

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



990 .

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047
2009
Open to Public Inspection

A	For	the 2	009 cal	endar year, or tax year beginning $07/01/2009$ and ending	06/30/2010					
В	Chec	ck if	Please	C Name of organization	D Employer identific	cation number				
			use IRS	•						
[A	ddress hange	label or print or	URBAN LEAGUE OF CLARK COUNTY NEVADA						
Ī	N	ame hange	type	Doing Business As LV CLARK COUNTY URBAN LEAGUE	20-0	873314				
ĺ	ln	utial	See	Number and street (or P.O. box if mail is not delivered to street address) Room/sui		-				
j	T	ermin-	Specific	930 W. OWENS AVENUE		636-3949				
i	A	ted mended	Instruc- tions	City or town, state or country, and ZIP + 4	G Gross receipts \$	6,702,392.				
i]A	etum pplica-		LAS VEGAS, NV 89106						
	ti	òn ending		ne and address of principal officer:MORSE ARBERRY, JR	H(a) Is this a group re for affiliates?	Yes X No				
			030	W. OWENS AVENUE, LAS VEGAS, NV 89106						
-	 -				_ ''	H(b) Are all affiliates included? Yes No If "No," attach a list. (see instructions)				
				us: 【X 501(c) (3	·					
					H(c) Group exemption	State of legal domicile: NV				
	Part		ganizatio umm		ar of formation: 2003 N	State of legal doffficile, IN V				
Ľ					NATE RACIAL					
	ဗ ်	1 Br	ieily de:	scribe the organization's mission or most significant activities ${ m TO}$ ELIMINIMINATION AND SEGREGATION AND TO WORK FO	NAID NACIAL	EMENT OF				
	Activities & Governance	_								
	- J			s box I if the organization discontinued its operations or disposed of mi	1 1					
	<u></u> 6 3			f voting members of the governing body (Part VI, line 1a)	3	18				
	ਲ '			f independent voting members of the governing body (Part VI, line 1b)	4	0				
00.	ies t			ber of employees (Part V, line 2a)	5	· · · · · · · · · · · · · · · · · · ·				
8	<u> </u>			ber of volunteers (estimate if necessary)	6	510				
\$	AC A			s unrelated business revenue from Part VIII, column (C), line 12	7a	0.				
SCANNED MAR	_	b Ne	et unrela	ated business taxable income from Form 990 fr, (ine 34 V F	7b	0.				
m				ons and grants (Part VIII, line 1h)	Prior Year	Current Year				
	e 8				3,643,951.	6,659,332.				
2	Hevenue		_	service revenue (Part VIII, line 2g)	108,957.	41,714.				
æ	9 1				1,648.	1,346.				
0				enue (Part VIII, column (A), lines 5, 6d, 8 6, 36, 103 ar 6 11e	32,375.	6 700 200				
Æ	1			nue - add lines 8 through 11 (must equal Part VIII, column (A), line-12) d similar amounts paid (Part IX, column (A), lines 1-3)	3,786,931.	6,702,392.				
	1									
2011	1			aid to or for members (Part IX, column (A), line 4)	2 544 205	2 022 200				
-	န္ဌ 1			other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,544,395.	3,932,399.				
	Expenses			nal fundraising fees (Part IX, column (A), line 11e)		· · · · · · · · · · · · · · · · · · ·				
	유			raising expenses (Part IX, column (D), line 25) 55,801.	1 201 260	2 245 055				
•	" 1		•	enses (Part IX, column (A), lines 11a-11d, 11f-24f)	1,381,369.	2,347,857.				
	1	8 To	tal expe	enses. Add lines 13·17 (must equal Part IX, column (A), line 25)	3,925,764.	6,280,256.				
-		9 Re	evenue l	ess expenses Subtract line 18 from line 12	-138,833.	422,136.				
Ö	Balances			[Beginning of Current Year	End of Year				
Sset	麗 2			ets (Part X, line 16)	950,998.	1,732,153.				
₹ to	일 2			ities (Part X, line 26)	489,306.	848,325.				
Ž	교 2			s or fund balances Subtract line 21 from line 20	461,692.	883,828.				
1	Part			ture Block						
		Ur an	nder pena nd comple	Ities of perjury, I declare that I have examined this return, including accompanying schedules and statemen te Declaration of preparer (other than officer) is based on all information of which preparer has any knowled	ts, and to the best of my knowled ige	ge and belief, it is true, correct,				
			/			• 4.				
S	ign				2-8	<u> </u>				
Н	ere		<i>"</i>	ature of officer	Date					
				RSE ARBERRY, JR, CHIEF EXECUTIVE OFFICER						
_			Тур	e or print name and title	Chaole it	-ddd				
Р	aid		reparer's		Check if Prepare	er's identifying number structions)				
_	repar	ar'al	gnature	CPA 1/11		U1409448				
	se On	lv yo	ours if	L.L.BRASTORD & COMPANI	EIN ▶					
-		se	lf-employ idress, an			00 725 5000				
_			P + 4	LAS VEGAS, NV 89148	Phone no. ► 7	02-735-5030				
M	lay th	e IRS	discuss	s this return with the preparer shown above? (see instructions)		└─ Yes └─ No				

		20-0873314	Page 2
	art III Statement of Program Service Accomplishments		
1	Briefly describe the organization's mission: SEE SCHEDULE O FOR CONTINUATION		
	THE MISSION OF THE LAS VEGAS-CLARK COUNTY URBAN LEAGUE IS		
	RACIAL DISCRIMINATION AND SEGREGATION AND TO WORK FOR THE		<u>NT </u>
		<u> PHER</u>	
	MINORITIES AND THE POOR IN EVERY PHASE OF AMERICAN LIFE.	THE	
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	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	X No
	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 expe	nses	
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of gra		
	allocations to others, the total expenses, and revenue, if any, for each program service reported	21110 0110	
	anobations to stricts, the total expenses, and revenue, if any, for each program service reported		
4a	(Code) (Expenses \$ 837,543. including grants of \$) (Reve	 enue \$	
70	FAMILY DEVELOPMENT PROGRAM ASSISTS INDIVIDUALS AND FAMIL:		,
	OVERCOMING BARRIERS TO SELF-SUFFICIENCY AND WELL BEING, I		3 NTD
	INDIVIDUALS GAIN SKILLS IN FINDING AND KEEPING A LIVABLE		AND_
		ENDENTLY AN	ע
	ADVOCATE FOR THEMSELVES.		
4b	(Code) (Expenses \$ 686,148. including grants of \$) (Rev	enue \$)
	MARTIN LUTHER KING JR. SENIOR CENTER PROGRAM PROVIDES A V	ARIETY OF	
	PROGRAMMING TO HELP SENIORS REMAIN INDEPENDENT AND HEALTH	IY.	
	004 405		
4c	,, , , , , , , , , , , , , , , , , , , ,	enue \$)
	THE WIC (WOMEN, INFANTS AND CHILDREN) PROGRAM PROVIDES LO		OMEN
	AND CHILDREN WITH SUPPLEMENTAL FOOD, NUTRITION EDUCATION		
	SCREENING/REFERRAL TO OTHER HEALTH, WELFARE AND SOCIAL SI	ERVICES.	
		. – .	
4d	- · · · · · · · · · · · · · · · · · · ·	•	
	(Expenses \$ 2,801,750. including grants of \$) (Revenue \$ 41,714	<u> </u>	
<u>4e</u>	Total program service expenses ►\$ 5,149,548.		
		Form 99	(2009)

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		_X_
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		_X_
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and			
	reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		<u> X</u>
6	Did the organization maintain any donor advised funds or any similar funds or 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		<u>X</u>
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		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			7.7
_	Schedule D, Part III	8		<u>X</u>
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			v
40	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	40		v
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X	10		X
••	as applicable	11	Х	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10° If "Yes," complete Schedule D,	- ''-	11	
	Part VI			,
•	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			. !
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	ì	4	, ,
•	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	^`. ~	***	, 1
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in	, š	aky.	
	Part X, line 16? If "Yes," complete Schedule D, Part IX		, 5.	, .J
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	^ _	у ′	
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			140
	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X		^	1
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII.	12		<u> X</u>
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No	^	,	:
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional X			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<u>X</u>
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u> X</u>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			37
4-	and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		<u> </u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			v
:=	or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		<u>X</u>
ίΰ	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	46		Y
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	16		<u>X</u>
"	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	-'-		
.5	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	5		
	complete Schedule G, Part III	19		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X
		Form	990 (2	

