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Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

benefit trust or private foundation)

► The organization may have to use a copy of this return to satisfy state reporting requirements

Inspection

| Α | For th | e 2008 ca | lendar ye | ear, or tax | year begir | ning | | 7/1/2008 | | and e | nding | 6/3 | 0/200 | 9 | | |
|-------------------------|-------------|-------------|---------------------|------------------------|----------------------|--------------------------|----------------|----------------------------|---------------|------------|-------------|----------------------|-------------------|---------------------------------|-------------|-----------|
| В | Check if a | pplicable | Please | C Name | of organizatii | on THE | COLU | MBUS URBA | N LEAGL | JE, IN | C. | D Employer | identıf | ication nun | nber | |
| | Address | change | use IRS label or | Doing f | Business As | | | | | | | 31-4379453 | 3 | | | |
| \Box | Name ch | nange | print or | Numbe | er and street | (or P O box if m | ail is no | t delivered to stree | et address) | Ro | om/suite | E Telephone | | er : | | |
| \sqcap | Initial ret | urn | type See | 1 | | NON AVENU | | | | | | 614-257-63 | | | | |
| = | Termina | | Specific | | | or country, and Z | | | | | | 014-237-03 | 00 | | | |
| \equiv | | | Instruc- | COLUMI | | or country, and 2 | .IF 7 4 | OΠ | 42 | 202.4 | 400 | G Gross rece | unto C | | 0.4 | 122 004 |
| = | Amende | | tions | | | | | ОН | 43 | 203-1 | 100 | G Gloss lece | sipis a | | 9,4 | 123,884 |
| \Box | Applicati | on pending | FN | lame and a | address of | principal office | er | | | | H(a) is | this a group retu | m for a | iffiliates? | Yes | X No |
| | | | Eddie F | larrell, Jr | 788 Mou | nt Vernon Av | venue, | Columbus, C | H 4320 | 3-1408 | H(b) Ar | e all affiliates ind | cluded? |) | Yes | No |
| 1 7 | Tax-exe | mpt status | | 01(c) (| | nsert no) | $\overline{}$ | 947(a)(1) or | 527 | | | If "No," attach a | | | ns) | |
| | | 9: ► WV | | | - / - (| , | <u> </u> | | | · - | 1,,,,, | | | | | |
| | | | | | | | | 7 | | | | oup exemption i | number | | | |
| | | rganization | | orporation | Trust | Association | n | _ Other ▶ | | L Yea | r of forma | tion 1918 | M: | State of lega | al domicile | OH : |
| F | Part I | Su | mmary | | | | | | | | | | | | | |
| | 1 | Briefly | describe | the organ | nization's | mission or m | ost sig | ınıficant actıvi | ties To | enabl | le Africa | an American | s and | dısadvai | ntaged | persons |
| | | | | _ | | arity, power | - | | | | | | | | | |
| ą | | | | | | | | | | | | | | | | - |
| Activities & Governance | | | | | | | | | | | | | | | | |
| e.u | _ | Charlet | lbia bai | . [] . | 46 | | | | | | | | | | | |
| Š | 2 | | | | | | | d its operatio | | posea | or more | e than 25% (| ot its a | assets | | |
| ಷ | 3 | | | | | | | ırt VI, line 1a) | | • | | | 3 | | | 33 |
| Sel | 4 | | | | | | goverr | ning body (Pa | rt VI, line | 1b) | • | | 4 | | | 33 |
| Ĭ | 5 | | | employee | | | | | | | | | _ 5 | | | 101 |
| Ą | 6 | | | | | ite if necessa | | • | | | | | 6 | | | 1,363 |
| | 7a | | | | | | | , line 12, colu | mn (C) | | | | 7a | | | 0 |
| | b | Net unr | elated bu | usiness ta | xable inc | ome from Fo | rm 99 | 0-T, line 34 | | | | | 7b | | | 0 |
| | | | | | | | | | | | | Prior Year | | Cı | irrent Yea | ar |
| | 8 | Contrib | utions ar | nd grants | (Part VIII, | line 1h) | | | | | | 1,70 | 6,304 | | 3 | 397,193 |
| E E | 9 | | | e revenue | | | | | | | | | 1,991 | | | 721,797 |
| Revenue | 10 | | | | | nn (A), lines | 3.4 a | nd 7d) | | | | | 0 | | | 0 |
| å | 11 | | | - | | | | oc, 10c, and 1 | 16) | | | _ | 0 | | | 213,182 |
| | 12 | | | | | | | rt VIII, columr | | 12 \ | | 10,24 | <u>_</u> | | | 332,172 |
| | 13 | | | | | Part IX, colun | | | <u> </u> | 12) | | 10,24 | <u>0,293</u> 0 | | 9,3 | |
| | 14 | | | | | | | | | | | <u> </u> | | | | 0 |
| | 1 | | | | | art IX, colum | | | /A\ 1 | 5 40 | | 4.00 | 0 | | | 0 |
| es | 15 | | | | | | | rt IX, column | (A), lines | 5–10) | | 4,00 | 4,107 | | 4,3 | 312,385 |
| Sus | 16a | | | | | IX, column (| | | | | | | | <u> </u> | | 0 |
| Expenses | b | | | | | (, column (D) | | | | 0 | | | | | | |
| ш | 17 | | | | | V), lings_1/a | | | | | | 5,34 | 0,531 | | 5,4 | 191,146 |
| | 18 | Total ex | penses | Add lines | s 13–17 (r | nust'ed ua tP | ᇑ 鮗 | -cbl umn (A), I | ine 25) | | | 9,34 | 4,638 | | 9,8 | 303,531 |
| | 19 | Revenu | e less ex | kpenses ! | <u>Subtra¢t I</u> | ine 18 from l | ıne 12 | ၂ပ္ပ | | | | 90 | 3,657 | | -4 | 71,359 |
| ets or | } | | | | 16 | | | 010 8 | | | Ве | eginning of Yea | | | nd of Yea | |
| sets | 20 | Total as | sets (Pa | art X, line | 16) . ^O | 141741 7 | . 6) 21 | الآل الا | | | | 4,05 | 9,729 | | 3,7 | 705,860 |
| Assed Bal | 21 | | | Part X, line | | | | - <u>R</u> | | | | | 6,614 | | | 74,104 |
| ξĒ | 22 | | | | | act (ine 21) f | on Jine | ± 200 | | | | | 3,115 | | | 31,756 |
| | ırt II | | nature | | | | | | | - | <u> </u> | | 5,1.0 | L | | 70 1,7 00 |
| | | | | | declare that | I have examined | d this det | urn, including acc | ompanying | schedul | es and st | atements, and to | the he | est of my kn | owledge | |
| | | and | belief, it is t | true, correct, | and comple | te Declaration o | fprepare | er (other than office | cer) is based | d on all i | nformatio | n of which prepa | arer has | s any knowle | edge | |
| | | | | -11 | 1// | 'OH / | | | | | | | , | , | • | |
| | | | نجے | dhie | · /// | XV // | | | | | | د ا | 5/ | 13/10 | 9 | |
| Sig | - | | Signature | of officer | | | 3 . | | | | | Date | | | | |
| He | re | | | łarrell, Jr | | | | Dı | eside | ant | e cr | | | | | |
| | | | | rint name and | d titlo | | | | . estu | ĒIIC | a CI | | | | | |
| | | Prop | arer's | in name and | o title | | , | Date | <u> </u> | T 6 | neck if | | Dran | rorle ideas | #04 5115-b | |
| Dai | | | ature | | _/_ | - <i>A-11</i> | | Date | | | elf- | | | arer's identify istructions) | /ing numb | er |
| Pai | | ŀ | 7 | Tren | Ans | ill let | 40. | 2 1000 | 5/6/2010 | - 1 | nployed | ►X | 1, | 15-1037 | | |
| | parer | Firm' | 's name (or | yours | Prentice | Alexander | יטט ק | vara | | 1 | | | , | | | |
| USE | Only | | f-employed | <u>)</u> | | | | 0: :- | 40.4 | | | E114 | | | | |
| | | | ess, and ZI | | | | | hts, Ohio 454 | | | | Phone no | 937- | <u>233-3872</u> | - | |
| May | the IF | RS discus | ss this re | turn with | the prepa | rer shown at | bove? | (see instruction | ons) | | | | | [x | Yes | ∐ No |
| | | | | | | | | | | | | | | | | |

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. (HTA)

Form **990** (2008)

| Pa | Int III Statement of Program Service Accomplishments (see instructions) |
|----|--|
| 1 | Briefly describe the organization's mission |
| | To enable African Americans and disadvantaged persons to secure economic self-reliance, parity, power and civil rights |
| | |
| | |
| | *************************************** |
| 2 | Did the organization undertake any significant program services during the year which were not listed on |
| _ | the prior Form 990 or 990-EZ? Yes X No |
| | If "Yes," describe these new services on Schedule O |
| 3 | |
| 3 | Did the organization cease conducting, or make significant changes in how it conducts, any program services? |
| | 100 K. 100 |
| | If "Yes," describe these changes on Schedule O |
| 4 | Describe the exempt purpose achievements for each of the organization's three largest program services by expenses |
| | Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and |
| | allocations to others, the total expenses, and revenue, if any, for each program service reported |
| | |
| 4a | (Code:) (Expenses \$ 6,296,021 including grants of \$ 0) (Revenue \$ 6,965,425) |
| | Headstart |
| | This program provides pre-kindergarten education services to children ages 3-5 years |
| | The head Start program also provides family social services to the entire familty of |
| | each child served which includes employment, housing, and health services. This program served 925 children |
| | |
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| | ••••••••••••••••••••••••••••••••••••••• |
| | |
| | |
| 4h | (Code) (Expenses \$ 713,467 including grants of \$ 0) (Revenue \$ 490,823) |
| 70 | Washforen Davidenement |
| | |
| | Clients served, 3,232, two job fairs and one career day was held for the public, |
| | 88 summer jobs were provided to teen youth, this program provided job placement and job rediness services to |
| | dislocated, unemployed, and adjudicated citizens |
| | |
| | |
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| | |
| | |
| | |
| 4c | (Code:) (Expenses \$ 669,031 including grants of \$ 0) (Revenue \$ 378,835) |
| | Prevention |
| | This programm provides prevention services to youth including, AIDS, violence, and drug Additionally, |
| | this program services victims of violent crimes to assist them in dealing with the crime and providing assistance |
| | for medical services, housing, and legal assistance. |
| | |
| | |
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| | |
| | |
| | |
| | |
| 4d | Other program services (Describe in Schedule O) |
| +u | |
| 40 | (Expenses \$ 944,702 including grants of \$ 0) (Revenue \$ 886,714) Total program service expenses ▶ \$ 8,623,221 (Must equal Part IX Line 25, column (B)) |
| | - 1500 10150 00 SELVING BANGUSES F 3 0 073771 - 1908 (2008) 230 13 1 102 73 (2000) 151 (|

