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Form **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)

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

OMB No. 1545-0047

**2010**Open to Public  
Inspection**A** For the 2010 calendar year, or tax year beginning **JUL 1, 2010** and ending **JUN 30, 2011****B** Check if applicable

- ☐ Address change  
☐ Name change  
☐ Initial return  
☐ Terminated  
☐ Amended return  
☐ Application pending

**C** Name of organization**URBAN LEAGUE OF CLARK COUNTY NEVADA**Doing Business As **LV CLARK COUNTY URBAN LEAGUE**

Number and street (or P.O. box if mail is not delivered to street address)

**930 W. OWENS AVENUE**

Room/suite

City or town, state or country, and ZIP + 4

**LAS VEGAS, NV 89106****F** Name and address of principal officer **E. LAVONNE LEWIS****930 W. OWENS AVENUE, LAS VEGAS, NV 89106****D** Employer identification number**20-0873314****E** Telephone number**702-636-3949****G** Gross receipts \$ **12,523,510.****H(a)** Is this a group return

for affiliates?

☐ Yes ☒ No**H(b)** Are all affiliates included? ☐ Yes ☐ No

If "No," attach a list. (see instructions)

**H(c)** Group exemption number ▶**I** Tax-exempt status ☒ 501(c)(3) ☐ 501(c)( ) (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: **WWW.LVCCUL.ORG****K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation: **2003** **M** State of legal domicile: **NV****Part I Summary**

Activities & Governance		Revenue		Expenses		Net Assets or Fund Balances	
1	Briefly describe the organization's mission or most significant activities <b>TO ELIMINATE RACIAL DISCRIMINATION AND SEGREGATION AND TO WORK FOR THE ACHIEVEMENT OF</b>						
2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets						
3	Number of voting members of the governing body (Part VI, line 1a)	3					
4	Number of independent voting members of the governing body (Part VI, line 1b)	4					
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5					
6	Total number of volunteers (estimate if necessary)	6					
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a					
7b	Net unrelated business taxable income from Form 990-T, line 34	7b					
8	Contributions and grants (Part VIII, line 1h)		Prior Year		Current Year		
9	Program service revenue (Part VIII, line 2g)		6,659,332.		12,492,842.		
10	Investment income (Part VIII, column (A), lines 3, 4, and 1d)		41,714.		28,261.		
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,346.		2,407.		
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		6,702,392.		12,523,510.		
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.		0.		
14	Benefits paid to or for members (Part IX, column (A), line 4)		0.		0.		
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		3,932,399.		7,626,694.		
16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.		0.		
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>55,651.</b>						
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		2,347,857.		5,013,210.		
18	Total expenses - Add lines 13-17 (must equal Part IX, column (A), line 25)		6,280,256.		12,639,904.		
19	Revenue less expenses - Subtract line 18 from line 12		422,136.		-116,394.		
20	Total assets (Part X, line 16)		Beginning of Current Year		End of Year		
21	Total liabilities (Part X, line 26)		1,732,153.		1,725,560.		
22	Net assets or fund balances - Subtract line 21 from line 20		848,325.		958,126.		
			883,828.		767,434.		

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign  
Here

Signature of officer

Date

**2/10/12****E. LAVONNE LEWIS, INTERIM CEO**

Type or print name and title

Paid

Print/Type preparer's name

Preparer's signature

Date

Check if self-employed

PTIN

**DEAN WALKER, CPA****1/31/12**

Preparer

Firm's name ▶ **L.L. BRADFORD & COMPANY**

Firm's EIN ▶

Use Only

Firm's address ▶ **8880 W. SUNSET RD THIRD FLOOR**Phone no. **702-735-5030****LAS VEGAS, NV 89148**

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

☒ Yes ☐ No

032001 02-22-11 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2010)**SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION**

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**Part III** Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

☒ X

- 1 Briefly describe the organization's mission

**THE MISSION OF THE LAS VEGAS-CLARK COUNTY URBAN LEAGUE IS TO ELIMINATE RACIAL DISCRIMINATION AND SEGREGATION AND TO WORK FOR THE ACHIEVEMENT OF EQUAL OPPORTUNITY AND PARITY FOR AFRICAN AMERICANS, OTHER 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 ☒ 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 ☒ 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 expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code \_\_\_\_\_) (Expenses \$ 1,499,980. including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

**THE FAMILY DEVELOPMENT PROGRAM ASSISTS INDIVIDUALS AND FAMILIES IN OVERCOMING BARRIERS TO SELF-SUFFICIENCY AND WELL BEING, HELPS INDIVIDUALS GAIN SKILLS IN FINDING AND KEEPING A LIVABLE WAGE JOB, AND HELPS INDIVIDUALS AND FAMILIES GAIN SKILLS TO LIVE INDEPENDENTLY AND ADVOCATE FOR THEMSELVES.**

4b (Code \_\_\_\_\_) (Expenses \$ 2,507,553. including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

**THE BROADBAND TECHNOLOGY OPPORTUNITY PROGRAM (BTOP) PROVIDES FREE COMPUTER AND INTERNET ACCESS FOR RESIDENTS OF CLARK COUNTY, NEVADA, AND PROVIDES GROUP AND INDIVIDUAL INSTRUCTION ON A WIDE VARIETY OF COMPUTER RELATED TOPICS.**

4c (Code \_\_\_\_\_) (Expenses \$ 3,532,098. including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