Form 990 (2009) URBAN LEAGUE OF CLARK COUNTY NEVADA

Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<u> X</u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current	İ		
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		_ <u>x</u> _
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K If "No", go to line 25	24a		<u> X</u>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			٠,,
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
þ	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			7.7
	Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			7.7
^-	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete			v
20	Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV		`	
_	Instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV			X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		X
	An entity of which a current or former officer, director, trustee, or key employee: If Tes, complete Schedule E, Part V	200		
٠	an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	2.5		
-	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?	"		
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		X
35	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
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?			
	Note. All Form 990 filers are required to complete Schedule O.	_38	Х	
		Form	990 (2009)

932004 02-04-10

009) URBAN LEAGUE OF CLARK COUNTY NEVADA
Statements Regarding Other IRS Filings and Tax Compliance Part V

				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 44	1							
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	1							
С	Did the organization comply with backup withholding rules for reportable payments to vendors and r	eportable gaming								
	(gambling) winnings to prize winners?	1 1	1c	<u> </u>						
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,									
	filed for the calendar year ending with or within the year covered by this return		4							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu		2b							
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see			-						
	Did the organization have unrelated business gross income of \$1,000 or more during the year covered	ed by this return?	3a		X					
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		3b							
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	•	١.		.					
	financial account in a foreign country (such as a bank account, securities account, or other financial	accounty	4a		X					
D	If "Yes," enter the name of the foreign country	Dealt and								
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign	Bank and								
E	Financial Accounts		- · ·		·					
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction.	notion?	5a		X					
			_5b							
U	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regardax Shelter Transaction?	arding Profibiled	E							
62	Does the organization have annual gross receipts that are normally greater than \$100,000, and did to	he organization collect	_5c							
Od	any contributions that were not tax deductible?	ne organization solicit	6a		х					
h	If "Yes," did the organization include with every solicitation an express statement that such contributions and the contribution in the contribution of the contribution in the contribution of the contributi	tions or aifts	Ua							
-	were not tax deductible?									
7	Organizations that may receive deductible contributions under section 170(c).		_6b							
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services										
provided to the payor?										
b If "Yes," did the organization notify the donor of the value of the goods or services provided?										
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as required	7b							
	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 on a p	personal								
	benefit contract?		7e							
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont	ract?	7f							
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required'	?	7g							
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-0	C as required?	7h	ļ						
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting or	ganizations. Did the	-							
	supporting organization, or a donor advised fund maintained by a sponsoring organization, have exc	ess business holdings								
	at any time during the year?		8		X					
9	Sponsoring organizations maintaining donor advised funds.									
а	Did the organization make any taxable distributions under section 4966?		9a		<u>X</u>					
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		<u>X</u>					
10	Section 501(c)(7) organizations. Enter:	I I								
	Initiation fees and capital contributions included on Part VIII, line 12	10a	4.50							
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	^							
11	Section 501(c)(12) organizations. Enter	1. 1			,					
-	Gross income from members or shareholders	11a	1		1					
b	Gross income from other sources (Do not net amounts due or paid to other sources against									
40	amounts due or received from them.)	11b			- '					
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1 1	12a		ļ,					
<u>b</u>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	<u>.</u>	000	0000					
			Form	990 (2009)					

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

Sec	tion A. Governing Body and Management								
			Yes	No					
1a	Enter the number of voting members of the governing body 1a 18								
b	Enter the number of voting members that are independent								
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other								
	officer, director, trustee, or key employee?	2		X					
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision								
	of officers, directors or trustees, or key employees to a management company or other person?	3		<u>X</u>					
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X					
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X					
6	Does the organization have members or stockholders?	6		X					
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the			x					
	governing body?								
b	b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?								
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			,					
	by the following.			·					
а	The governing body?	8a	X						
b	Each committee with authority to act on behalf of the governing body?	8b	<u>x</u> _						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the								
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X					
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		l						
10-	Done the average street have lead shorters branches average.	40-	Yes	No					
b	Does the organization have local chapters, branches, or affiliates? If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,	10a							
U	and branches to ensure their operations are consistent with those of the organization?	10b	Х						
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	X						
11A		 ''-	21	-					
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X						
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise	124							
	to conflicts?	12b	х						
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe								
	ın Schedule O how this is done	12c	Х						
13	Does the organization have a written whistleblower policy?	13	X						
14	Does the organization have a written document retention and destruction policy?	14	X						
15	Did the process for determining compensation of the following persons include a review and approval by independent	\$,							
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	٠, ۵							
а	The organization's CEO, Executive Director, or top management official	15a		_X_					
b	Other officers or key employees of the organization	15b		<u>X</u>					
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)			ي ي					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a								
	taxable entity during the year?	16a		X					
Ġ	if "Yes, nas the organization adopted a written policy or procedure requiring the organization to evaluate its participation	` - '	5	!					
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's	·							
<u> </u>	exempt status with respect to such arrangements?	16b							
	tion C. Disclosure								
17	List the states with which a copy of this Form 990 is required to be filed NONE Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available								
18	public inspection. Indicate how you make these available. Check all that apply	ior							
	Own website Another's website X Upon request								
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, a	nd fina	ncial						
13	statements available to the public.	iu iiild	iiciai						
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organiza	tion:	•						
	MORSE ARBERRY, JR - 702-636-3949								
	930 W. OWENS AVENUE, LAS VEGAS, NV 89106								
		Form	990 (2009)					

932006 02-04-10

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

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

Check this box if the organization did not c	ompensate an	y cu	rren	t off	icer	, dıre	ecto	r, or trustee		
(A)	(C)						(D)	(E)	(F)	
Name and Title	Average		Position					Reportable	Reportable	Estimated
	hours	(cl	(check all that apply)			арр	ly)	compensation	compensation	amount of
	per week	į						from the	from related organizations	other compensation
	week	eek e	٠.			ted		organization	(W-2/1099-MISC)	from the
		stee	ruste			bensa		(W·2/1099-MISC)	(** 2, 100000)	organization
		ual tru	onali		ploye	E 03		`		and related
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
MORSE ARBERRY, JR				<u> </u>						
CEO	40.00			X	<u> </u>		<u> </u>	104,864.	0.	0.
E. LAVONNE LEWIS										
C00	40.00			X		<u> </u>		87,450.	0.	0.
LAVERNE KELLY										
PROGRAM DIRECTOR	40.00			X				25,906.	0.	0.
LINDA LESURE			1		1					
HR DIRECTOR	40.00			X	_		_	77,735.	0.	0.
PHYLLIS TUCKER										
COMPTROLLER	40.00		_	X	_		L	50,470.	0.	0.
DONOVAN CHAMBERS									_	_
IT DIRECTOR	40.00		ļ	X				89,135.	0.	0.
ALEX MENDEZ									_	
PLANNING DIRECTOR	40.00		_	X		_		47,298.	0.	0.
				ŀ						
				<u> </u>						
					-					
			_	<u> </u>		-				
		\vdash				\vdash				
						\vdash				
		-		-	 	-	-			
		-	\vdash	-	-	-				
		\vdash			\vdash	\vdash				
			-	-		\vdash	_			
	,		,							
	L							L	L	

Form 990 (2009)

(A)
Name and business address

(B)
Compensation

Compensation

Compensation

Total number of independent contractors (including but not limited to those listed above) who received more than

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

0

Form **990** (2009)