4)

Part IV Checklist of Required Schedules

| | | _ | Yes | No |
|----------|---|------------|-----|-----------------|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A | 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 | <u> </u> | | |
| 4 | candidates for public office? If "Yes," complete Schedule C, Part I | 3_ | | х |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II | | | |
| 5 | Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice | 4 | | X |
| • | and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III | 5 | | |
| 6 | Did the organization maintain any donor advised funds or any accounts where 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 | | Х |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | | | |
| _ | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | _X |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III | 8 | | x |
| 9 | Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part | | | |
| | X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," | | | |
| | complete Schedule D, Part IV | 9 | | X |
| 10 | Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V | 10 | Χ | |
| 11 | Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VIII, IX, or X as applicable | 11 | х | |
| 12 | Did the organization receive an audited financial statement for the year for which it is completing this return | | ^ | |
| - | that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII | 12 | X | |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | X |
| | Did the organization maintain an office, employees, or agents outside of the U.S? | 14a | | X |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, | | | |
| 4 5 | business, and program service activities outside the U.S ? If "Yes," complete Schedule F, Part I | 14b | | X |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II | 15 | | х |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III | 16 | | × |
| 17 | Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I | 17 | | Х |
| 18 | Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | Х | |
| 19 | Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III | 19 | | X |
| 20 24 | Did the organization operate one or more hospitals? If "Yes," complete Schedule H | 20 | | X |
| 21 22 | Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 21 22 | | X |
| 23 | Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? 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 questions | | | |
| _ | 24b–24d and complete Schedule K. If "No," go to question 25 | 24a | | X |
| | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | <u> </u> |
| 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? | 24- | | ~ |
| ч | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24c 24d | | <u>X</u> |
| | Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a | £40 | | |
| | disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | Х |
| b | Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified | | | |
| | person from a prior year? If "Yes," complete Schedule L, Part I | 25b | | <u> </u> |
| 26 | Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or | | | |
| 27 | disqualified person outstanding as of the end of the organization's tax year? If "Yes," 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, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III . | 27 | | _ |
| | - Cabotania Commission, on to a person related to such an individual? If Tes, Complete Schedule L, Patt III | 27 | | _ <u>X</u> _ |

13

Part IV Checklist of Required Schedules (continued)

| 28 [| | | | |
|------|---|-----|---|----------|
| a l | During the tax year, did any person who is a current or former officer, director, trustee, or key employee: Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity | | | |
| | (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, | | | |
| | Part IV | 28a | | <u>X</u> |
| (| Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV | 28b | | Х |
| | Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV | 28c | | Х |
| 29 I | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | Х | |
| | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M | 30 | | Х |
| | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | X |
| | 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 |
| | 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 |
| | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 | 34 | | × |
| | Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35 | | X |
| | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 | 36 | | X |
| 37 [| Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part | | | |
| | VI | 37 | | Х |

Form **990** (2008)

13

| | | - | | | | Yes | No |
|---------|--|-------------|------------|-----|-----------------|-------|-------------|
| 1a | Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable | 1a | | 139 | | | |
| ь | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | 1b | | -00 | | | |
| С | Did the organization comply with backup withholding rules for reportable payments to vendors a gaming (gambling) winnings to prize winners? | | ortable | | 1c | | |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax | 1 | | | | | |
| | Statements, filed for the calendar year ending with or within the year covered by this return | 2a | | 101 | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment ta | | ns? | | 2b | X | |
| | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return | | | | | | |
| | instructions) | • | | ļ | | | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year of | overe | d by | | | | } |
| | this return? | • | • | | 3a | L | X |
| | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O. | | | } | <u>3b</u> | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or over, a financial account in a foreign country (such as a bank account, securities account, or ot | | | } | | | |
| | account)? | ner tima | anciar | | 4a | | |
| b | If "Yes," enter the name of the foreign country | | | ŀ | <u> 4a</u> | ::::: | X |
| | See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Fo | reian E | Bank | | | | |
| | and Financial Accounts | | | | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year | ear?. | | | 5a | | X |
| Ь | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter tr | | tion?. | . [| 5b | | Х |
| С | If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt | Entity | | | | | |
| 6- | Regarding Prohibited Tax Shelter Transaction? | | • | ļ | <u>5c</u> | | \ <u></u> |
| 6a b | Did the organization solicit any contributions that were not tax deductible? If "Yes," did the organization include with every solicitation an express statement that such cont | ributio | no or | ŀ | 6a | | X |
| | gifts were not tax deductible? | ribulio | 118 01 | | 6b | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | • | • | · | | | |
| а | Did the organization provide goods or services in exchange for any quid pro quo contribution of \$75? | more i | than | | 7. | | |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | | | ŀ | <u>7a</u> 7b | X | |
| c | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which | h it wa: | s | ŀ | 7.0 | | |
| | required to file Form 8282? | | | | 7c | | х |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | 7d | | | | | |
| е | Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums of | on a pe | ersonal | | | | |
| | benefit contract? | | | | 7e | | X |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit For all contributions of qualified intellectual property, did the organization file Form 8899 as requ | | ict? . | } | 7f | | X |
| g h | For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1 | | 26 | • | 7g | | X |
| | required? | 000-0 | <i>a</i> 5 | | 7h | | Ιx |
| 8 | Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds a | nd sec | ction | į | | | |
| | 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by | a spon | soring | | | | |
| | organization, have excess business holdings at any time during the year? | | | | 8 | | Х |
| 9 | Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds. | | | į. | | | |
| a | Did the organization make any taxable distributions under section 4966? | | | ٠ ٠ | <u>9a</u> | | X |
| ь 0 | Did the organization make a distribution to a donor, donor advisor, or related person? . Section 501(c)(7) organizations. Enter | • | | | 9b | | X |
| a | Initiation fees and capital contributions included on Part VIII, line 12 | 10a | | | | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10b | | | | | |
| 1 | Section 501(c)(12) organizations. Enter | | | | | | |
| а | Gross income from members or shareholders | 11a | | _ [| | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources | | | | | | |
| _ | against amounts due or received from them) | 11b | | | | | |
| 2a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of | | 1041? | ļ | 12a | | # W W W W T |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 12b | | | | ***** | |

organization ► MARY S. LOVE

Page 6 Governance, Management, and Disclosure (Sections A, B, and C request information about policies not Part VI required by the Internal Revenue Code) Section A. Governing Body and Management Yes No For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O See instructions Enter the number of voting members of the governing body. Enter the number of voting members that are independent 1b 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . . . Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? . Х 4 5 Did the organization become aware during the year of a material diversion of the organization's assets?. 6 Does the organization have members or stockholders? Х 6 Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? . . . 7a Are any decisions of the governing body subject to approval by members, stockholders, or other persons? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following The governing body? Яa Each committee with authority to act on behalf of the governing body? . . . 8b Х 9a Does the organization have local chapters, branches, or affiliates? . Х 9a If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? 10 Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990 10 11 Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O. Section B. Policies No Yes 12a Does the organization have a written conflict of interest policy? If "No," go to line 13 12a Х Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?. 12b Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." 12c 13 Does the organization have a written whistleblower policy? 13 Х 14 Does the organization have a written document retention and destruction policy? . 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision: The organization's CEO, Executive Director, or top management official? 15a Other officers or key employees of the organization? Describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed ► OH 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply Own website X Upon request Another's website 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public 20 State the name, physical address, and telephone number of the person who possesses the books and records of the

788 MT VERNON AVENUE, COLUMBUS, OH 43203-1408

614-372-2313

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

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

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

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

| Check this box if the organization did not compe | nsate any office | er, dir | ect | or, 1 | trus | tee, o | r k | ey employee | | |
|--|------------------------------|--------------------------------|-----------------------|-------|--------------|---------------------------------|----------|--|--|--|
| (A) | (B) | (B) (C) | | | | | | (D) | (E) | (F) |
| Name and Title | Average hours per week | Individual trustee or director | Institutional trustee | | Key employee | Highest compensated at employee | Former | Reportable compensation from the organization (W-2/1099-MISC) | Reportable compensation from related organizations (W-2/1099-MISC) | Estimated amount of other compensation from the organization and related organizations |
| Regina Blount-Williams Board Member | 0 6 | Х | | | | | | 0 | 0 | 0 |
| Rob Comfort Board Member | 06 | Х | | | | | | 0 | 0 | 0 |
| Mary Flint Board Member | 06 | Х | | | | | | 0 | 0 | 0 |
| Shirley Boyd Board Member | 0 6 | X | | | | | | 0 | 0 | 0 |
| Jeanette Darno Board Member | 06 | Х | | | | | | 0 | 0 | 0 |
| Steve Francis Board Member | 0.6 | Х | | | | | | 0 | 0 | 0 |
| Marvin Clayton Board Member | 06 | Х | | | | | | 0 | 0 | 0 |
| Dr. Victor M. Davis Board Member | 0.6 | Х | | | | | | 0 | 0 | 0 |
| Patrick Hamrock Board Member | 06 | Х | | | | | | 0 | 0 | 0 |
| Thomas L. Hart Board Member | 0 6 | Х | | | | - " | | 0 | 0 | 0 |
| Jon Joffe Sec. Board | 0 6 | Х | | | | | | 0 | 0 | . 0 |
| Gale King Second Vice-Chair | 0 6 | X | | | | | | 0 | 0 | 0 |
| Pat Mc Gee Board Member | 06 | Х | | | | | | 0 | 0 | 0 |
| Jessie Hemphill, CPA Treasurer | 0 6 | Х | | | | | | 0 | 0 | 0 |
| Jerome W Jones Board Member | 0 6 | X | | | | | | 0 | 0 | 0 |
| Grace Mc Daniel Board Member | 0.6 | х | | | | | | 0 | 0 | 0 |
| Bonnie Milenthal Board Member | 06 | Х | | | | | \dashv | 0 | 0 | 0 |

