b>	(b) Book value
(a)  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  Total. (Column (b) must equal Form 990. Part X. col. (B) line  Part XX  Other Liabilities.  Complete if the organization answered "Yes"  1. (a) Description of liability  (1) Federal income taxes (2)	Description  2.15.) on Form 990, Part IV, line	11e or 11f See Fo	<b>&gt;</b>	(b) Book value
(a)  (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.  Complete if the organization answered "Yes"  1.  (a) Description of liability  (1) Federal income taxes	Description  2.15.) on Form 990, Part IV, line	11e or 11f See Fo	<b>&gt;</b>	(b) Book value
(a)  (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.  Complete if the organization answered "Yes"  1. (a) Description of liability  (1) Federal income taxes  (2)  (3)	Description  2.15.) on Form 990, Part IV, line	11e or 11f See Fo	<b>&gt;</b>	(b) Book value
(a)  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line  Part XX  Other Liabilities.  Complete if the organization answered "Yes"  1. (a) Description of liability  (1) Federal income taxes  (2)  (3)  (4)	Description  2.15.) on Form 990, Part IV, line	11e or 11f See Fo	<b>&gt;</b>	(b) Book value
(a)  (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.  Complete if the organization answered "Yes"  1. (a) Description of liability  (1) Federal income taxes (2) (3) (4) (5)	Description  2.15.) on Form 990, Part IV, line	11e or 11f See Fo	<b>&gt;</b>	(b) Book value
(a)  (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.  Complete if the organization answered "Yes"  1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)	Description  2.15.) on Form 990, Part IV, line	11e or 11f See Fo	<b>&gt;</b>	(b) Book value
(a)  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  Total. (Column (b) must equal Form 990, Part X. col. (B) line  Part X:  Complete if the organization answered "Yes"  1.  (a) Description of liability  (1) Federal income taxes  (2)  (3)  (4)  (5)  (6)  (7)	Description  2.15.) on Form 990, Part IV, line	11e or 11f See Fo	<b>&gt;</b>	(b) Book value
(a)  (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.  Complete if the organization answered "Yes"  1.  (a) Description of liability  (1) Federal income taxes  (2)  (3)  (4)  (5)  (6)  (7)  (8)	Description  2 15.)  on Form 990, Part IV, line	11e or 11f See Fo	<b>&gt;</b>	(b) Book value
(a)  (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.  Complete if the organization answered "Yes"  1. (a) Description of liability  (1) Federal income taxes  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)	Description  2 15.) on Form 990, Part IV, line	11e or 11f See Fo (b) Book value	rm 990, Part X, line 25	
(a)  (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.  Complete if the organization answered "Yes"  1. (a) Description of liability  (1) Federal income taxes  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line	Description  2 15.)  on Form 990, Part IV, line  2 25 )  the text of the footnote to	11e or 11f See Fo (b) Book value the organization's	rm 990, Part X, line 25	hat reports the

832053 10-29-18

D/B/A CHILDREN AND FAMILY URBAN MOVEMENT 42-1396833 Schedule D (Form 990) 2018 Rart:XIX Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a 1,267,861. Total revenue, gains, and other support per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12 Net unrealized gains (losses) on investments 2a 2b b Donated services and use of facilities Recoveries of prior year grants 2c d Other (Describe in Part XIII) 24 Add lines 2a through 2d 2e 1,267,861 Subtract line 2e from line 1 3 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 b Other (Describe in Part XIII) 0. c Add lines 4a and 4b 4c 1,267,861 Total revenue Add lines 3 and 4c. (This must equal Form 990. Part I. line 12 5 Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a 1,379,391. 1 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities 2a 2b b Prior year adjustments c Other losses 2c 2d d Other (Describe in Part XIII) e Add lines 2a through 2d 2e 1,379,391 Subtract line 2e from line 1 3 Amounts included on Form 990, Part IX, line 25, but not on line 1 a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII) 4b c Add lines 4a and 4b 4c Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I. line 18.) 379 5 Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information PART X, LINE 2: THE ORGANIZATION HAS ADOPTED THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAX REQUIREMENTS AS REQUIRED BY THE INCOME TAX TOPIC OF THE FASB ACCOUNTING STANDARDS CODIFICATION.