932009 02-04-	9	. Star revenue. Occ mon denons.			<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	=3,0001		Form 990 (2009)
	12	Total revenue. See instructions.			6,702,392.	43,060.	0.	0.
	_	Total. Add lines 11a-11d				i		
	d	All other revenue						
	c						-	
	b							
	11 a]			
		Miscellaneous Revenu		Business Code			-	ч
		Net income or (loss) from sale			1 - 1		n na-	
1	b	Less cost of goods sold	b]			
ļ		and allowances	. а	1				,
		Gross sales of inventory, less	_					
	С	Net income or (loss) from gam	ning activities	>			387 658	
	b	Less direct expenses	b]		22 22 5 282 528	
		Part IV, line 19	а]			:
	9 a	Gross income from gaming ac	ctivities See	1				ŧ
_		Net income or (loss) from fund	Ŧ		0.			
됩		Less. direct expenses	b				ver e voorende edde o ood	t
je.		Part IV, line 18	а	0.	<u> </u>			,
Other Revenue		contributions reported on line	1c) See					\$ \$ t
len		including \$ 81,7						ē.
- e	8 a	Gross income from fundraising	-]	~		
1		Net gain or (loss)		_	ļ			
-		Gain or (loss)		1				
		and sales expenses			*	·		
- 1	b	Less. cost or other basis				٠		;
- 1		assets other than inventory	<u> </u>	 	-			
	/ a		(i) Securities	(II) Other	1			Ĭ
		Gross amount from sales of	(i) Societies					
Ì		Net rental income or (loss)				A AAAA AAAAA ka kaasaa Maaaaa aa ka		***************************************
	c	- · · · · · · · · · · · · · · · · · · ·	-		1 !			` (
	b			 	1		Ì	į į
	6 -	Gross Rents	Wilean -	(ii) i- ersorial	1			İ
-	•	,	(ı) Real	(II) Personal				[
- 1	5	Royalties	pt bond p	•				
}	4	Income from investment of ta	x-exempt bond r	-		_,		
	-	other similar amounts)		▶	1,346.	1,346.		
	3	Investment income (including	dividends, intere	est, and				
	g	Total. Add lines 2a-2f			41,714.			
₫	f	All other program service reve	enue					
Program Service Revenue	е	 						
e s	d			-				
n S	С			-				
e c	b							
<u>e</u>	2 a	PROGRAM REVENUE	<u> </u>	900099	41,714.	41,714.		
			_	Business Code				·
OB	<u>h</u>	Total. Add lines 1a-1f			6,659,332.			
<u> </u>	_	Noncash contributions included in lines	s 1a-1f \$	<u>24,131</u> .				
동말		sımılar amounts not included abo		547,096.	4			
ie čti	f	All other contributions, gifts, gran	1 1	E 47 000				
Contributions, gifts, grants and other similar amounts		Government grants (contribut		020,329.	4			
ig ja		Related organizations	1d	000 200	4			:
a, ta		Fundraising events	1c	81,709.	4			
PE		Membership dues	1b	$\frac{10,198}{91,709}$				
ant		Federated campaigns	1a	10 100	1			
8 10		Endorated company			-			313, 01314
						revenue	revenue	sections 512, 513, or 514
					Total revenue	exempt function	business	excluded from tax under
					(A) Total revenue	(B) Related or	(C) Unrelated	(D) Revenue
Pa	LC AII	Statement of Rever	nue		T			
	rt VII			OF CLARK	COUNTY NE	VADA	<u> 20-0873</u>	314 Page 9

Part IX Statement of Functional Expenses

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

			tions must complete a		-d (D)
_	All other organizations must comp			ete columns (B), (C), ar	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	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				
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S.				, 6 1
	See Part IV, lines 15 and 16	_		· · · · · · · · · · · · · · · · · · ·	
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)		<u> </u>		
7	Other salaries and wages	3,932,399.	3,404,722.	527,677.	
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)				
9	Other employee benefits	-			
10	Payroll taxes				
11	Fees for services (non-employees)				
а	Management				
b	Legal				
С	Accounting		· ·		
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17			* ′	
f	Investment management fees				
9	Other	301,577.	185,871.	94,488.	21,218.
12	Advertising and promotion	15,357.	8,176.	6,298.	883.
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy	511,851.	352,443.	145,850.	13,558.
17	Travel				
18	Payments of travel or entertainment expenses				•
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	4,561.		4,561.	
21	Payments to affiliates	00 010			
22	Depreciation, depletion, and amortization	90,318.	40 404	90,318.	
23	insurance	22,585.	19,401.	3,184.	
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled	ļ			šy / /
	miscellaneous may not exceed 5% of total				
	expenses shown on line 25 below.)	70 FRE	·/		
а	SPECIFIC CLIENT ASSISTA	582,575.	572,587.	9,988.	0.
b	SUPPLIES	201,783.	180,121.	20,030.	1,632.
С	FACILITY EXPENSES-OTHER	199,541.	177,073.	20,008.	2,460.
d	TRAVEL AND MEETING	88,163.	56,777.	27,850.	3,536.
e	OPERATION EXPENSES	78,154.	73,438.	0.	4,716.
		251,392.	118,939.	124,655.	7,798.
<u>25</u>	Total functional expenses. Add lines 1 through 24f	6,280,256.	5,149,548.	1,074,907.	55,801.
26	Joint costs. Check here				
	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** (2009)

	990 (t X	2009)	OF CLARK CO	UNTY NE	EVADA	<u> 20 -</u>	0873314 Page 11
r al	. ^	Data Ne Stieet			(A)		(B)
					Beginning of year		End of year
	1	Cash - non-interest-bearing			325,701.	1	545,532
	2	Savings and temporary cash investments	Ī	26,073.	2		
	3	Pledges and grants receivable, net			432,229.	3	576,853
	4	Accounts receivable, net			4		
	5	Receivables from current and former officers, de	rectors, trustees, key	, [
		employees, and highest compensated employe					
		of Schedule L		5			
	6	Receivables from other disqualified persons (as	defined under section	n			
		4958(f)(1)) and persons described in section 49					
		Part II of Schedule L			6		
ţ	7	Notes and loans receivable, net	Ĺ		7		
Assets	8	Inventories for sale or use	<u> </u>		8		
۷	9	Prepaid expenses and deferred charges		Ĺ	4,436.	9	21,543
	10a	Land, buildings, and equipment cost or other	1 1				
		basis. Complete Part VI of Schedule D		<u>2,013.</u>			
	b	Less accumulated depreciation	10b 25	2,103.	148,048.	10c	559,910
	11	Investments - publicly traded securities	_		11		
	12	Investments - other securities. See Part IV, line	_		12		
	13	Investments - program-related See Part IV, line			13		
	14	Intangible assets		_		14	
	15	Other assets See Part IV, line 11			14,511.	15	28,315
	_16	Total assets. Add lines 1 through 15 (must equ		950,998.	16	1,732,153	
	17	Accounts payable and accrued expenses		-	367,041.	17	757,917
	18	Grants payable	<u> </u>		18		
	19	Deferred revenue		-		19	
	20	Tax-exempt bond liabilities		-	 	20	
ies	21	Escrow or custodial account liability. Complete				21	
<u> </u>	22	Payables to current and former officers, director				ĺ (,
Liabilities		highest compensated employees, and disqualif	led persons. Complet	e Part II			
		of Schedule L		-		22	
	23	Secured mortgages and notes payable to unrela	•	-		23	
	24	Unsecured notes and loans payable to unrelate	a thira parties	-	122 265	24	00 400
	25 26	Other liabilities Complete Part X of Schedule D Total liabilities. Add lines 17 through 25		<u> -</u>	122,265. 489.306.	25 26	90,408
	20	Organizations that follow SFAS 117, check he	ere ▶ X and c		403,300.	26	040,323
,,		lines 27 through 29, and lines 33 and 34.	ere P La and C	omplete	•		•
ğ	27	Unrestricted net assets		j ·		27	announts out management out to a more and
<u> </u>	28	Temporarily restricted net assets	 	380,420.	28	721,888	
ř	29	Permanently restricted net assets		 	81,272.	29	161,940
Ĕ	23	Organizations that do not follow SFAS 117, c	heck here	and	<u> </u>	23	101,740
et Assets or Fund Balances		complete lines 30 through 34.	HECK HEIE	_ anu			,
13 (30	Capital stock or trust principal, or current funds		12	Administração do desta de desta de desta de desta de desta de desta de desta de desta de desta de desta de desta de desta de de desta de de desta de de desta de de desta de de desta de de desta de de desta de de desta d	30	
SSE	31	Paid-in or capital surplus, or land, building, or ed		-		31	
ک	32	Retained earnings, endowment, accumulated in	• •			32	
₽			como, or other falled	· -			

883,828. 1,732,153. Form **990** (2009)

Total net assets or fund balances

Total liabilities and net assets/fund balances

461,692.