| Par | t VII Section A. Officers, Directors, Tru | ustees, Key Em | ploy | ees | , and | Hig | hes | t Coi | mpensated Em | ployees (contin | ued) |
|-------|---|-------------------|--------------------------------|---------------|----------|--------------|--|--------------|----------------------|----------------------------------|---|
| | (A) | (B) | (C) | | | | | | (D) | (E) | (F) |
| ` | Name and title | Average | 1 | | (chec | k all ti | hat ap | ply) | Reportable | Reportable | Estimated |
| | | hours per week | Individual trustee or director | insi | Officer | ě | e H | Former | compensation from | compensation from related | amount of other |
| | | | lirec vidu | Institutional | ğ | Key employee | Highest compensated employee | me | the organization | organizations (W-2/1099-MISC) | compensation from the |
| | | | [한 1 | na | | oloye | 8 8 | | (W-2/1099-MISC) | (VV-2/1099-IVII3C) | organization |
| | | | stee | trustee | | ď | pen; | | | | and related organizations |
| | | | " | 8 | | ! | sate | | | | _ |
| Juda | e Timothy S Horton | | | | <u> </u> | | ┝┺ | | | | |
| | Member | 0.6 | х | | | | | | О | 0 | 0 |
| | Jones | | | | | | 1 | | | | |
| | Member | 0.6 | Х | | | | | | 0 | 0 | 0 |
| Myra | L Mc Kenzie, ESQ. | | | | | | | | | | _ |
| | d Member | 06 | X | | | L | <u> </u> | | 0 | 0 | 0 |
| | Montgomery | | ١., | | | | | | _ | | |
| | Member | 0.6 | <u> </u> | | | | ₩ | <u> </u> | 0 | 0 | 0 |
| | ' Nesbitt | 0.0 | ļ | | | | | | | | |
| | d Member nie Stewart-Young | 06 | - | | | | <u> </u> | | 0 | 0 | 0 |
| | d Member | 06 | x | | | | | | o | o | 0 |
| Tim | | - 00 | <u> </u> | | | | | | | | 0 |
| | Member | 06 | x | | | | | | О | o | o |
| | Shea | | - | | | | | | | | |
| Boar | Member | 06 | Х | | | | | | 0 | 0 | 0 |
| John | M Stephen | | | | | | | | | | |
| First | Vice-Chair | 06 | Х | | | | | | 0 | 0 | 0 |
| | A Taylor | | l | | | | | | | | |
| | Member | 06 | <u> </u> | | _ | | | <u> </u> | 0 | 0 | 0 |
| | o Smith | | , | | | | | | | | _ |
| | d Member is Sweet | 06 | | | _ | | ╁ | | 0 | 0 | 0 |
| | d Member | 0.6 | l _v | | | | | | o | 0 | o |
| | hristopher Wasington, PH.D. | 0.0 | <u> </u> | | | | 1 | | | <u> </u> | |
| | d Chair | 0.6 | Х | | | | ļ | | o | 0 | 0 |
| 1b | Total | | | | | | | > | 247,700 | | 3,385 |
| 2 | Total number of individuals (including those | in 1a) who rece | ived | mor | e tha | an \$1 | 100,0 | 00 ir | reportable con | npensation from | the |
| | organization ► 1 | | | | | | | | | | |
| | | | | | | | | | | (COT | Yes No |
| 3 | Did the organization list any former officer, | | | | | | | ighe | st compensated | ::: | *************************************** |
| | employee on line 1a? If "Yes," complete Sci | | | | | | | • | | 100 | X |
| 4 | For any individual listed on line 1a, is the su | | | | | | | | | | |
| | the organization and related organizations g | reater than \$15 | 0,00 | 0? If | "Ye | s, " c | ompl | ete S | Schedule J for si | uch | |
| _ | individual . | | | | • | • | | | • | · <u></u> | 1 X |
| 5 | Did any person listed on line 1a receive or a | | | | | | | | ganization for | ::: | |
| Soci | services rendered to the organization? If "Yoion B. Independent Contractors | es, complete Si | cnec | uie . | ior | sucr | per | son | • | <u> </u> | 5 X |
| 1 | Complete this table for your five highest con | nnensated inder | | ent o | contr | acto | re th | at rea | reived more tha | n \$100 000 of | |
| ' | compensation from the organization | iiperisated iiide | Jenu | ent t | JUITE | acio | 15 1116 | at i C | ceived inore tha | 11 \$ 100,000 01 | |
| | (A) | | | | | | | | (B) | | (C) |
| | Name and business a | ddress | | | | | | | Description of serv | rices (| Compensation |
| | R & R Construction 2873 Cle | veland Ave Colu | ımbı | us O | H 43 | 224 | | Gen | eral Contractor | | 226,805 |
| | | | | | | | | | | | 0 |
| | | | | | | | | | | | 0 |
| | | | | | | | | | | | 0 |
| | Total number of redeseration in the | | 4. | | | | | <u></u> | 0400.000 | | 0 |
| 2 | Total number of independent contractors (in | cluding those in | 1) V | vno r | ecei | ved | more | tnar | ni 000,000¢ r | | |

| Pan | . VIII | Statement of Revenue | | | | | | |
|--|--------|---|---------------------------------------|---------------|--|---|--------------|---|
| | | | | | (A) | (B) | (C) | (D) |
| | | | | | Total revenue | Related or | Unrelated | Revenue |
| | :::::: | | | | | exempt | business | excluded from |
| ::::::: | :::::: | | | | 1 | function | revenue | tax under sections |
| · · · · · · · · · · · · · · · · · · · | 4. | C. deserted as a series | 4- | | | revenue | ********** | 512, 513, or 514 |
| 캶 | 1a | , , | 1a | 0 | | | | |
| ara ou | b | Membership dues | 1b | 32,620 | | | | |
| S, Ç | С | Fundraising events . | 1c | 0 | | | | |
| # # . | d | Related organizations | 1d | 0 | | | | |
| Contributions, gifts, grants and other similar amounts | _ | Government grants (contributions) | . 1e | 0 | | | | |
| ons Sin | • | | | | | | | |
| utic er | r | All other contributions, gifts, grants, | | | | | | |
| 호두 | | similar amounts not included above | 1f | 364,573 | | | | |
| Contributions, and other sim | g | Noncash contributions included in li | nes 1a-1f: \$ | 146,841 | | | | |
| မှု ငြ | h | Total. Add lines 1a-1f | | • | 397,193 | | | |
| | | | | Business Code | | | | |
| Ž | 2- | DDOCBAM SEDVICES | | 900099 | 0.704.707 | | | |
| Š | 2a | PROGRAM SERVICES | | 900099 | 8,721,797 | | | |
| Program Service Revenue | b | | | | 0 | | | |
| ż | С | | | | 0 | | | L |
| ě | d | | | | 0 | | | |
| 8 | _ | | | | 0 | | | |
| ם | ءَ ا | All other program convenies | | - | | · · · · · · · · · · · · · · · · · · · | | |
| ğ | 1 | All other program service revenue | • | | | | | |
| | | Total. Add lines 2a–2f | | <u> Þ</u> | 8,721,797 | • | | |
| | 3 | Investment income (including divide | ends, interest, a | ind | | | | |
| | | other similar amounts) . | , | • | ۱ ، | | | |
| | 4 | Income from investment of tax-exer | not bond proco | ndo 🕨 | 0 | | | |
| | | | npi bona proce | eus . | <u> </u> | | | |
| | 5 | Royalties | | <u> </u> | 0 | | | |
| | | | (i) Real | (II) Personal | | | | |
| | 6a | Gross Rents . | | | | | | |
| | ь | Less: rental expenses | | | | | | |
| | c | Rental income or (loss) | | 0 0 | | | | |
| | | · · · · · · · · · · · · · · · · · · · | | <u> </u> | 7 | | | |
| | _d | Net rental income or (loss) | · · · · · · · · · · · · · · · · · · · | | <u> </u> | | | <u> </u> |
| | 7a | Gross amount from sales of | (i) Securities | (II) Other | | | | |
| | | assets other than inventory. | | 0 0 | | | | |
| | ь | Less cost or other basis | | | | | | |
| | | and sales expenses | | ol c | | | | |
| | _ ا | Gain or (loss) | | 0 0 | | | | |
| | | 7 | <u> </u> | | *************************************** | | | * • • • • • • • • • • • • • • • • • • • |
| | d | Net gain or (loss) | | | <u> </u> | | ********* | *********** |
| du | 8a | Gross income from fundraising | | | | | | |
| evenue | | events (not including \$ | 0 | | | | | |
| হূ | | of contributions reported on line 1c) | | 1 | | | | |
| في | l | See Part IV, line 18 | | 304,894 | | | | |
| <u>.</u> | . | | | | | | | |
| 육 | b | Less: direct expenses | | 91,712 | | | | • |
| Other | С | Net income or (loss) from fundraising | | <u> </u> | 213,182 | | | |
| | 9a | Gross income from gaming activitie | S | | | | | |
| | | See Part IV, line 19 | • | a [| L | | | [|
| | Ь | Less: direct expenses . | ı | | | | | |
| | c | Net income or (loss) from gaming a | ctivities . | | 0 | | | |
| | | | Clivilles . | · | | | | |
| | Iva | Gross sales of inventory, less | | | | | | |
| | | returns and allowances | • | · | | | | |
| | b | Less. cost of goods sold | |) (| | | | |
| | C | Net income or (loss) from sales of it | nventorv | . • | 0 | | | |
| | | Miscellaneous Revenue | | Business Code | | | | |
| | 11a | | | | f | | | F::::::::::::::::::::::::::::::::::::: |
| | | | | | 0 | | | |
| 1 | ь | | | } | 0 | | | |
| | C | | | ļ | 0 | | ļ | |
| | d | All other revenue . | | | 0 | L | | _ |
| | e | Total. Add lines 11a-11d . | | | n | | | |
| | 12 | Total Revenue. Add lines 1h, 2g, 3 | 4 5 6d 7d 8 | | | | | |
| | '- | 9c, 10c, and 11e | | | 0.000.470 | · | | |
| | ı | ਡੁ੮, ਜ਼ਹੁ੮, and ਜਦ | | | 9,332,172 | l 0 | 0 | 0 |