## **SCHEDULE J** (Form 990)

Department of the Treasury

Internal Revenue Service

**Compensation Information** 

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

➤ Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

CHILDREN AND FAMILY URBAN MINISTRIES

Employer identification number

OMB No 1545-0047

Open to Public Inspection

42-1396833

Name of the organization D/B/A CHILDREN AND FAMILY URBAN MOVEMENT

	Questions Regarding Compensation			
		OVERNOUS CONTRACTOR	Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	First-class or charter travel  Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			3 X
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			100
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's	1 77		
	CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study	***		527
	Form 990 of other organizations  Approval by the board or compensation committee			2.3
				1,00
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			530.3
	organization or a related organization			13.0
а	Receive a severance payment or change of control payment?	4a		X
	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Х
	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х
_	If "Yes" to any of lines 4a·c, list the persons and provide the applicable amounts for each item in Part III	5 00 1 E 1,1 1		X 769
			2007	
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			300
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
•	contingent on the revenues of			
а	The organization?	5a	2002 AR 80424C	Х
	Any related organization?	5b		Х
~	If "Yes" on line 5a or 5b, describe in Part III	4.9		17.
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	5		
Ü	contingent on the net earnings of			
-	The organization?	6a	20000000000	X
b		6b		X
U	Any related organization?  If "Yes" on line 6a or 6b, describe in Part III	00	43303	<u> </u>
7	·			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	7		X
	not described on lines 5 and 6? If "Yes," describe in Part III	/		Λ
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the		(1.50 B)	X
	initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	8 #2		
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in		45.8° 40%	28/11/20
	Regulations section 53 4958-6(c)?	9		Щ_

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

Schedule J (Form 990) 2018

Schedule J (Form 990) 2018

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

Page 2 -

Partill Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that aren't listed on Form 990, Part VII

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

						ł		
		(B) Breakdown of \	(B) Breakdown of W-2 and/or 1099-MISC compensation	3C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(ı) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			in column (b) reported as deferred on prior Form 990
(1) JAMES SWANSTROM	Ξ	63,876.	0	0	0	0	63,876.	0
FORMER EXCUTIVE DIRECTOR	(ii)	0	0	0	• 0	0	0	0
	Ξ							
	(11)							
	(i)							
	(ii)							
	Θ							
	(11)							
	Ξ							
	(ii)							
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Schedule J (Form 990) 2018

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

Page 3 Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information 42-1396833 [Baर्सः॥] Supplemental Information Schedule J (Form 990) 2018

Schedule J (Form 990) 2018

### SCHEDULE M (Form 990)

### **Noncash Contributions**

Inspection

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

CHILDREN AND FAMILY URBAN MINISTRIES Name of the organization

Employer identification number 42-1396833

D/B/A CHILDREN AND FAMILY URBAN MOVEMENT Part Types of Property (a) (b) (d) Number of Noncash contribution Check if Method of determining contributions or amounts reported on applicable noncash contribution amounts items contributed Form 990, Part VIII, line 1g Art - Works of art 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 Securities - Partnership, LLC, or 11 trust interests 12 Securities - Miscellaneous 13 Qualified conservation contribution -Historic structures Qualified conservation contribution - Other 14 15 Real estate - Residential 16 Real estate - Commercial 17 Real estate - Other 18 Collectibles X 341 175,398. FAIR MARKET VALUE 19 Food inventory Drugs and medical supplies 20 21 Taxidermy Historical artifacts 22

2

1

50

68

Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

29

55,175.FAIR MARKET VALUE

37,391.FAIR MARKET

32,500.FAIR MARKET

24,864.FAIR MARKET

- 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?
  - b If "Yes," describe the arrangement in Part II

(OFFICE FURNIT)

( MISCELLANEOUS )

(SUPPLIES

(RENTAL PODS

Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31

X

Х

X

X

- 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash
  - b If "Yes," describe in Part II

Scientific specimens Archeological artifacts

Other ightharpoonup

Other >

Other >

If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, 33 describe in Part II

Yes No Х 30a X 31 X

VALUE

**VALUE** 

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2018

23

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'a (• •	CHILDREN AND FAMILY URBAN MINISTRIES
Schedule M	(Form 990) 2018 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
E alterit	<b>Supplemental Information.</b> 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
	this part for any additional information
•	
<del></del>	
	<del></del>
-	

### **SCHEDULE O**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

# Supplemental Information to Form 990 or 990-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.

► Go to www.irs.gov/Form990 for the latest information.

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

2018

Employer identification number 42-1396833

D/B/A CHILDREN AND FAMILI ORBAN MOVEMENT 42-1390833
FORM 990, PART VI, SECTION B, LINE 11B:
THE BOARD OF DIRECTORS REVIEWS 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 XII, 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 990, PART I, LINE 5 AND PART V, LINE 2A:
NO TWO CHEER AND DEPONDED AS THE ODGANIZATION HAS A GO TWO OVED

NO EMPLOYEES ARE REPORTED AS THE ORGANIZATION HAS A CO-EMPLOYER

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

Schedule O (Form 990 or 990-EZ)

Schedule O (Form 990 or 990-EZ) (2018)