Form	1990 (2009) URBAN LEAGUE OF CLARK COUNTY NEVADA 2	0-0873314	Pa	ge 12
Par	rt XI Financial Statements and Reporting			
,			Yes	No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	_x	
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the au	dıt,		
	review, or compilation of its financial statements and selection of an independent accountant?	2 c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedul	e O		
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on	ıa		
	consolidated basis, separate basis, or both			
	X Separate basis Consolidated basis Both consolidated and separate basis	- mm		
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single	Audıt		
	Act and OMB Circular A-133?	3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	audit	İ	
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		
		Form	990 (2009)

SCHÉDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of	the organizat	tion							Employer i	dentificati	on nu	mber
		URBAN L	EAGUE OF CLA	ARK CC	UNTY	NEVAL	A		20	-0873	314	
Part I	Reason	for Public Char	rity Status (All organi	zations mu	ist comple	te this par	t) See ins	tructions	_			
The organ	nization is not	a private foundation	because it is (For lines	1 through	11, check	only one b	oox)					
1 🖳	A church, co	onvention of churche	s, or association of chur	rches desc	ribed in se	ection 170	(b)(1)(A)(i).				
2 🖳	A school des	scribed in section 17	70(b)(1)(A)(ii). (Attach So	chedule E)	1							
з 🖳	A hospital or	a cooperative hospi	ital service organization	described	ın section	170(b)(1)	(A)(iii).					
4 📙	A medical re	search organization	operated in conjunction	with a hos	spital desc	ribed in se	ection 170	(b)(1)(A)	iii). Enter th	ie hospital	's nam	ie,
	city, and sta											
5 🔛	An organizat	ion operated for the	benefit of a college or u	niversity o	wned or o	perated by	a govern	mental ui	nit describe	d in		
)(b)(1)(A)(iv). (Comple	•									
6	A federal, sta	ate, or local governm	ent or governmental un	ıt describe	d in sectio	n 170(b)(1)(A)(v).					
7 [X]	An organizat	ion that normally rec	eives a substantial part	of its supp	ort from a	governme	ental unit d	or from th	e general p	ublic desc	rıbed ı	n
	section 170	(b)(1)(A)(v i). (Comple	ete Part II)									
8 📙			section 170(b)(1)(A)(vi).									
9 🗀	An organizat	ion that normally rec	eives (1) more than 33	1/3% of its	s support f	rom contri	ibutions, n	nembersl	nip fees, and	d gross red	ceipts :	from
			nctions - subject to certa							_		
			axable income (less sec	tion 511 ta	x) from bu	isinesses a	acquired b	y the org	anization at	iter June 3	0, 197	5
		509(a)(2). (Complete										
10			perated exclusively to te									
11 🔲			perated exclusively for the		=					•		or
			ations described in secti				2) See see	ction 509	(a)(3). Che	k the box	that	
			organization and compl		•							
	a Type		• •	c Typ		•	•			Type III - C	-	
e			at the organization is not		-	_	-					n
			han one or more publicl		=				09(a)(1) or s	ection 509	(a)(2)	
f	_		tten determination from	the IHS th	atitis a iy	pe i, i ype	II, or Type	e III				
~		rganization, check th					af tha fall		0			L
g	_		organization accepted ai			_					V	
			lirectly controls, either alupported organization?	ione or tog	jetner with	persons c	iescribed	ın (II) and	(III) Delow,	44-63	Yes	No
	-		n described in (i) above?	,						11g(i)		
			person described in (i)		02					11g(ii)		
h			about the supported or					٠		11g(iii)		
11	r rovide trie i	ollowing information	about the supported of	garnzation	(5)							
C) No est			(iii) Type of	Viv.) Is the	organization	(v) Did voi	u notify the	(vi)	Is the			
	of supported anization	(ii) EIN	organization	in col. (i) lis	sted in your	organizat	ion in col.	lorganizat	ion in col. l	(vii) Am		i
o, gc	umzation		(described on lines 1-9 above or IRC section		document?			(i) organ U.	ized in the S.?	ծաբլ	port	
			(see instructions))	Yes	No	Yes	No	Yes	No			
		· · · · · · · · · · · · · · · · · · ·		 	1		 	 	+			
								-				
							<u> </u>	<u>L</u>				
Total			<u></u>					<u> </u>				
LHA For P	rivacy Act ar	nd Paperwork Redu	ction Act Notice, see tl	he Instruc	tions for			Schedu	le A (Form	990 or 99	0-EZ)	2009

932021 02-08-10

Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009 URBAN LEAGUE OF CLARK COUNTY NEVADA 20-0873314 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not <u>3631328.</u> | <u>3752908.</u> | <u>6619337.</u> 14253573. 233,961. include any "unusual grants") 16,039. 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 233,961. 3631328. 3752908. 6619337.14253573. 16,039. 4 Total, Add lines 1 through 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) 1/2 % 14253573. 6 Public support. Subtract line 5 from line Section B. Total Support (c) 2007 (d) 2008 (e) 2009 Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (f) Total 16,039. 233,961 3752908 3631328 6619337. 14253573. 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties 1 1,648 1,346. 2,995. and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income Do not include gain or loss from the sale of capital 31,570. 16,226 32,375 708. 161,879. assets (Explain in Part IV) 14418447. 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 257,000. 12 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 98.86 14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 14 % 15 Public support percentage from 2008 Schedule A, Part II, line 14 15 % 16a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and $\triangleright \overline{\mathbf{X}}$ stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2008. 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 - 2009. 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 how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2009

Se	ction A. Public Support		· <u>-</u> · <u>-</u> -		7 / Complete on	y ii you circoicu talo	box on line 9 of Fart i.
	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	Gifts, grants, contributions, and	, ,	1	1	1	1	
	membership fees received (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,	·					
	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that		<u> </u>				<u> </u>
_	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-			· · · · · · · · · · · · · · · · · · ·		 -	
·	ization's benefit and either paid to		İ				
	or expended on its behalf						
5	The value of services or facilities						
J	furnished by a governmental unit to						
	the organization without charge						
_				_			
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and						
16	3 received from disqualified persons						
ŀ	Amounts included on lines 2 and 3 received	-	 	 	1		
•	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
_	amount on line 13 for the year		<u> </u>				
	Add lines 7a and 7b						
	Public support (Subtract line 7c from line 6) ction B. Total Support	<u> </u>	L		10.00		
		(-) 0005	#1,0000	4-10007	(n cooc	4.3.0000	(0.T-4-1
	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	Amounts from line 6			-			
102	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
k	Unrelated business taxable income	1					1
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975			ļ			_
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b,			İ			
	whether or not the business is						
	regularly carried on		-				
12	Other income Do not include gain or loss from the sale of capital			1			
	assets (Explain in Part IV)				_		
13	Total support (Add lines 9 10c 11 and 12)						
14	First five years. If the Form 990 is for	the organization'	s first, second, thi	rd, fourth, or fifth t	tax year as a secti	on 501(c)(3) orgar	nization,
	check this box and stop here						▶□
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
15	Public support percentage for 2009 (I	ine 8, column (f) d	livided by line 13,	column (f))		15	%
						16	%
<u>Sec</u>	ction D. Computation of Inves	stment Incom	e Percentage				
17	Investment income percentage for 20	09 (line 10c, colur	mn (f) divided by li	ne 13, column (f))		17	%
18	Investment income percentage from 2	2008 Schedule A,	Part III, line 17			18	%
19a	33 1/3% support tests - 2009. If the	organization did r	not check the box	on line 14, and lin	e 15 is more than	33 1/3%, and line	17 is not
	more than 33 1/3%, check this box a	ndstop here. The	organization qual	fies as a publicly	supported organiz	ation	ightharpoons
b	33 1/3% support tests - 2008. If the	organization did i	not check a box or	n line 14 or line 19	a, and line 16 is m	ore than 33 1/3%	, and
	line 18 is not more than 33 1/3%, che	ck this box and st	top here. The orga	ınızatıon qualıfıes	as a publicly supp	orted organization	n ▶ □
20	Private foundation. If the organizatio	n did not check a	box on line 14, 19	a, or 19b, check t	this box and see in	structions	
							90 or 990-EZ) 200

Schedule D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

2009
Open to Public Inspection

Name of the organization

Employer identification number

Da	URBAN LEAGUE OF CL		20-0873314
Pa			ds or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, lin		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor ad	vised funds
	are the organization's property, subject to the organization's	exclusive legal control?	└── Yes └── No
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can	be used only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpo	se conferring
	impermissible private benefit?		. Yes No
Pai), Part IV, line 7
1	Purpose(s) of conservation easements held by the organization	ion (check all that apply).	
	Preservation of land for public use (e g , recreation or p	oleasure) Preservation of an	historically important land area
	Protection of natural habitat	Preservation of a c	ertified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quality	fied conservation contribution in the foi	m of a conservation easement on the last
	day of the tax year		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic str	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 8/17/06	2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by	the organization during the tax
	year ▶		
4	Number of states where property subject to conservation ea	sement is located >	_
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling o	of
	violations, and enforcement of the conservation easements i	t holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	and enforcing conservation easements	during the year 🕨
7	Amount of expenses incurred in monitoring, inspecting, and	enforcing conservation easements duri	ng the year 🕨 \$
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 1	70(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIV, describe how the organization reports conservation	ion easements in its revenue and exper	nse statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describe	es the organization's accounting for
	conservation easements		
Pai	t III Organizations Maintaining Collections o	•	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, no	•	·
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of i	public service, provide, in Part XIV, the text of
	the footnote to its financial statements that describes these	items	
b	If the organization elected, as permitted under SFAS 116, to	report in its revenue statement and bal	ance sheet works of art, historical treasures,
	or other similar assets held for public exhibition, education, of	or research in furtherance of public serv	ice, provide the following amounts relating to
	these items.		
	(i) Revenues included in Form 990, Part VIII, line 1		> \$
	(ii) Assets included in Form 990, Part X		> \$
2	If the organization received or held works of art, historical tre-	asures, or other similar assets for financ	
	the following amounts required to be reported under SFAS 1	16 relating to these items	
а	Revenues included in Form 990, Part VIII, line 1		> \$
b	Assets included in Form 990, Part X		► \$ ► \$