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

| <u>` </u> | All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D). | | | | | | | | | | |
|--|--|-----------------------|---------------------------------------|-------------------------------------|---------------------------------------|--|--|--|--|--|--|
| | not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses | | | | | | |
| 1 | Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 | 0 | | | | | | | | | |
| 2 | Grants and other assistance to individuals in | | | | | | | | | | |
| | the U.S. See Part IV, line 22 . | 0 | | | | | | | | | |
| 3 | Grants and other assistance to governments, | | | | | | | | | | |
| | organizations, and individuals outside the | | | | | | | | | | |
| | U.S. See Part IV, lines 15 and 16 . | 0 | | | | | | | | | |
| 4 | Benefits paid to or for members | 0 | | | | | | | | | |
| 5 | Compensation of current officers, directors, | | | | | | | | | | |
| | trustees, and key employees | 162,285 | 142,928 | 19,357 | | | | | | | |
| 6 | Compensation not included above, to disqualified | | | 10,007 | | | | | | | |
| | persons (as defined under section 4958(f)(1)) and | | | | | | | | | | |
| | persons described in section 4958(c)(3)(B) | 0 | | | | | | | | | |
| 7 | Other salaries and wages | 3,445,168 | 3,034,227 | 410,940 | | | | | | | |
| 8 | Pension plan contributions (include section 401(k) | 3,140,100 | 0,007,227 | 410,940 | | | | | | | |
| | and section 403(b) employer contributions) | | • | | | | | | | | |
| 9 | Other employee benefits . | 338,703 | | 40,401 | | | | | | | |
| 10 | Payroll taxes | 366,229 | 322,546 | 43,683 | | | | | | | |
| 11 | Fees for services (non-employees): | | } | | | | | | | | |
| a | Management | 0 | | | | | | | | | |
| b | Legal | 21,713 | | 2,590 | | | | | | | |
| C | Accounting | 96,486 | 84,977 | 11,509 | | | | | | | |
| d | Lobbying | 0 | | | | | | | | | |
| e | Professional fundraising services See Part IV, line 17 | | | | | | | | | | |
| f | Investment management fees | 0 | | | | | | | | | |
| g | Other | 3,313,252 | | 395,205 | | | | | | | |
| 12 | Advertising and promotion | 55,732 | | 6,648 | | | | | | | |
| 13 | Office expenses | 318,595 | | | | | | | | | |
| 14 | Information technology | 107,445 | · · · · · · · · · · · · · · · · · · · | 12,816 | · · · · · · · · · · · · · · · · · · · | | | | | | |
| 15 | Royalties | 0 | | | ··· | | | | | | |
| 16 | Occupancy . | 637,835 | | 76,081 | | | | | | | |
| 17 | Travel | 146,882 | 129,362 | 17,520 | | | | | | | |
| 18 | Payments of travel or entertainment expenses | | | | | | | | | | |
| 40 | for any federal, state, or local public officials | 57.047 | | 0.040 | | | | | | | |
| 19 | Conferences, conventions, and meetings | 57,947 | | 6,912 | | | | | | | |
| 20 21 | Payments to affiliates | 85,665 0 | | 10,218 | | | | | | | |
| 22 | Depreciation, depletion, and amortization | 334,067 | | 0 | 0 | | | | | | |
| 23 | Insurance | 38,541 | | 39,847 | 0 | | | | | | |
| 24 | Other expenses Itemize expenses not | JU,J41 | 33,344 | 4,597 | | | | | | | |
| | covered above (Expenses grouped together | | | | | | | | | | |
| | and labeled miscellaneous may not exceed | | | | | | | | | | |
| | 5% of total expenses shown on line 25 below) | | | | | | | | | | |
| а | Equipment Rental/Maintenance | 22,132 | 19,492 | 2,640 | | | | | | | |
| b | Training/Technical Assistance | 44,420 | · · · · · · · · · · · · · · · · · · · | 5,299 | | | | | | | |
| С | Dues/Memberships | 36,956 | | 4,408 | | | | | | | |
| d | Donations | 750 | | 89 | _ | | | | | | |
| е | Food | 89,300 | 78,675 | 10,625 | | | | | | | |
| f | All other expenses Miscellaneous | 83,428 | | | | | | | | | |
| <u>25</u> | Total functional expenses. Add lines 1 through 24f | 9,803,531 | 8,623,221 | 1,180,310 | 0 | | | | | | |
| 26 | Joint Costs. Check here ► If following | | | | | | | | | | |
| | SOP 98-2 Complete this line only if the organization | | | | | | | | | | |
| | reported in column (B) joint costs from a combined | | | | | | | | | | |
| | educational campaign and fundraising | | | | | | | | | | |
| | solicitation | | | | | | | | | | |
| | | | | | Form 990 (2008) | | | | | | |

| | | | | (A) Beginning of year | | En | (B) d of year | |
|--------------------|----------|--|--------------|--------------------------|----------|---|------------------|-----------------|
| | 1 | Cash–non-interest-bearing | | 315,787 | 1 | | | 70,631 |
| | 2 | Savings and temporary cash investments | | 010,707 | 2 | | | 10,001 |
| | 3 | Pledges and grants receivable, net | | 1,453,310 | | · · · · · · · | 1 2 | 55,626 |
| | 4 | Accounts receivable, net | • • | 1,400,010 | 1 | | 1,2, | 0_00 |
| | 5 | Receivables from current and former officers, directors, tru | stees kev | | 1 | | | |
| | | employees, or other related parties. Complete Part II of So | | 0 | 5 | | | 0 |
| | 6 | Receivables from other disqualified persons (as defined up | | | | | | ::::: <u>:</u> |
| | | 4958(f)(1)) and persons described in section 4958(c)(3)(B) | | | | | | |
| | | Part II of Schedule L | | 0 | 6 | [| ••••• | 0 |
| ध | 7 | Notes and loans receivable, net | | 0 | | | | 0 |
| Assets | 8 | Inventories for sale or use . | | | 8 | | | |
| ¥ | 9 | Prepaid expenses and deferred charges . | | 76,786 | _ | | 1 | 12,501 |
| | 10a | Land, buildings, and equipment: cost basis 10a | 4,463,477 | | | | | |
| | b | Less accumulated depreciation Complete | , | | | | | |
| | | Part VI of Schedule D 10b | 2,307,198 | 2,213,846 | 10c | [| 2.15 | 6,279 |
| | 11 | Investments-publicly traded securities | | 0 | | | | 0 |
| | 12 | Investments-other securities. See Part IV, line 11 . | | 0 | 12 | | | 0 |
| | 13 | Investments-program-related. See Part IV, line 11 | | 0 | | | | 0 |
| | 14 | Intangible assets | | | 14 | | | |
| | 15 | Other assets See Part IV, line 11 | | 0 | 15 | | - | 10,823 |
| | 16 | Total assets. Add lines 1 through 15 (must equal line 34) | | 4,059,729 | 16 | | 3,70 | 05,860 |
| | 17 | Accounts payable and accrued expenses | | 894,395 | | | 1,03 | 35,313 |
| | 18 | Grants payable | | | 18 | | | |
| | 19 | Deferred revenue | | 26,830 | 19 | | | 30,822 |
| | 20 | Tax-exempt bond liabilities . | | 0 | 20 | | | 0 |
| Liabilities | 21 | Escrow account liability Complete Part IV of Schedule D | • | **************** | 21 | ******** | ****** | ***** |
| ١ | 22 | Payables to current and former officers, directors, trustees | - |) | | | | |
| jak | | employees, highest compensated employees, and disqual | ified | | | | | |
| _ | | persons. Complete Part II of Schedule L | | 0 | | | | 0 |
| | 23 | Secured mortgages and notes payable to unrelated third p | arties . | 1,035,389 | | | 1,00 | 07,969 |
| | 24 25 | Unsecured notes and loans payable | • | 0 | | | | 0 |
| | 25 26 | Other liabilities Complete Part X of Schedule D Total liabilities. Add lines 17 through 25 | | 1.056.614 | 25 26 | | 2.0 | 0 |
| | 20 | | <u> </u> | 1,956,614 | 20 | | 2,0 | 74,104 |
| တ္တ | | Organizations that follow SFAS 117, check here | and | | | | :::::::: | |
| ĕ | | complete lines 27 through 29, and lines 33 and 34. | | | :::::: | } : : : : : : : : : : : : : : : : : : : | ::::::: | :::::: |
| Balances | 27 | Unrestricted net assets | | 702,463 | | | | 36,241 |
| | 28 | Temporarily restricted net assets | • | 1,400,652 | | | 1,24 | \$5,51 <u>5</u> |
| Š | 29 | Permanently restricted net assets . | | | 29 | • • • • • • • • • | | |
| Ľ. | | Organizations that do not follow SFAS 117, check here | | | | | | |
| o s | | and complete lines 30 through 34. | | | | | | |
| Net Assets or Fund | 30 | Capital stock or trust principal, or current funds | | | 30 | | | |
| Asi | 31 | Paid-in or capital surplus, or land, building, or equipment for | | | 31 | | | |
| et et | 32 | Retained earnings, endowment, accumulated income, or o | ther funds . | | 32 | | | |
| | 33 | Total net assets or fund balances | | 2,103,115 | | | | 31 <u>,</u> 756 |
| | 34 | Total liabilities and net assets/fund balances | <u> </u> | 4,059,729 | 34 | | 3,70 | 05,860 |
| Fa | rt XI | Financial Statements and Reporting | | | | | T w | T |
| 1 | ۸۵ | counting method used to prepare the Form 990: Cash | X Accru | ual Other | | •••• | Yes | No |
| 2 | | • | | | | 1::: | :::::: | |
| Zá k | | ere the organization's financial statements compiled or revie ere the organization's financial statements audited by an inc | | | • | 22 | | X |
| | | Yes" to lines 2a or 2b, does the organization have a commi | • | | iaht of | 2t | <u> </u> | |
| , | | dit, review, or compilation of its financial statements and sel | | , , | ngrit Ol | 20 | . x | |
| 3a | | a result of a federal award, was the organization required to | | | in . | 20 | | |
| - | | e Single Audit Act and OMB Circular A-133? | · · · · | | | . 3a | , x | |
| k | | Yes," did the organization undergo the required audit or aud | | | | 3t | | |
| | | | | | | | | |

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

▶ Attach to Form 990 or Form 990-EZ. See separate instructions.

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

THE COLUMBUS URBAN LEAGUE, INC 31-4379453 Reason for Public Charity Status (All organizations must complete this part.) (see instructions) The organization is not a private foundation because it is: (Please check only one organization) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H) 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state. 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 described in section 170(b)(1)(A)(vi). (Complete Part II) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 9 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4), (see instructions) 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the 11 purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h a Type I b Type II c Type III-Functionally integrated e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the g following persons? A person who directly or indirectly controls, either alone or together with persons described in (ii) Yes Nο and (iii) below, the governing body of the supported organization? . . . 11g(i) A family member of a person described in (i) above?. 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the organizations the organization supports. (III) Type of organization (iv) is the organization (VII) Amount of (vi) Is the (v) Did you notify (I) Name of supported (II) EIN (described on lines 1-9 in col (i) listed in your the organization in organization in col support organization col.(i) of your (I) organized in the above or IRC section governing document? (see instructions)) support? Yes No Yes Yes Nο 0 0 0 0 0