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

Schedule D (Form 990) 2009

	dule D (Form 990) 2009 URBAN L	EAGUE OF C							Page 2
3	Using the organization's acquisition, accessi								
•	(check all that apply).	0.11, 2.112 0.1101 100010	20, 01100K ui	19 01 1110 11	onowing that are t	olgriniou.ii	200 07 110	0011001101	i itomo
а	Public exhibition	c	ı 🗆 Loa	n or exch	ange programs				
b	Scholarly research	•			ango programo				
c	Preservation for future generations			····					
4	Provide a description of the organization's co	ollections and evolar	n how they	further th	e organization's e	vemnt nurn	osa in Par	t XIV	
5	During the year, did the organization solicit of						USE III F AI	L AIV.	
3	to be sold to raise funds rather than to be m					iai assets		Yes	☐ No
Par	t IV Escrow and Custodial Arran					orm 000 D	art IV Inc		110
	reported an amount on Form 990, Pa		ete ii oigaiii	ization and	swered res tor	OIII: 330, 1 8	ait iv, mie	3, 01	
12	Is the organization an agent, trustee, custod		diany for cor	atributions	or other assets n	ot included	_		
Ia	on Form 990, Part X?	ian or other intermet	ulary for cor	itibutions	or other assets i	ot included		Yes	□ No
L	If "Yes," explain the arrangement in Part XIV	and complete the fe	llavena tabl	lo.				_ res	140
U	ii res, explain the attangement in Part Alv	and complete the it	ollowing tabl	le				Amarint	
_	Pagunna halanaa					4-		Amount	
C	Beginning balance					1c			
	Additions during the year					1d			
_	Distributions during the year					1e			
f	Ending balance	000 5 171	040			1f		٦.,	
	Did the organization include an amount on F	orm 990, Part X, line	217				L	」Yes	∟ No
Par	If "Yes," explain the arrangement in Part XIV	f the superior of			- 000 Dart IV Iva	. 10			
rai	t V Endowment Funds. Complete								
4.	Danish of weathers	(a) Current year	(b) Prior	year	(c) Two years back	(d) Inree	years back	(e) Four	years back
1a	Beginning of year balance				,			` `	
b	Contributions				*				
	Net investment earnings, gains, and losses								
	Grants or scholarships					Λ·			<u> </u>
е	Other expenditures for facilities								-
	and programs					`			
f	Administrative expenses					* .			-
g	End of year balance								
2	Provide the estimated percentage of the year	r end balance held a							
а			_%						
b	Permanent endowment	%							
С		%							
За	Are there endowment funds not in the posse	ession of the organiz	ation that ai	re held an	d administered fo	r the organi	zation	_	
	by								Yes No
	(i) unrelated organizations							3a(i)	
	(ii) related organizations							3a(ii)	
b	If "Yes" to 3a(ii), are the related organizations	s listed as required o	on Schedule	R?				3b	
4	Describe in Part XIV the intended uses of the								
Par	t VI Investments - Land, Building	s, and Equipm	ent. See F	orm 990,	Part X, line 10				
	Description of investment	(a) Cost or o	i	(b) Cost o	1 ' '	Accumulate	-d	(d) Book	value
	· · · · · · · · · · · · · · · · · · ·	basis (investr	ment)	basis (c	other) c	epreciation			
1a	Land					, ,			
b	Buildings								
С	Leasehold improvements		662.			16,6	69.		3,993.
d	Equipment	771,	351.			235,4	34.		917.
е	Other								
Total	. Add lines 1a through 1e. (Column (d) must e	gual Form 990. Part	X. column (B). line 10	(c).)			559	910.

Schedule D (Form 990) 2009

Schedule D (Form 990) 2009 URBAN LEAGU	E OF CLARK	COUNTY	NEVADA	A 20-0873314 Page 3
Part VII Investments - Other Securities. See	Form 990, Part X, II	ne 12		
(a) Description of security or category (including name of security)	(b) Book value			(c) Method of valuation t or end-of-year market value
Financial derivatives				
Closely-held equity interests				
Other				
		-		
		+		
	-			
	=			
Tatal (Cal (b) must equal Form 000, Part V and (D) line 10.)				
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.)				
Part VIII Investments - Program Related. Se	e Form 990, Part X,	line 13		
(a) Description of investment type	(b) Book value			(c) Method of valuation
(4)	(4)		Cos	t or end-of-year market value
		-		
			-	
		-		
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.)				
Part IX Other Assets. See Form 990, Part X, line	15			
	Description			(b) Book value
(a) t	Description .			(b) Book value
	•			
			· · ·	
				
Total. (Column (b) must equal Form 990, Part X, col (B) line				<u> </u>
Part X Other Liabilities. See Form 990, Part X, I	ine 25.		~	
1 (a) Description of liability		(b) Amou	int	V N
Federal income taxes				
	•	9.0	100	•
LINE OF CREDIT		30	,408.	
Total. (Column (b) must equal Form 990, Part X, col (B) line	25.)	90	,408.	
2. FIN 48 Footnote. in Part XIV, provide the text of the foot	note to the organiza	tion's financial s	tatements	that reports the organization's liability for
uncertain tax positions under FIN 48.				·
932053 02-01-10				Schedule D (Form 990) 2009

	rt XI Reconciliation of Change in Net Assets from Form 990 to			cial Stat		73314	Page 4
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1		6,702,	392.
2	Total expenses (Form 990, Part IX, column (A), line 25)		Ì	2		$\frac{6,280}{6}$	
3	Excess or (deficit) for the year Subtract line 2 from line 1			3	_		136.
4	Net unrealized gains (losses) on investments		Ì	4			
5	Donated services and use of facilities		•	5			
6	Investment expenses			6		-	
7	Prior period adjustments			7			
8	Other (Describe in Part XIV)			8		-	
9	Total adjustments (net) Add lines 4 through 8			9			
10 Pai	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and t XII Reconciliation of Revenue per Audited Financial Statements.		th Reven	10 lue per	Return	422,	136.
1	Total revenue, gains, and other support per audited financial statements				1		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12						
а	Net unrealized gains on investments	2a					
b	Donated services and use of facilities	2b	-		7		
С	Recoveries of prior year grants	2c	-		7		
d	Other (Describe in Part XIV)	2d			7		
е	Add lines 2a through 2d				2e		
3	Subtract line 2e from line 1				3		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1						
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a					
b	Other (Describe in Part XIV)	4b]		
С	Add lines 4a and 4b				4c		
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)				5		
Pa	t XIII Reconciliation of Expenses per Audited Financial Stateme	ents Wi	ith Expe	nses pe	r Return		
1	Total expenses and losses per audited financial statements				1		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	1 1					
а	Donated services and use of facilities	2a			_		
b	Prior year adjustments	2b			4		
С	Other losses	2c			4 > 1		
d	Other (Describe in Part XIV.)	2d					
е	Add lines 2a through 2d				_2e		
3	Subtract line 2e from line 1				3		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1	1.1					
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			-		
D	Other (Describe in Part XIV.)	4b		-			
5	Add lines 4a and 4b				4c		
Pai	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) t XIV Supplemental Information				5		
	olete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, e 2; Part XI, line 8; Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also compl						4, Part
				-			
			<u></u>				
							
							<u> </u>

SCHEDULE O

(Form 990)

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury ➤ Attach to Form 990. Internal Revenue Service Name of the organization Employer identification number URBAN LEAGUE OF CLARK COUNTY NEVADA 20-0873314 FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: EQUAL OPPORTUNITY AND PARITY OF AFRICAN AMERICANS AND OTHER MINORITIES. FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: ORGANIZATION PROVIDES SERVICES TO THOSE PEOPLE RESIDING IN SOUTHERN NEVADA. FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: 21ST CENTURY LEARNING CENTER PROGRAM PROVIDES TUTORING, ENRICHMENT, AND PARENTAL INVOLVEMENT ACTIVITIES AT VARIOUS SCHOOLS IN THE CITY. SEE STATEMENT 1 FOR MORE DETAILS EXPENSES \$ 2801750. INCLUDING GRANTS OF \$ 0. REVENUE \$ 41714. FORM 990, PART VI, SECTION B, LINE 11: THE CHIEF OPERATING OFFICER, CHIEF EXECUTIVE OFFICER AND CONTROLLER WILL REVIEW THE TAX RETURN BEFORE IT IS SIGNED AND FILED. FORM 990, PART VI, SECTION B. LINE 12C: ALL POTENTIAL CONFLICTS OF INTEREST, NO MATTER HOW SMALL OR INSIGNIFICANT, ARE REQUIRED TO BE REPORTED TO HUMAN RESOURCES PRIOR TO ENGAGING IN THE POTENTIALLY CONFLICTED THE H.R. MANAGER WILL THEN MAKE A DECISION AS TO WHETHER THE ACTIVITY. RELATIONSHIP OR ACTIVITY IS AN APPROPRIATE ONE FOR THE URBAN LEAGUE.

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS

GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule O (Form 990) 2009 932211 02-03-10

SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

2009
Open to Public Inspection

Name of the organization URBAN LEAGUE OF CLARK COUNTY NEVADA	Employer identification number 20-0873314
AVAILABLE TO THE PUBLIC UPON REQUEST.	
FORM 990, PART XI, LINE 2C	
FINANCIAL STATEMENTS AND REPORTING	
THE PROCESS FOR OVERSIGHT OF THE AUDIT, REVIEW, OR COMPIL	ATION OF ITS
FINANCIAL STATEMENTS AND SELECTION OF AN INDEPENDENT ACCO	OUNTANT HAS NOT
CHANGED FROM PRIOR YEAR.	
	· · · ·

Form 8868

(Rev January 2011)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

• If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box

OMB No 1545-1709

ightharpoons

If you :	are filing for an Additional (Not Automatic) 3-Month Ex	tension, d	complete only Part II (on page 2 of this	form)		
Do not c	omplete Part II unless you have already been granted a	an automa	itic 3-month extension on a previously fi	led Fo	rm 8868.	
Electron	ic filing (e-file). You can electronically file Form 8868 if y	ou need a	a 3-month automatic extension of time t	o file (6	6 months for a corpo	ration
required	to file Form 990-T), or an additional (not automatic) 3-mo	nth extens	sion of time. You can electronically file F	orm 8	868 to request an ex	dension
of time to	file any of the forms listed in Part I or Part II with the exi	ception of	Form 8870, Information Return for Tran	sfers /	Associated With Cer	taın
Personal	Benefit Contracts, which must be sent to the IRS in pap	er format	(see instructions) For more details on t	he elec	ctronic filing of this fo	orm,
visit www	v.irs gov/efile and click on e-file for Chanties & Nonprofits	;				
Part I	Automatic 3-Month Extension of Time	Only su	ibmit original (no copies needed)			
A corpora	ation required to file Form 990-T and requesting an autor	natic 6-mo	onth extension - check this box and con	nplete		
Part I onl	y				•	
	corporations (including 1120-C filers), partnerships, REM ome tax returns	IICs, and t	rusts must use Form 7004 to request ar	exten	ision of time	
Type or	Name of exempt organization			Emp	loyer identification	number
print	URBAN LEAGUE OF CLARK COUNT	ry ne	VADA	2	0-0873314	
File by the due date for filing your	Number, street, and room or suite no If a P O. box, s 930 W. OWENS AVENUE		• • •			
return See instructions	City, town or post office, state, and ZIP code. For a for LAS VEGAS, NV 89106	oreign add	fress, see instructions			
Enter the	Return code for the return that this application is for (file	e a separa	ite application for each return)			0 1
Applicati	ion	Return	Application			Return
Is For		Code	Is For			Code
Form 990)	01	Form 990-T (corporation)			07
Form 990		02	Form 1041-A		-	08
Form 990	·	03	Form 4720			09
Form 990		04	Form 5227			10
	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
	O-T (trust other than above)	06	Form 8870			12
	MORSE ARBERRY,				· · · · · · · · · · · · · · · · · · ·	
• The be	ooks are in the care of ▶ 930 W. OWENS A		- LAS VEGAS, NV 891	06		
Teleph	none No. ► 702-636 -3949		FAX No ▶			
	organization does not have an office or place of business	s in the Ur	nited States, check this box			
	is for a Group Return, enter the organization's four digit			ıs ıs fo	r the whole group, c	heck this
box 🕨	. If it is for part of the group, check this box	1			- ·	
is f	quest an automatic 3-month (6 months for a corporation FEBRUARY 15, 2011 , to file the exempor the organization's return for. calendar year or tax year beginning JUL 1, 2009	t organiza	•		The extension	
2 If th	ne tax year entered in line 1 is for less than 12 months, c Change in accounting period	heck reas	on Initial return Fina	al retur	'n	
	nis application is for Form 990-BL, 990-PF, 990-T, 4720, on refundable credits. See instructions.	or 6069, e	nter the tentative tax, less any	За	\$	0.
b If th	nis application is for Form 990-PF, 990-T, 4720, or 6069,	enter any	refundable credits and			
	imated tax payments made Include any prior year overp	_		3b	\$	0.
c Bal	ance due. Subtract line 3b from line 3a. Include your pa	yment wit	th this form, if required,			
	using EFTPS (Electronic Federal Tax Payment System)			3c	\$	0.
_	If you are going to make an electronic fund withdrawal v			8879-	EO for payment inst	ructions.
	or Paperwork Reduction Act Notice, see Instructions				Form 8868 (Re	

923841 01-03-11

EIN: 20-0873314

Tax Period: 06/30/2010

STATEMENT 1

Accomplishment Statement

The mission of the Las Vegas Clark County Urban League is to "Empower communities and ensure equal opportunity for Low-Income People". The Agency is a 501(c)(3) non-profit founded in 2004 and an affiliate of the National Urban League. The Agency is governed by a multi-racial tripartite board composed of elected public officials, low-income persons, and the community at-large. In 2006 the Urban League accepted the State's request to become the Community Action Agency (CAA for Clark County). As the CAA, the Urban League has experienced strong, strategic-driven growth by collaborating with a diverse network of stakeholders to provide quality programs and services. Programs and services, delivered by a staff of 198 (this is an evolving number) employees are delivered throughout the community. Schedules for programs and facilities are varied with all sites open a minimum of 40 hours per week and some services continuing during evening and weekend hours. As the largest Community Action Agency in the state, the Urban League serves approximately 12,986 people annually in a myriad of employment and training, family self-sufficiency, prisoner reentry, senior and youth programs. This Agency is a human health and welfare organization; and provided the following services, benefits, or assistance to, or conducted activities affecting human health during calendar year 2010 as follows:

FAMILY DEVELOPMENT DEPARTMENT, 930 W. Owens Avenue, Las Vegas, NV 89106 (Operational Days/Hours: Monday – Friday, 8 a.m. – 5 p.m.) Tel: (702) 636-3949

Description of the programs, services, benefits provided in calendar year 2010: The Family Development Department (FDD) targets families in crisis, including the homeless, ex-offenders, human trafficking victims, families facing emergencies and individuals seeking to overcome barriers to self-sufficiency. This Department helps individuals and families achieve self-sufficiency by providing intensive case management services that overcome challenges and promote individual abilities. Strategies designed to stabilize individuals and families in crisis include: (1) Conducting comprehensive client case management to identify barriers to economic self-sufficiency and personal well-being, (2) Assisting individuals and families in developing strategies that will enable them to achieve a level of self-sufficiency, (3) Mentoring and supporting individuals and families striving to achieve their goal. The following services are provided: emergency housing, transitional housing, food assistance, clothing assistance, utility assistance, identification assistance, transportation assistance, employment assistance and basic wellness referral assistance.

How program, services, benefits, affect human health and welfare of the target population: The Family Development Department helps families become self-supporting while assisting them with basic needs. As one of the Urban League's core programs, FDD promotes self sufficiency through education, empowerment, and self advocacy. The department strives to move individuals from poverty to a defined level of self-sufficiency. This program works to revitalize low income communities, to empower low income families/individuals and to

EIN: 20-0873314

Tax Period: 06/30/2010

STATEMENT 1

encourage the development of a strong and healthy community. More definitive benefits include, but are not limited to:

- providing clients with an advocate who works to provide services needed to enable individuals to live as independently as possible and to support themselves and their families
- providing case management services to stabilize individuals and families in crisis.
- providing emergency services to families utilizing both Urban League and other community resources that address basic needs for food, and shelter.
- effectively using all available community resources by providing client information and making referrals to partner organizations.