Total

O

| Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total Add lines 1-3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | Page 2 otal 12,757 0 12,757 |
|---|---------------------------------|
| (Complete only if you checked the box on line 5, 7, or 8 of Part I) Section A. Public Support Calendar year (or fiscal year beginning in) ► (a) 2004 (b) 2005 (c) 2006 (d) 2007 (e) 2008 (f) 1 I Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants."). 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 0 0 0 0 The value of services or facilities furnished by a governmental unit to the organization without charge 0 0 0 0 4 Total Add lines 1-3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | 0 |
| Section A. Public Support Calendar year (or fiscal year beginning in) 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total Add lines 1-3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | 0 |
| Calendar year (or fiscal year beginning in) (a) 2004 (b) 2005 (c) 2006 (d) 2007 (e) 2008 (f) 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants."). Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. The value of services or facilities furnished by a governmental unit to the organization without charge. Total Add lines 1-3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | 0 |
| 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge . 4 Total Add lines 1-3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | 0 |
| membership fees received (Do not include any "unusual grants.") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total Add lines 1-3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | 0 |
| Include any "unusual grants.") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total Add lines 1-3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 2,736,739 2,682,110 3,052,459 3,052,459 9,118,990 20,6 2,736,739 2,682,110 3,052,459 3,052,459 9,118,990 20,6 | 0 |
| Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total Add lines 1-3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | 0 |
| benefit and either paid to or expended on its behalf 0 0 0 0 The value of services or facilities furnished by a governmental unit to the organization without charge 0 0 0 0 0 Total Add lines 1-3 2,736,739 2,682,110 3,052,459 3,052,459 9,118,990 20,6 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | 0 |
| Its behalf 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | 0 |
| The value of services or facilities furnished by a governmental unit to the organization without charge. Total Add lines 1-3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | 0 |
| furnished by a governmental unit to the organization without charge 0 0 0 0 0 4 Total Add lines 1-3 2,736,739 2,682,110 3,052,459 3,052,459 9,118,990 20,6 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | |
| organization without charge 0 0 0 0 0 4 Total Add lines 1-3 2,736,739 2,682,110 3,052,459 3,052,459 9,118,990 20,6 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | |
| Total Add lines 1-3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | |
| The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | 1 <u>2,757</u> |
| person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | |
| or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | |
| included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | |
| amount shown on line 11, column (f) | |
| | |
| 6 Public support. Subtract line 5 from line 4 20,6 | 2,757 |
| Section B. Total Support | , |
| Calendar year (or fiscal year beginning in) ➤ (a) 2004 (b) 2005 (c) 2006 (d) 2007 (e) 2008 (f) T | otal |
| | 2,757 |
| 8 Gross income from interest, dividends, | 2,737 |
| payments received on securities loans, | |
| rents, royalties and income from similar | |
| sources <u>34,999</u> 17,594 727 531 | 3,851 |
| 9 Net income from unrelated business | |
| activities, whether or not the business is | |
| regularly carried on | 0 |
| 10 Other income Do not include gain or | |
| loss from the sale of capital assets | |
| (Explain in Part IV) | 0 |
| | 6,608 |
| | |
| 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) | |
| organization, check this box and stop here | <u> </u> |
| Section C. Computation of Public Support Percentage | |
| Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) 14 | 9 74% |
| | <u> 26%</u> |
| 16a 33 1/3% support test-2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this | |
| and stop here. The organization qualifies as a publicly supported organization | ► X |
| b 33 1/3% support test-2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check | this |
| box and stop here. The organization qualifies as a publicly supported organization | ▶ □ |
| 17a 10%-facts-and-circumstances-test-2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% | |
| or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV h | <u>"</u> , |
| the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b. 10%-facts-and-circumstances test. 2007. If the organization did not shock a box on two 13, 15c, 15b, or 17c, and time 15. | 1000 |
| b 10%-facts-and-circumstances test-2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is | |
| or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV I | ∞ |
| the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization | - ∐ |
| Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions | ▶ ∐ |
| Schadula A (Form 990 or 990) | |

| I al | (Complete only if you shocked t | | | 1011 309(a)(z) | ! | | |
|------|--|----------------|-----------------|----------------|-----------------|----------------|-----------------|
| Sac | (Complete only if you checked t tion A. Public Support | ne box on line | 9 OF Part 1 | | | | |
| | endar year (or fiscal year beginning in) | (a) 2004 | (h) 2005 | (0) 2000 | 141.0007 | (-) 2000 | If) Tatal |
| 1 | Gifts, grants, contributions, and | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (f) Total |
| • | membership fees received. (Do not | | | | | | |
| | include any "unusual grants ") | 0 | ol | ol | | | 0 |
| | • | | | | · | | |
| 2 | Gross receipts from admissions, merchandise | 1 | | 1 | | | |
| | sold or services performed, or facilities furnished | | | | | | |
| | in any activity that is related to the | | ا | | | | _ |
| 2 | organization's tax-exempt purpose | 0 | 0 | 0 | | | 0 |
| 3 | Gross receipts from activities that are not an | | İ | | | | • |
| 4 | unrelated trade or business under section 513 | | | | | - | 0 |
| 4 | Tax revenues levied for the organization's benefit and either paid to or expended on | | | | | | |
| | its behalf | o | ol | 0 | | İ | 0 |
| 5 | The value of services or facilities | - | | | | | |
| • | furnished by a governmental unit to the | ļ . | | | | | |
| | organization without charge . | l ol | ol | o | | | 0 |
| 6 | Total. Add lines 1-5 | O | | 0 | 0 | 0 | 0 |
| 7a | Amounts included on lines 1, 2, and 3 | | | | | | |
| | received from disqualified persons. | | | | | | 0 |
| b | Amounts included on lines 2 and 3 | | | | | | |
| | received from other than disqualified | | | | | | |
| | persons that exceed the greater of 1% | | | | | | |
| | of the total of lines 9, 10c, 11, and 12 for | | | | | 1 | _ |
| | the year or \$5,000 | | | | | | 0 |
| _ | Add lines 7a and 7b | 0 | 0 | 0 | 0 | 0 | 0 |
| 8 | Public support (Subtract line 7c from | | | ********** | ******** | ****** | |
| 200 | line 6.) | | | | | | 0 |
| | endar year (or fiscal year beginning in) | _(a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (f) Total |
| 9 | Amounts from line 6 | (a) 2004 0 | (b) 2005 0 | (6) 2000 | (u) 2007 | | (1) Total 0 |
| | Gross income from interest, dividends, | | | | | | |
| | payments received on securities loans, | | | | | | |
| | rents, royalties and income from similar | | | | | | |
| | sources . | | | | | | 0 |
| b | Unrelated business taxable income (less | | | | | | |
| | section 511 taxes) from businesses | | | | | | |
| | acquired after June 30, 1975 | | | | | | 0 |
| | Add lines 10a and 10b . | 0 | 0 | 0 | 0 | 0 | 0 |
| 11 | Net income from unrelated business | | |) | | | |
| | activities not included in line 10b, | | | i | | | |
| | whether or not the business is regularly | | | | | | • |
| 12 | carried on Other income Do not include gain or | | | | | | 0 |
| 12 | loss from the sale of capital assets | | ļ | Į | | į | |
| | (Explain in Part IV) | o | 0 | 0 | | | o |
| 13 | Total support. (Add lines 9, 10c, 11, | <u> </u> | ——— | | | | |
| . • | and 12) | | | | | | 0 |
| 14 | First five years. If the Form 990 is for the org | | | | | section 501(c) | |
| | organization, check this box and stop here | • | | • | | | (°) |
| Sec | tion C. Computation of Public Support | | | | | - | |
| 15 | Public support percentage for 2008 (line 8, co | | d by line 13 co | olumn (fl) | | 15 | 0 00% |
| 16 | Public support percentage from 2007 Schedu | | • | | • | 16 | 0 00% |
| | tion D. Computation of Investment Inc | | | | · · | | |
| 17 | Investment income percentage for 2008 (line | | | e 13. column (| f), , , , | 17 | 0 00% |
| 18 | Investment income percentage from 2007 Sc | | | | | 18 | 0.00% |
| 19a | · · · · · · · · · · · · · · · · · · · | | | | ie 15 is more t | | |
| | not more than 33 1/3%, check this box and s | | | | | | . ▶□ |
| b | 33 1/3% support tests-2007. If the organization d | | - | | | - | |
| | line 18 is not more than 33 1/3%, check this box a | | | | | | ▶ □ |
| 20 | Private foundation. If the organization did no | | - | | | - | _s ⊢⊟ |
| | | DOX \ | | ., 200, 0100 | | | <u> </u> |

| | 990 or 990-EZ) 2008 | THE COLUMBUS | URBAN LEAGUE | E, INC | | 31-4379453 | Page 4 |
|---------|---|----------------------|--------------------|---|-----------------------------------|----------------------|--------------|
| Part IV | | nformation. Con | plete this part to | o provide the explai | | by Part II, line 10, | |
| | Part II, IIIIe 17a (| or 170, or Part III, | line 12 Provide | any other addition | ai information (| see instructions) | |
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SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047 2008

Department of the Treasury Internal Revenue Service Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Open to Public Inspection

Name of the organization Employer identification number THE COLUMBUS URBAN LEAGUE, INC. 31-4379453 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6 (b) Funds and other accounts. 1 Total number at end of year . . . 2 Aggregate contributions to (during year) Aggregate grants from (during year) . . 4 Aggregate value at end of year. Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit?. Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Protection of natural habitat Preservation of certified historic structure Preservation of open space Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Year Total number of conservation easements. 2a Total acreage restricted by conservation easements . 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization 3 during the taxable year Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and 5 enforcement of the conservation easements it holds? 6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year 7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art. historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X. If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items: a Revenues included in Form 990, Part VIII, line 1 . . . **b** Assets included in Form 990, Part X.

| Part | Organizations Maintainin | g Collections of Art, His | torical Treasures | , or Other Similar A | Assets (continued) | | | | | |
|----------|--|---|------------------------------------|---|-------------------------|--|--|--|--|--|
| 3 | Using the organization's accession | and other records, check a | ny of the following th | nat are a significant us | se of its collection | | | | | |
| - | items (check all that apply). | and other records, errook a | in y or the lenething th | rat are a organicant at | | | | | | |
| а | Public exhibition | d [| Loan or exchang | e programs | | | | | | |
| b | Scholarly research | e [| Other | o programo | | | | | | |
| c | Preservation for future gener | _ |] 0 | • | | | | | | |
| | | | | | | | | | | |
| 4 | Part XIV | | | | | | | | | |
| 5 | During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No | | | | | | | | | |
| Part | | | | | | | | | | |
| Part | Trust, Escrow and Custo Part IV, line 9, or reported | ——————————————————————————————————————— | | ion answered "Yes" | to Form 990, | | | | | |
| 1a | Is the organization an agent, trusted | | ediary for contribution | ons or other assets no | ot | | | | | |
| | included on Form 990, Part X? | | | | | | | | | |
| b | If "Yes," explain the arrangement in | Part XIV and complete the | following table: | | | | | | | |
| | | | | | Amount | | | | | |
| С | Beginning balance . | | | 1c | | | | | | |
| d | Additions during the year | | • | 1d | | | | | | |
| е | Distributions during the year . | • | • • | 1e | | | | | | |
| f | Ending balance . | | • | 1f | 0 | | | | | |
| 2a | Did the organization include an ame | ount on Form 990, Part X, I | ine 21? | | Yes X No | | | | | |
| b | If "Yes," explain the arrangement in | | | | | | | | | |
| Part | V Endowment Funds. Com | plete if organization answ | vered "Yes" to For | m 990, Part IV, line | 10 | | | | | |
| | | (a) Current year (b) Pro | oryear (c) Two yea | rs back (d) Three years b | ack (e) Four years back | | | | | |
| 1a | Beginning of year balance . | | | | **** | | | | | |
| b | Contributions | 10,823 | | | | | | | | |
| С | Investment earnings or losses | | | | | | | | | |
| d | Grants or scholarships | | | | | | | | | |
| е | Other expenditures for facilities | | | | | | | | | |
| | and programs . | | | | | | | | | |
| f | Administrative expenses | | | | | | | | | |
| g | End of year balance . | 10,823 | | | | | | | | |
| 2 | Provide the estimated percentage of | - | d as | | | | | | | |
| а | Board designated or quasi-endown | ent • 100% | | | | | | | | |
| b | Permanent endowment | <u></u> % | | | | | | | | |
| С | Term endowment | <u>%</u> | | | | | | | | |
| 3a | Are there endowment funds not in t | he possession of the organ | ization that are held | and administered for | | | | | | |
| | organization by | | | | Yes No | | | | | |
| | (i) unrelated organizations | | | | 3a(i) X | | | | | |
| | (ii) related organizations | | | | 3a(ii) X | | | | | |
| ь | If "Yes" to 3a(ii), are the related org | | | | 3b | | | | | |
| 4 | Describe in Part XIV the intended u | | | | | | | | | |
| Part | | | T | | · · · · · · · · · | | | | | |
| | Description of investment | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Depreciation | (d) Book value | | | | | |
| 1a | Land | 0 | 69,900 | | 69,900 | | | | | |
| þ | Buildings | 0 | 2,800,093 | 1,192,583 | 1,607,510 | | | | | |
| C | Leasehold improvements . | 0 | . 0 | 0 | 0 | | | | | |
| d | Equipment . | 0 | | 0 | 0 | | | | | |
| <u>e</u> | Other . | 0 | . 1000, 10 1 | 1,114,615 | 478,869 | | | | | |
| Total | . Add lines 1a-1e. (Column (d) shou | ld equal Form 990, Part X, | column (B), line 10(| c).) | 2,156,279 | | | | | |