Dr. WILLIAM U. PEARSON COMMUNITY CENTER, 1625 West Carey St., North Las Vegas NV 89032 (Operational Days/Hours: Monday – Friday 7 a.m. – 9 p.m., Saturday 7 a.m. – 5 p.m.) Tel: (702 483-4200

Description of the programs, services, benefits provided in calendar year 2010: The Urban League manages and operates the Pearson Community Center, an \$18 million community destination hub, through a public/private partnership. The Pearson Community Center targets atrisk youth but also serves young adults, seniors, and families. The Center provides educational, health, and recreational activities for the residents of West Las Vegas--a low-income neighborhood lacking recreational and enrichment amenities. The Center works with youth, adults, families and seniors to promote learning, wellness, socialization and recreation for individuals who are unemployment, academically challenged and economically disadvantaged. The Center's amenities include a computer lab, fitness center, classrooms, multi-purpose space, children's room, senior room, arts center, aerobics room, game room, meeting rooms, and a gymnasium. Enrichment activities at the Center include a host of special events, job fairs, art shows, food drives, holiday activities and other events designed to promote community unity.

How program, services, benefits, affect human health and welfare of the target population:

Delivery of services that benefit the community is the first priority of programming at the Pearson Center. The Center (located in the heart of the targeted community) provides easy access, in a safe and secure environment; for a low-income, vulnerable population to engage in community enrichment, educational, cultural, wellness, an enrichment activities delivered in a myriad of formats, including but not limited to: workshops, job fairs, meetings, classroom and community learning activities, positive recreational and fitness activities. Some of the specific programs provided are: remedial and after school learning opportunities (including tutorial and homework help for problem learners), GED classes, summer and afterschool programming, case management supportive services, aerobics, line dancing, gymnasium sports and special neighborhood events. The Center also promotes Black and Hispanic cultural awareness, including recognition of historical events, important national dates and celebrations.

EIN: 20-0873314

Tax Period: 06/30/2010

STATEMENT 1

READ AND RISE – Administrative Office, 1024 West Owens, Las Vegas, NV 89106, Tel: (702) 483-4200, (administrative days/hours – Monday – Friday 8 a.m. – 5 p.m.) Program is delivered at multiple locations, operational days/hours listed below)

Description of the programs, services, benefits provided in calendar year 2010: Read and Rise is a component of a comprehensive program created by the National Urban League's Education Department in cooperation with Scholastic Inc., and through funding from State Farm Insurance. The program is designed to ensure at-risk children have the prerequisites for early literacy and reading skills to prepare them to achieve in school and for a productive lifetime of success. The program delivery process is to engage parents/caretakers in the education process by teaching them research validated information and practical techniques to help engage their children in reading and literacy-building activities through parent circles, small groups, and meeting with facilitators and instructors. The Read and Rise Program targets parents/caretakers of at-risk children (0-9 years of age) to promote learning strategies in reading at the following sites:

School		% Black Students	% Hispanic Students	% LEP Students	% Pupils Reading Belov "Meets : Standards Level :
Kermit Booker	89106	40.4	52.1	29.4	36
H.P. Fitzgerald	89030	54.8	37.9	30.8	76
Matt Kelly	89106	74.2	18.9	11.6	80
Wendell Williams	89106	64.2	29.4	21.4	61
West Prep Academy	89106	40.2	51.4	36.9	59
Rex Bell	89102	11.2%	65.7%	54%	R =48%
					M=37%
100 Academy	89032	89.1%	8.8%	NA	Na

EIN: 20-0873314

Tax Period: 06/30/2010

STATEMENT 1

" LEP = Limited Eng	lish proficienc	у			
Source: Clark Coun	ty School Distr	ict, School Acco	untability Rep	ports	
http://ccsd.net/sch	ools/accounta	bilityReports.pl	np		
				<u> </u>	
Non-school Sites					

Parent Circles are held at the Shade Tree Shelter, located in 89101, where 70 percent of the children who reside there are under the age of 9. These youngsters demonstrate poor social and developmental skills and have a disruptive history relative to schooling. Site ten is located at Desert Rose Adult High School and draws from a group of low-income parents interested in improving their children's educational opportunities, particularly those from non-English speaking households, or families in which English is the secondary language. The Boys and Girls Club is site 11.

How program, services, benefits, affect human health and welfare of the target population:

Despite major progress toward racial and economic equality over the last 50 years, there remains an academic chasm between low-income black and Hispanic students and students residing in middle class families and communities. While closing this disparity is a complicated undertaking with debate focused on improving schools, enhancing the quality of teaching, and developing new learning techniques; the Urban League's Read and Rise program is focused on a major deterrent to academic failure--family engagement. Home and family experiences critically affect children's cognitive development in the formative and elementary school years. However, the parents/caregivers targeted in this program lack the requisite skills and knowledge to engage in the educational lives of their children and to assist in the attainment of core academic competencies. The need to teach parents how to help their children acquire a solid foundation for learning is critical as parents are a child's first and most important teacher. Participants report that the program helps know what to do to support their children, become more confident, and as a result; become more engaged in school events and activities.

MARTIN LUTHER KING (MLK) SENIOR CENTER, 2420 N. Martin L. King Blvd, North Las Vegas, Nevada 89032 (Operational Days/Hours: Monday – Friday 8 a.m. – 5 p.m), Tel: (702) 636-0064

Description of the programs, services, benefits provided in calendar year 2010: Delivery of health and wellness services for our community's older population is part of the Urban League's

EIN: 20-0873314

Tax Period: 06/30/2010

STATEMENT 1

mission in promoting self-sufficiency. The MLK Senior Center targets low-income senior citizens age 55 and over to provide health, wellness, life-long learning opportunities, recreational activities, socialization, transportation, home repairs and modifications, and case management services to older adults. More than 800 low-income older adults benefit from the Center's essential services, which include but are not limited to: transportation, life-skills education, health screenings, nutritious lunches, arts and crafts, and exercise. Programs such as computer literacy, informational seminars and workshops, fitness and walking programs, trips, tours, and other socialization activities are provided weekly. The Center is also a distribution site for food, toiletries, and commodity foods for individuals living on fixed incomes. The participants enjoy arts and crafts and exercise amenities designed to maintain a healthy life style.

How program, services, benefits, affect human health and welfare of the target population:

The MLK Senior Center provides opportunities for seniors on fixed, low incomes to engage in programs and activities that will enrich and help them maintain a healthy life style. Specific services that benefited seniors during 2010, include but are not limited to: (a) over 4,500 oneway rides to outside resources such as a Walking Program at Mirabelli Community Center; (b) 15,500 hot, nutritious meals were served; (c) provided senior home repairs; (d) facilitated enhanced recreational activities including a healthy lifestyle program, fitness program, bingo sessions, board and card games, movies with popcorn, and a myriad of other socialization opportunities

21st CENTURY COMMUNITY LEARNING CENTERS (CCLC) Administrative Office (Operational Days/Hours Monday – Friday 8 a.m. – 5 p.m.)1024 West Owens, Las Vegas, NV 89106, Tel: (702) 483-4200 (Program Operational Days/Hours Monday – Thursday from 4 p.m. – 6 p.m. at Ebenezer Hands of Help and West Prep Academy)

Description of the programs, services, benefits provided in calendar year 2010: The 21st Century Centers serve 174 students in high poverty areas and those who attend low-performing schools or are designated as in need of improvement under Title I. The Las Vegas-Clark County Urban League implements the 21st CCLC at Ebenezer Church of God in Christ as a structured after school program providing elementary, middle school and high school students-- referred from Preparatory Institute. School for Academic Excellence at Charles I. West Hall (West Prep)--identified as "developing/emergent" or "approaching standard" for academic achievement, with extended opportunities for academic and social success. The program is also operated at Charles I. West Hall (West Prep) as a structured after school program for sixth through eighth grade students identified as "approaching standard". The purpose of the program is to provide students with academic enrichment opportunities designed to complement the students' regular academic program. The program also offers students' families literacy and related educational development. The Agency's Community Learning Centers provide a range of high-quality services to support student learning and development; including tutoring and mentoring. homework help, academic enrichment, artistic and cultural experiences, youth development and community service opportunities, as well as cultural activities. The home schools of the students participating in the Agency's 21st Century program are 51.4% Hispanic, 40.2% Black, 36.9%

EIN: 20-0873314

Tax Period: 06/30/2010

STATEMENT 1

Limited English Proficient with 59% of the population identified as reading below "meets standard" level as documented on the Clark County School District Accountability report. The elementary school did not meet mandated Adequate Yearly Progress and the middle school status is listed as in need of improvement.

How program, services, benefits, affect human health and welfare of the target population: This program delivers academic enrichment activities that help students attending these schools meet State and local standards, to help reduce the significantly high drop-out rate in the District, to provide resources and supports that schools facing budget cuts no longer have the capacity to deliver and to help parents by providing a safe environment for students when school is not in session. The program meets and/or exceeds all Nevada Department of Education performance requirements.