| Schedule D (Form 990) 2008 | | | Page 3 |
|---|---------------------------------------|--|----------------|
| Part VII Investments—Other Securities | . See Form 990, Part X, | line 12. | |
| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valua Cost or end-of-year ma | |
| Financial derivatives and other financial products . | 0 | | |
| Closely-held equity interests | 0 | | |
| Other | 0 | | |
| | 0 | | |
| | 0 | | |
| | 0 | | |
| | 0 | | |
| | 0 |) | |
| | 0 | | |
| | 0 | | |
| | | | |
| | 0 | | |
| Total (Column (b) should equal Form 990, Part X, col (B) line 12) | | | |
| Part VIII Investments—Program Related | J. See Form 990, Part X | , line 13 | |
| (a) Description of investment type | (b) Book value | (c) Method of value | |
| | | Cost or end-of-year ma | irket value |
| | 0 | | |
| | 0 | | |
| | 0 | | |
| | 0 | | |
| | 0 | | |
| | | | |
| | 0 | | |
| | 0 | | |
| | 0 | | |
| Total (Column (b) should equal Form 990, Part X, col (B) line 13) | 0 | | ********** |
| Part IX Other Assets. See Form 990, P. | ort V June 15 | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | |
| | Description | · · · · · · · · · · · · · · · · · · · | (h) Book volue |
| | Description | | (b) Book value |
| Endowment | | | 10,823 |
| | | | 0 |
| | | | 0 |
| | | | 0 |
| | | | 0 |
| | | | 0 |
| | | | 0 |
| | | | 0 |
| | · · · · · · · · · · · · · · · · · · · | | 0 |
| Total. (Column (b) should equal Form 990, Part X, | col. (B) line 15.) | • | 10,823 |
| Part X Other Liabilities. See Form 990 | | · · · · · · | 10,020 |
| (a) Description of liability | (b) Amount | | |
| Federal income taxes | (2) modili | 0 | |
| Tederal medine taxes | | 0 | |
| | ··· | 0 | |
| | | 0 | |
| | | 0 | |
| | · | | |
| | | 0 | |
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| | | 0 | |
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| | | | |
| Total (Column (b) should equal Form 990, Part X, col (B) line 25) | | | |
| , (o) onosio oquari omi soo, i ait A, tui (o) ililo tu) | | | |

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

| • | THE COLUMBUS URBAN LEAGUE, INC | 31-4379453 |
|------------------|--------------------------------------|---|
| Schedule D (Form | 990) 2008 | Page 5 |
| Part XIV | Supplemental Information (continued) | · - · · · · · · · · · · · · · · · · · · |
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SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

20**08**

Open To Public Inspection

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a

| Name of the organization Employer Identification number | | | | | | | | | |
|---|------------------|------------|---|-----------------------------------|---|---|--|--|--|
| THE COLUMBUS URBAN LEAGUE, INC 31-4379453 | | | | | | | | | |
| Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. | | | | | | | | | |
| Indicate whether the organization raised funds through any of the following activities. Check all that apply a Mail solicitations e Solicitation of non-government grants b Email solicitations f Solicitation of government grants | | | | | | | | | |
| c Phone solicitations g Special fundraising events d In-person solicitations | | | | | | | | | |
| 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees | | | | | | | | | |
| b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table | | | | | | | | | |
| (i) Name of individual or entity (fundraiser) | (II) Activity | | draiser have r control of utions? | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col (i) | (vi) Amount paid to (or retained by) organization | | | |
| Yes No | | | | | | | | | |
| | | | | | | | | | |
| 0 0 | | | | | | | | | |
| 0 0 | | | | | | | | | |
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| | | | | 0 | 0 | 0 | | | |
| | | | | 0 | 0 | 0 | | | |
| | | | | 0 | 0 | 0 | | | |
| Total | | | • | 0 | 0 | 0 | | | |
| 3 List all states in which the organizat registration or licensing | on is registered | or license | d to solicit | funds or has been | notified it is exemp | | | | |
| ОН | | | | | | | | | |
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| Pa | rt II | | s. Complete if the orga on Form 990-EZ, line 6 | inization answered "Yes a. List events with gros | | |
|-----------------|--------|---|--|---|------------------------------------|--|
| | | | (a) Event #1 EOD Luncheon (event type) | (b) Event #2 Jrban League Sundar (event type) | (c) Other Events 2 (total number) | (d) Total Events (Add col (a) through col (c)) |
| Revenue | 1 2 | Gross receipts Less: Charitable | 260,830 | 17,568 | 26,496 | 304,894 |
| å | 3 | contributions Gross revenue (line 1 | 0 | 0 | 0 | 0 |
| | | minus line 2) | 260,830 | 17,568 | 26,496 | 304,894 |
| | 4 | Cash prizes . | 0 | 0 | 0 | 0 |
| enses | 5 | Non-cash prizes | 0 | <u> </u> | 0 | 0 |
| Direct Expenses | 6 | Rent/facility costs | 24,889 | 0 | 0 | 24,889 |
| Dire | 7 | Other direct expenses | 41,259 | 1,468 | 24,096 | 66,823 |
| | 8 9 | Direct expense summary. Net income summary Cor | | | | (91,712) 213,182 |
| Pai | t III | Gaming. Complete than \$15,000 on Fo | | wered "Yes" to Form 99 | 00, Part IV, line 19, or r | eported more |
| Revenue | | | (a) Bingo | (b) Pull tabs/Instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (Add col (a) through col (c)) |
| Re | _1_ | Gross revenue | | | | 0 |
| ses | 2 | Cash prizes | | | | 0 |
| Direct Expenses | 3 | Non-cash prizes | | | | 0 |
| Jirect | 4 | Rent/facility costs | | | | 0 |
| | 5 | Other direct expenses | | | | 0 |
| | 6 | Volunteer labor | Yes | Yes% | Yes % | |
| | 7 | Direct expense summary. | Add lines 2 through 5 in a | column (d) | | (0) |
| | 8 | Net gaming income summ | ary Combine lines 1 and | 7 ın column (d) | | 0 |
| 9 a b | Is | nter the state(s) in which the the organization licensed to 'No," Explain | | | | Yes No |
| 10a b | | ere any of the organization' 'Yes," Explain: | s gaming licenses revoke | ed, suspended or terminat | ed during the tax year? | 10a |
| 11 12 | Is | pes the organization operate the organization a grantor, | beneficiary or trustee of a | | artnership or other entity | 11 |

| raue |
|------|
|------|

| | | | | | res | l b | 10 |
|-----|--|-----------|---|----------|----------------|--------------|------|
| 13 | Indicate the percentage of gaming activity operated in | | | | | 2:: | - |
| | · · · · · · · · · · · · · · · · · · · | | | | | • | |
| а | The organization's facility | 13a | | % | | • | *** |
| b | An outside facility | 13b | | % | | F:: | ::: |
| | | | | <u> </u> | | ::: | ::: |
| 14 | Provide the name and address of the person who prepares the organization's gamin | a/spec | ial events books | | | ::: | ::: |
| | | J P | | | ::::: | t:: | ::: |
| | and records | | | | | E | ::: |
| | | | | | | E : : | • |
| | | | | | | F:: | ::: |
| | Name ▶ | | | :::::: | | ; ; ; | ::: |
| | | | | | | ::: | ::: |
| | | | | | | ::: | ::: |
| | Address > | | | | ::::: : | t:: | ::: |
| | | | | | | E :: | ::: |
| | | | | | | E : : | ::: |
| 15a | Does the organization have a contract with a third party from whom the organization | receive | es gaming | | | E : : | |
| | revenue? | | oo gammig | | | ŗ., | ••• |
| | ******** | | | 15a | | <u>L</u> | |
| h | If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ | | and the | | | ::: | |
| ~ | | . | and the | | t::::: | t:: | ::: |
| | amount of gaming revenue retained by the third party ▶ \$ | | | | | E :: | ::: |
| _ | If "Yes," enter name and address | | | | | === | ::: |
| C | n res, enter name and address | | | :::::: | | F = = | ::: |
| | | | | :::::: | | | ::: |
| | | | | | | ::: | ::: |
| | Name ▶ | | | | | ::: | ::: |
| | | | | | :::::: | t:: | ::: |
| | | | | | | | ::: |
| | Address ▶ | | | | | EEE | ::: |
| | | | | | | | |
| | | | | | | | ::: |
| 16 | Gaming manager information | | | | | ;:: | ::: |
| | | | | | | ::: | ::: |
| | | | | | | t:: | ::: |
| | | | | | | E :: | ::: |
| | Name ▶ | | | | | | ::: |
| | | | | | | EEE | ::: |
| | | | | | | | *** |
| | Gaming manager compensation ▶ \$ 0 | | | | | F:: | ::: |
| | Carring manager compensation is a contraction | | | :::::: | | ::: | ::: |
| | | | | :::::: | ::::: | ::: | ::: |
| | Description of services provided | | | | | ::: | ::: |
| | Description of services provided | | · • • • • • • • • • • • • • • • • • • • | | | ::: | ::: |
| | | | | | | ::: | ::: |
| | Director/officer Employee Independent contract | | | | | • | ::: |
| | | ctor | | | | | • |
| | | | | :::::: | F::::: | F:: | ::: |
| 47 | Mandatan distributions | | | :::::: | F::::: | ::: | ::: |
| 17 | Mandatory distributions | | | :::::: | ::::: | ::: | ::: |
| а | Is the organization required under state law to make charitable distributions from the | gamin | a proceeds to | | ::::: | ::: | ::: |
| ~ | | • | a processes to | | þiiii | ۴٠٠ | ••• |
| | retain the state gaming license? | | | 17a | | l | |
| b | Enter the amount of distributions required under state law distributed to other exemp- | organ | izatione or enout | | ::::: | | |
| U | | organ | nzations of spent | | E | ::: | ::: |
| | in the organization's own exempt activities during the tax year ▶\$ | | | :::::: | F::::: | ::: | :::: |
| | | | Schodulo C / | | | | |
| | | | Schodula C / | 000 m | ar bon i | . 7N 9 | mno |

SCHEDULE J (Form 990)

Department of the Treasury

ın Part III

Internal Revenue Service

Compensation Information

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

Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization Employer identification number THE COLUMBUS URBAN LEAGUE, INC. 31-4379453 **Questions Regarding Compensation** Part I 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in 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 Discretionary spending account Personal services (e.g., maid, chauffeur, chef) If line 1a is 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 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all 2 officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? 2 3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply X Written employment contract Compensation committee X Compensation survey or study Independent compensation consultant Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed in Form 990, Part VII, Section A, line 1a. Receive a severance payment or change of control payment? а 4a Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b 4c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8. 5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of The organization? 5a Any related organization? 5b If "Yes" to line 5a or 5b, describe in Part III. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any 6 compensation contingent on the net earnings of The organization? а 6a Any related organization? 6b If "Yes" to line 6a or 6b, describe in Part III 7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes." describe in Part III 7 8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was

subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes." describe

Schedule J (Form 990) 2008

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed. Part II

For each individual whose compensation must be reported in 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 are not listed on Form 990, Part VII

Note. The sum of columns (B)(I)—(III) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

| | | (B) Breakdown of | of W-2 and/or 1099-MISC | SC compensation | | | | |
|--|--------------|------------------|-------------------------|----------------------------|---------------|----------------|----------------------|------------------------------------|
| (A) Name | | 1 | (ii) Bonus & incentive | (III) Other | (C) Deferred | (D) Nontaxable | (E) Total of columns | (F) Compensation reported in prior |
| | | compensation | compensation | reportable compensation | - Designation | Siego | (n)-(i)(a) | Form 990 or Form 990-EZ |
| | € | 130,000 | 19,500 | 4,400 | 5,000 | 0 | 158,900 | 151,689 |
| WILLIAM E HARRELL, JR | € | | 0 | | 0 | 0 | 0 | 0 |
| | (<u>!</u>) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (!) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Annual Control of the | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | Ξ | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | Ξ | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | Ξ | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | € | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | Ξ | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | € | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | Ξ | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | ε | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
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| | € | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | Ξ | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (E) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | Ξ | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | Ξ | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | Ξ | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | € | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | Ξ | 0 | 0 | 0 | 0 | O | 0 | 0 |
| | € | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | € | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | € | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
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| | € | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | € | 0 | O | 0 | 0 | 0 | 0 | 0 |
| | € | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

Schedule J (Form 990) 2008

31-4379

| chedule J (Form 990) 2008 |
|---|
| Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part or any additional information. |
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| Schedule J (Form 990) 2008 |

SCHEDULE J-2 (Form 990)

Continuation Sheet for Form 990

OMB No 1545-0047

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the Organization

Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

Employer Identification number

THE COLUMBUS URBAN LEAGUE, INC. 31-4379453

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated

| (A) | (B) | | | | C) | | | (D) | (E) | (F) |
|------------------------------------|---------------|--------------------------------|-----------------------|---------|--------------|------------------------------|--------|--|--|--|
| Name and Title | Average hours | Posit | | | _ | that app | | Reportable | Reportable | Estimated |
| , | per week | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | compensation from the organization (W-2/1099-MISC) | compensation from related organizations (W-2/1099-MISC) | amount of other compensation from the organization and related organizations |
| Victor Watson Board Member | 06 | х | | | | | | 0 | 0 | |
| Robert J Weiler | | | | | | | | | | |
| Board Member | 0 6 | _X_ | | | | | | 0 | 0 | |
| Dr Mark White, M D Board Member | 0.6 | х | | | | | | 0 | o | |
| WILLIAM E HARRELL, JR PRES | 45 | | | х | х | x | | 158,900 | 0 | 1,63 |
| MARY S LOVE CFO | 55 | | | х | | | | 88,800 | 0 | 1,75 |
| | 0. | | | | | | | 0 | 0 | |
| | 0. | | | | | | | 0 | 0 | |
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| | 0 | | | | _ | | | 0 | 0 | |

SCHEDULE M (Form 990)

NonCash Contributions

To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

OMB No 1545-0047

2008

Open To Public Inspection

Internal Revenue Service

Name of the organization

Department of the Treasury

THE COLUMBUS URBAN LEAGUE, INC.

Employer identification number 31-4379453

| Part | Types of Property | | | - | |
|--------------|---|-------------------------------|--------------------------------|---|------------------------------------|
| | | (a) Check if applicable | (b) Number of contributions | (c) Revenues reported on Form 990, Part VIII, line 1g | (d) Method of determining revenues |
| 1 | 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 | | | | |
| 11 | Securities—Partnership, LLC, | | | | |
| | or trust interests | | | | |
| 12 | Securities—Miscellaneous . | | | <u> </u> | |
| 13 | Qualified conservation | | | | |
| | contribution (historic | | | | |
| | structures) | | | | |
| 14 | Qualified conservation | | | | |
| 4= | contribution (other) | | | | |
| 15 | Real estate—Residential | | | | |
| 16 | Real estate—Commercial | | | | |
| 17 | Real estate—Other . | | | | |
| 18 | Collectibles . | | | | |
| 19 | Food inventory . | | | | |
| 20 21 | Drugs and medical supplies Taxidermy | | | | |
| 22 | Historical artifacts | | | | |
| 23 | Scientific specimens . | | | | |
| 24 | Archeological artifacts . | | | | |
| 25 | Other ► (Classroom) | Х | 12 | 66.043 | Depreciation Allowance |
| 26 | Other ► (Consultant Fees) | X | 12 | | Vendor Discounts allowed |
| 27 | Other ► (Parent and Adm) | X | 12 | | Hourly rate plus benefits to : |
| 28 | Other • (| | | · · | |
| | \/ | | 0 | 0 | |
| 29 | Number of Forms 8283 received | | | | |
| | which the organization complete | d Form 8 | 283, Part IV, Donee Acknow | edgement . | 29 0 |
| | | | | | Yes No |
| 30 a | During the year, did the organiza | | | | -28 |
| | that it must hold for at least three | | | | |
| L | required to be used for exempt p | | | · | 30a X |
| | If "Yes," describe the arrangeme | | | | |
| 31 | Does the organization have a gif | | | eview of any non-standard | |
| 22.0 | | | | . , , , | 31 X |
| 3 ∠ d | Does the organization hire or us | e mra pa | rues or related organizations | to solicit, process, or self | |
| . | noncash contributions? If "Yes," describe in Part II | • | | • | 32 X |
| 33 | If the organization did not report | revenues | in column (a) for a time of - | ronarty for which column (a) | 10 |
| J J | checked, describe in Part II | revenues | in column (c) for a type of p | roperty for writch column (a) | 15 |
| | and an and an an an an an an an an an an an an an | | | | p |

THE COLUMBUS URBAN LEAGUE, INC

31-4379453

| Schedule M (Fo | | Page 2 |
|----------------|---|----------------------------|
| Part II | Supplemental Information. Complete this part to provide the information requises, and 33. Also complete this part for any additional information | ired by Part I, lines 30b, |
| | | |
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| | ••••••••••••••••••••••••••••••••••••••• | |
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SCHEDULE O (Form 990)

Supplemental Information to Form 990

 Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information. OMB No 1545-0047

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

| THE COLUMBUS URBAN LEAGUE, INC | 31-4379453 |
|---|--------------------------------------|
| Form 990 Part VI Section A Line 10 The Finance Committee reviews the 990 in detail w | ith all supporting schedules and ask |
| questions before recommending approval to the full Board, prior to signing and mailing | The final form |
| 990 will be presented to the full Board prior to mailing. | |
| | |
| Part VI Section B Line 12c Annually, each Board Member is required to disclose any co | nflicts of interest with agency |
| transactions. All transactions are monitored for conflicts of interest in the procurement p | process Three bids are obtrained |
| for items procured in excess of \$3,000 | |
| | |
| Part VI Section B Line 15a The executive committee annually reviews the performance | and set the salary of the Pres & CEO |
| This process includes reviewing data from the National Urban League and other salary | comparables to determine a |
| reasonable salary Additionally, input is solicited from the Board. The Executive Commit | ttee completes the evaluation |
| process and sets the salary of the Pres & CEO. | |
| | |
| Form 990 | |
| Part VI Section B Line 15b The CEO will prepare a performance review form for executi | ive management, including |
| the V P's, CFO and Human Resource Director This process includes a determination of | of annual salaries based |
| on comparables and industry trends | |
| | |
| Part VI Section C Line 19 The annual audit and interim financial statements are distribu | ited to the public upon |
| request | |
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| Part III, Line 4 | ld (990) - Progra | ım Servic | e Accomplishments | 3 | |
|---|--|---------------------------------------|--|---|--------------------|
| (Code African American N |) (Expenses \$ | 206,284 | including grants of \$ | 0) (Revenue \$ | 240,107) |
| Served 3,318 clien | nts The AAMI program | | | ness training to fathers who are | |
| | | | | local child support enforcement through regular visitation | ent agency to |
| with children Addit | ionally,∟∟ this prograi | m links fathe | rs to other resources that wil | stabalize their employment | |
| and housing needs | . AAMI also mentors i ormance in school and | the commun | is between the age of 13 and | 1 18 to ensure proper decision | making |
| | | · | | · · · · · · · · · · · · · · · · · · · | |
| | | · | | | |
| | | · | | | |
| (Code |) (Expenses \$ | 446,364 | including grants of \$ | 0) (Revenue \$ | 472,815) |
| Housing | | | | | |
| Services were provided discrimination and | uded to 3,382 clients, t HUD counseling service | to include ho ces. This pro | mebuyers education, training gram assisted clients with le- | g, home foreclosure prevention gal suites, first-time home buy | n, housing vina |
| | ınd rental disbute reso | | | | 236 |
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| | | | | | |
| (Code | | 292,054 | including grants of \$ | 0) (Revenue \$ | 173,792) |
| Charts served 1.4 | | er school tut | oring for elementary through | Junior High School students | Additional conico |
| | | | | | Additional service |
| included tobacco e | ducation, college awai | reness, viole | nce education and preventio | n | |
| included tobacco e | ducation, college awai | reness, viole | nce education and preventio | .n | |
| included tobacco e | ducation, college awai | reness, vioje | nce education and preventio | n | |
| included tobacco e | ducation, college awai | reness, viole | nce education and prevention | n | |
| included tobacco e | ducation, college awai | reness, vioje | nce education and preventio | n | |
| included tobacco e | ducation, college awai | reness, viole | nce education and prevention | n | |
| included tobacco e | ducation, college awai | reness, viole | nce education and prevention | n | |
| | | reness, viole | | 0) (Revenue \$ | 0) |
| | | | | | 0.) |
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| | | | | | 0) |
| | | | | | 0) |
| | | | | | 0) |
| (Code: |) (Expenses \$ | 0 | including grants of \$ | 0) (Revenue \$ | |
| (Code: |) (Expenses \$ | 0 | | 0) (Revenue \$ | |
| (Code: |) (Expenses \$ | 0 | including grants of \$ | 0) (Revenue \$ | |
| (Code: |) (Expenses \$ | 0 | including grants of \$ | 0) (Revenue \$ | |
| (Code: |) (Expenses \$ | 0 | including grants of \$ | 0) (Revenue \$ | |
| (Code: |) (Expenses \$ | 0 | including grants of \$ | 0) (Revenue \$ | |
| (Code: |) (Expenses \$ | 0 | including grants of \$ | 0) (Revenue \$ | |
| (Code: |) (Expenses \$ | 0 | including grants of \$ | 0) (Revenue \$ | |