WOMEN INFANT AND CHILDREN (WIC), 6480 W. Flamingo, Suite B, Las Vegas, NV 89103 and 2340 E. Tropicana Avenue, Suite 37, Las Vegas, NV 89119 (Operational days/hours: Monday – Friday, 8 am – 5 pm.)

Description of the programs, services, benefits provided in calendar year 2010: In 2007, the Urban League added to its portfolio a new WIC Clinic in Clark County. The Agency was given complete autonomy by the State to locate a site, develop a space plan, build physical and operational infrastructure. The Urban League has successfully administered the WIC program and has met or exceeded all program requirements. This program is the state's "model" for high-performing facilities that safeguard the health of low income women, infants and children (up to age 5) by providing supplemental nutritious foods and prenatal and postpartum healthcare information. As a result, a second clinic was opened in 2009. Classes are offered in English and Spanish.

How program, services, benefits, affect human health and welfare of the target population:

The high demand program serves more than 92,048 (duplicated count) participants each year. WIC delivers supplemental nutritious foods, nutrition education and counseling at WIC clinics, and screenings/referrals to other health, welfare and social services. The nutrition education and counseling that is provided to low-income women ensures that they understand the relationship between proper nutrition and good health. The program serves pregnant women, breastfeeding women, nonbreastfeeding postpartum women, infants, and children up to their 5th birthday. WIC saves lives and improves the health of nutritionally at-risk women, infants and children. Collective findings of studies, reviews and reports demonstrate that the WIC Program is cost effective in protecting or improving the health/nutritional status of low-income women, infants and children, including: Improved Birth Outcomes and Savings in Health Care Costs, Improved Diet and Diet-Related Outcomes, Improved Infant Feeding Practices, Immunization Rates and Regular Source of Medical Care, Improved Cognitive Development, and Improved Preconceptional Nutritional Status As an identified model program, the Urban League WIC is providing these benefits to the target population.

EIN: 20-0873314

Tax Period: 06/30/2010

STATEMENT 1

PRISONER REENTRY PROGRAM (REXO) – 930 W. Owens Avenue, Las Vegas, NV 89106

(Operational Days/Hours: Monday - Friday, 8 a.m. - 5 p.m.) Tel: (702) 636-3949

Description of the programs, services, benefits provided in calendar year 2010: The Prisoner Reentry Program is designed to assist ex-felons transitioning from prison back to the community. The goal is to provide family re-unification, education, mentoring and referral services to help ex-felons become self-sufficient through gainful employment. The PRI program provides clients life skills and employment training to improve communication, conflict resolution and interpersonal skills. Intensive case management provides supportive services to keep the client focused on attaining self-sufficiency goals and to reduce recidivism.

How program, services, benefits, affect human health and welfare of the target population:

The PRI program seeks to strengthen a community that is characterized by large numbers of returning prisoners by providing an employment-centered program that incorporates mentoring, job training and other comprehensive transitional services. The program benefits participants by reducing their risk of recidivism, helping them become self-sufficient and making the community safer. The program delivers the training and support ex-offenders need to reintegrate into the community and to enter and compete in the workforce. The unique strengths of the Urban League provide a direct link into the communities to which the ex-prisoners are returning.

BROADBAND TECHNOLOGY OPPORTUNITIES (BTOP) – Administrative Office (Operational Days/Hours Monday – Friday 8 a.m. – 5 p.m.) 1024 West Owens, Las Vegas, NV 89106, See below for center locations, hours vary (Monday – Friday, 8 a.m. – 8 p.m. with all centers open 8 hours per day and approximately 20 centers will be open on Saturdays.

Description of the programs, services, benefits provided in calendar year 2010: The Las Vegas Urban League was selected to administer the federal Broadband Technology Opportunities Program, which expanded the capacity of 14 public computer centers and created 16 new computer centers in public housing developments and community and senior centers throughout the most economically disadvantaged communities in Clark County, Nevada. The Centers offer computer classes in English and Spanish, job training and certification programs, and community health programs through local partner organizations. The project increased the number of users from 1,600 to 4,600 per week. The 30 public computer centers are in the following locations that provide access to vulnerable populations; including, public housing developments, low-income and high unemployment communities and senior citizens:

CENTER LOCATIONS

City of Las Vegas

Doolittle Community Center Mirabeli Community Center East Las Vegas Community Center 1950 N. J Street 6200 Hargrove Ave. 250 N. Eastern

EIN: 20-0873314

Tax Period: 06/30/2010

STATEMENT 1

Rafael Rivera Community Center 2900 E. Stewart Ave. Stupak Community Center 300 W. Boston

Howard Lieburn 6230 Garwood Avenue

Downtown Senior Services Center 310 S. 9th Street
Las Vegas Senior Center 451 E. Bonanza
Latin Chamber of Commerce 300 N. 13th Street

Southern Nevada Regional Housing Authority

Sartini Plaza 900 South Brush
Archie Grant 1720 Searles Avenue
Otto Merida 50 N. Honolulu Street
Robert Gordon 450 N. 11th Street
Rulon Earl Mobile Manor 3901 E. Stewart
Vera Johnson B 507 N. Lamb

Vera Johnson A1550 E. Harris AvenueMarble Manor912 Gerson StreetSherman Gardens1012 Silverman Way

Espinoza Terrace 171 Van Wagenen, Henderson Landsman Gardens 750 Major Streeet, Henderson Hampton Court 1030 Center Street, Henderson

Biegger Estates5701 Missouri StreetSchaffer Heights2901 Schaffer HeightsJones Gardens1750 Marion DriveSimmons Manor5385 Austin John CourtJanice Brooks Bay5201 Walnut AvenueMendoza Plaza1950 N. Walnut

Palo Verde Gardens 101 Palo Verde Drive, Henderson

Levy Gardens 2525 Washington

City of North Las Vegas

Martin Luther King Senior Center

2420 Martin Luther King

How program, services, benefits, affect human health and welfare of the target population:

As the area's economy continues to struggle with record unemployment, more low-income residents do not own computers and are in need of computer access to help them conduct job searches, identify available social services, find housing and other resources. The Centers are providing this access to vulnerable and disabled populations throughout economically disadvantaged communities in Clark County. BTOP provides job training to the unemployed or under-employed, helps school children access materials they need to learn, meets the needs of a large-Spanish speaking population by providing bilingual instruction, provides interactive and online job search tools, and other services that help empower a disenfranchised population.

CHILD CARE SUBSIDY PROGRAM - Administrative Offices 2470 N. Decatur, Suite 150, Las Vegas, NV 89108 (Operational days/hours Monday – Friday 8 a.m. – 5 p.m.) Tel:

EIN: 20-0873314

Tax Period: 06/30/2010

STATEMENT 1

(702) 473-8400. Services also delivered at 1058 W. Owens, 520 S. Boulder Hwy, 611 N. Nellis, 700 Belrose, and 3330 E. Flamingo.

Description of the programs, services, benefits provided in calendar year 2010: The Child Care Subsidy Program provides financial assistance to income eligible families who struggle with the high cost of child care. We work to empower parents to make the choices that will lead to self-sufficiency. This program works in conjunction with the Division of Welfare and Supportive Services and the Children's Cabinet to connect children and families with access to a variety of quality child care programs and resources. The program is designed to provide affordable, accessible, reliable, caring, safe and stimulating child care for the children of Southern Nevada. Child Care Subsidy Services are located in the cities of Las Vegas and Henderson, Nevada:

How program, services, benefits, affect human health and welfare of the target population: In today's difficult economy, the pressures on families are greater than ever. The Child Care Subsidy program benefits families by providing a solution to their temporary challenge of affordable, quality child care and helps families work toward self-sufficiency. More definitively, the program provides affordable, accessible, reliable caring, safe and stimulating child care.

WEATHERIZATION ASSISTANCE PROGRAM - 930 W. Owens, Las Vegas, NV 89106 (Operational Days/Hours – Monday – Friday 8 a.m. – 5 p.m.) Tel: (702) 636-3949

Description of the programs, services, benefits provided in calendar year 2010: The Agency's Weatherization Assistance Program enables North Las Vegas low-income residents to reduce energy bills by making homes more energy efficient at no cost. Department of Energy funds are used to improve the energy performance of homes for needy residents using the most advanced technologies and testing protocols available in the housing industry. Typical weatherization activities include air sealing to reduce infiltration, attic insulation, low flow shower heads, energy efficient light bulbs, solar screens, and repair/replace air conditioners and refrigerators.

How program, services, benefits, affect human health and welfare of the target population: Families receiving weatherization services see their annual energy bills reduced by about \$437. The energy improvements that make up weatherization are long lived and the savings add up over time to substantial benefits for weatherization clients and their communities. Additionally, the energy conservation resulting from this program helps the community and, in turn, the country reduce its dependence on foreign oil.