| Check If Contractor's Name Check If Street Address City 2 X 2873 Cleveland Ave Columbus 3 4 4 5 6 | Part VII, Section B, Line 1 (990) - Highest Compensated Independent Contractors | | | |
|---|---|----------------|-----------------|-------------------------|
| r's Name Business Street Address X 2873 Cleveland Ave Columbu | | | | |
| X 2873 Cleveland Ave | | State Zip Code | Foreign Country | Description of Services |
| 6 5 4 3 2 | | OH 43224 | | General Contractor |
| 6 4 4 Q | | | | |
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| 5 | Explanation | 226,805 Classroom renovation and construction | | |
|---------|--------------|---|--|--|
| 226,805 | Compensation | 226,805 | | |

Part VIII, Lines 1a-h (990) - Contributions, Gifts, Grants, and Other Amounts

| | | Cash | Non Cash |
|---|------------------------------|-----------------|----------------|
| 1 Federated Campaigns | | 1 | |
| 2 Membership dues | | 32,620 2 | - · |
| 3 Fundraising events | | 3 | <u> </u> |
| Related organizations | | 4 | |
| Government grants (contributions) | | | |
| 6 All other contributions, gifts, grants, and | r amounts not included above | | |
| Miscellaneous | | 36,031 | |
| In-Kind Contributions | | | 146,841 |
| Cash Contributions | | 181,701 | |
| | | | |
| Other contributions total | | 217,732 6 | 146,841 |
| 7 Total | | 250,352 7 | 146,841 |

Part IX, Line 22 (990) - Depreciation, Depletion, etc.

| Cartan, Essay Espiration, Sopionio | | | | |
|--|---------|----------|-------------|--------------|
| | 334,067 | 294,220 | 39,847 | o |
| | (A) | (B) | (C) | (D) |
| | Total | Program | Management | Fundraising |
| Description | | • 1 | | 1 0110101119 |
| 1 DEPRECIATION ON BUILDING AND EQUIPMENT | 224 067 | services | and general | · |
| | 334,067 | 294,220 | 39,847 | |
| 2 | 0 | | | |
| 3 | 0 | | | i |
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| 16 | 0 | | | |
| 17 | 0 | | | |
| 18 | 0 | | | |
| 19 | 0 | | | |
| 20 | 0 | | | |

Part X, Line 3 (990) - Pledges and Grants Receivable

| | | Pledges and grant | s receivable | Allowance for dou | btful accounts |
|--|-----|-------------------|--------------|-------------------|----------------|
| | | Beginning | End | Beginning | End |
| 1 Grants receivable | 1 🗆 | 1,453,310 | 1,255,626 | | |
| 2 | 2 [| | | | |
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| 7 | 7 | | | | |
| 8 | 8 | | | | |
| 9 | 9 | | | | · |
| 10 | 10 | | | | |
| I1 | 11 | | | | |
| 12 Total pledges and grants receivable | 12 | 1,453,310 | 1,255,626 | 0 | |

THE COLUMBUS URBAN LEAGUE, INC

Part X, Lines 10a and 10b (990) - Land, Buildings, and Equipment

| 62 | | | _ | 0 | 10 | 69 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|-----------|-----------|-------------|------------------|--------|-------------------------|----------------------|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----------|----|----|
| 2,156,279 | | Ending | Balance | | - | 478,869 | | | | | | | | | | | | | | | | | |
| 2,213,846 | | Beginning | Balance | 006'69 | 1,718,691 | 425,255 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 0 | | Disposals/ | Adjustments | | | • | | | | | | | | | | | | | | | | | |
| 2,307,198 | Ending | Accumulated | Depreciation | | 1,192,583 | 1,114,615 | | | | | | | | | | | | | | | | | |
| 1,973,130 | Beginning | Accumulated | Depreciation | l | 977,548 | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 4,463,477 | | Cost/Other | Basis | 006'69 | 2,800,093 | 1,593,484 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | Check if | Asset | Disposed | | | | | | | | | | | | | | | | | | | | _ |
| | Check If | Investment | Asset | | | | | | | | | | | | | | | | | | | | |
| | | | Other | | | × | | | | | | | | | | | | | | | | | |
| | | | Equipment | | | | | | | | | | | | | | | | | | | | |
| | Leasehold | Improve- | ments | | | | | | | | | | | | | | | | | | | | |
| | • | | Buildings | | × | | | | | | | | | | | | | | | | | | |
| | | | Land | × | | | | | | | | | | | | | | | | | | | _ |
| | | | Category or Item | Land | Building & Improvements | Furniture & Fixtures | | | | | | | | | | | | | | | | | |
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| Par | Part X, Lines 23 and 24 (990) - Secured and Unsecured Notes Payable | - Secured | and Unse | cured Notes Payable | 1,308,000 | 1,035,389 | 1,007,969 | | |
|-----|---|--------------------|-----------|---------------------------------------|-----------|--------------------------|-----------|----------|---------------|
| | | Check if lender is | Check If | | Original | Balance due beginning | _ | | |
| - | Himtington Notional Dook | a pusiness | Onsecured | Security provided | amount | ot year | eug | اہ | Maturity date |
| - • | Tidiling to I validial balls | < : | | politing and accounts receivables | 000,008 | 859,038 | | 112/2001 | 71.07/1/ |
| 7 | Huntington National Bank | × | | Line of credit secured by receivables | 320,000 | 106,350 | 116,350 | | 3/1/2009 |
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| Lender's Title | | | | | | | | | a control |
| FMV of consideration | | | | | | | | | |
| Description of consideration | | | | | | | | | |
| Purpose of Ioan | 8.1500% Consolidate Lines of Credit and purchase bldg 3.2500% Finance Accounts Receivables | • | | | | | | | |
| Interest | 8.1500% 3.2500% | | | | | | | | |
| Repayment terms | Monthly Monthly | | | | | | | | |

| Part IX (Sch D (990)) - Oth | er Assets | 10,82 |
|-----------------------------|-------------|------------|
| | Description | Book Value |
| 1 Endownment | Description | 10,82 |
| 2 | | 10,82 |
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| Part II (Sch G (990/990EZ)) - Events | 304,894 | 0 | 304,894 | 0 | 0 | 24,889 | 66,823 |
|--------------------------------------|----------------|----------------|---------------|-------------|----------|---------------|--------------|
| | Line 1 | Line 2 | Line 3 | Line 4 | Line 5 | Line 6 | Line 7 |
| | | Less | Gross Revenue | | | | |
| | | (Charitable | (line 1 minus | | Non-cash | Rent/Facility | Other direct |
| Event Type | Gross Receipts | contributions) | line 2) | Cash Prizes | Prizes | costs | expenses |
| 1 EOD Luncheon | 260,830 | | 260,830 | | | 24,889 | 41,259 |
| 2 Urban League Sunday | 17,568 | | 17,568 | | | | 1.468 |
| 3 Annual Giving Campaign | 16,861 | | 16,861 | | | | 13,188 |
| 4 Summer White Party | 9,635 | | 9,635 | | | | 10,908 |
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Part I, Lines 25-28 (Sch M (990)) - Other Types of Property

| $\overline{}$ | | <u> </u> | <u>, , p </u> | ** * * * * P ** * * * * * * * * * * * * | |
|---------------|--------------|-----------------------------|--|---|------------------------------|
| | Non-Cash | | Number of | Revenues Reported | Method of Determining |
| | Contribution | | Contributions | on 990, Pt VIII, Line 1g | Revenues |
| _1_ | Х | Classroom | 12 | | Depreciation Allowance |
| 2 | Х | Consultant Fees | 12 | 25,322 | Vendor Discounts allowed |
| 3 | X | Parent and Admin time spent | 12 | | Hourly rate plus benefits to |
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mail to

| Part VI, Line 17 (990) - States with | Which a Copy of this Form 990 is Requir | ed to be Filed |
|--|---|--|
| Armed Forces the Americas Armed Forces Europe Alaska Alabama Armed Forces Pacific Arkansas American Samoa Arizona California Colorado Connecticut District of Columbia Delaware Florida Federated States of Micronesia Georgia Guam Hawaii lowa Ildaho Illinois Indiana Kansas Kentucky Where to File (990) OH Enter the state's abbreviation. | Louisiana Massachusetts Maryland Maine Marshall Islands Michigan Minnesota Missouri Commonwealth of the Northern Mariana Islands Mississippi Montana North Carolina North Dakota Nebraska New Hampshire New Jersey New Mexico Nevada New York X Ohio Oklahoma Oregon Pennsylvania Puerto Rico | Palau Rhode Island South Carolina South Dakota Tennessee Texas Utah Virginia U.S Virgin Islands Vermont Washington Wisconsin West Virginia Wyoming |
| If the organization's principal business, | Mail to this Address: | |
| office, or agency is located in: Note. The first line of the address should be Dep | artment of the Treasury | |
| Note: The second line of the address should be | | |
| Inside the United States | X Internal Revenue Serv Ogden, UT 84201-002 | |
| U S Possession or Foreign Country | Internal Revenue Serv P O Box 409101 Ogden, UT 84409 | uce Center |
| Efile with payment required (8109,8109B) Use an authorized depositary (financial institution) or | P O Box 970030 St Louis, MO 63197 | |