**THE CHILD CARE SUBSIDY PROGRAM PROVIDES SUBSIDIES FOR CHILDCARE SERVICES TO LOW-INCOME FAMILIES WITH PARENTS WHO ARE WORKING, IN EDUCATION, OR TRAINING.**

- 4d Other program services (Describe in Schedule O)

(Expenses \$ 4,008,744. including grants of \$ \_\_\_\_\_) (Revenue \$ 28,261.)4e Total program service expenses **11,548,375.**

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	<b>X</b>	
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors?		<b>X</b>
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		<b>X</b>
<b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		<b>X</b>
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		
<b>6</b> 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? <i>If "Yes," complete Schedule D, Part I</i>		<b>X</b>
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		<b>X</b>
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		<b>X</b>
<b>9</b> Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		<b>X</b>
<b>10</b> Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		<b>X</b>
<b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	<b>X</b>	
<b>b</b> Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		<b>X</b>
<b>c</b> 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? <i>If "Yes," complete Schedule D, Part VIII</i>		<b>X</b>
<b>d</b> 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 Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		<b>X</b>
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	<b>X</b>	
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>		<b>X</b>
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>		<b>X</b>
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional</i>		<b>X</b>
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		<b>X</b>
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?		<b>X</b>
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Parts I and IV</i>		<b>X</b>
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i>		<b>X</b>
<b>16</b> 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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		<b>X</b>
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		<b>X</b>
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		<b>X</b>
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		<b>X</b>
<b>20a</b> Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		<b>X</b>
<b>b</b> If "Yes" to line 20a, did the organization attach its audited financial statements to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)		

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**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>21</b> 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? <i>If "Yes," complete Schedule I, Parts I and II</i>	<b>21</b>	<b>X</b>
<b>22</b> 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? <i>If "Yes," complete Schedule I, Parts I and III</i>	<b>22</b>	<b>X</b>
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	<b>23</b>	<b>X</b>
<b>24a</b> 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>	<b>24a</b>	<b>X</b>
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	<b>24b</b>	
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	<b>24c</b>	
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	<b>24d</b>	
<b>25a</b> <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	<b>25a</b>	<b>X</b>
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	<b>25b</b>	<b>X</b>
<b>26</b> Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>	<b>26</b>	<b>X</b>
<b>27</b> 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? <i>If "Yes," complete Schedule L, Part III</i>	<b>27</b>	<b>X</b>
<b>28</b> 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)		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	<b>28a</b>	<b>X</b>
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	<b>28b</b>	<b>X</b>
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	<b>28c</b>	<b>X</b>
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	<b>29</b>	<b>X</b>
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	<b>30</b>	<b>X</b>
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	<b>31</b>	<b>X</b>
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	<b>32</b>	<b>X</b>
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	<b>33</b>	<b>X</b>
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	<b>34</b>	<b>X</b>
<b>35</b> Is any related organization a controlled entity within the meaning of section 512(b)(13)?	<b>35</b>	<b>X</b>
<b>a</b> Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	<b>36</b>	<b>X</b>
<b>37</b> 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? <i>If "Yes," complete Schedule R, Part VI</i>	<b>37</b>	<b>X</b>
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	<b>38</b>	<b>X</b>

**Note.** All Form 990 filers are required to complete Schedule OForm **990** (2010)

**Part V** Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response to any question in this Part V ☐

		Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1a 42		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b 0		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X	
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	2a 18		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	2b	X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b 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 authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>			
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?	7a		X
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d If "Yes," indicate the number of Forms 8282 filed during the year.	7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
<b>8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		X
<b>9 Sponsoring organizations maintaining donor advised funds.</b>			
a Did the organization make any taxable distributions under section 4966?	9a		X
b Did the organization make a distribution to a donor, donor advisor, or related person?	9b		X
<b>10 Section 501(c)(7) organizations.</b> Enter			
a Initiation fees and capital contributions included on Part VIII, line 12.	10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b		
<b>11 Section 501(c)(12) organizations.</b> Enter			
a Gross income from members or shareholders.	11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b		
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b		
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>			
a Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.	13a		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b		
c Enter the amount of reserves on hand.	13c		
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b		

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

Check if Schedule O contains a response to any question in this Part VI

☒**Section A. Governing Body and Management**

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	15	
b Enter the number of voting members included in line 1a, above, who are independent	0	
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?		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?		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6 Does the organization have members or stockholders?		X
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	X	
b Each committee with authority to act on behalf of the governing body?	X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
10a Does the organization have local chapters, branches, or affiliates?	X	
b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	X	
11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
13 Does the organization have a written whistleblower policy?	X	
14 Does the organization have a written document retention and destruction policy?	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?		
a The organization's CEO, Executive Director, or top management official		X
b Other officers or key employees of the organization		X
If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

**Section C. Disclosure**

17 List the states with which a copy of this Form 990 is required to be filed **NONE**

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  
☐ Own website ☐ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization **PHYLLIS Y. TUCKER, CPA**  
**2470 N. DECATUR BLVD, STE. 150, LAS VEGAS, NV 89108**

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Check if Schedule O contains a response to any question in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
DONOVAN CHAMBERS IT DIRECTOR	40.00	X		X				84,547.	0.	0.
DICK HALLON ASSISTANT IT DIRECTOR	40.00	X		X				51,787.	0.	0.
MARIESA MALONE PROGRAMS DIRECTOR	40.00	X		X				40,276.	0.	0.
ANN BARRON PLANNING DIRECTOR	40.00	X		X				39,404.	0.	0.
ALEX MENDEZ PLANNING DIRECTOR	40.00	X		X				58,513.	0.	0.
EUGUEN (LOU) COLLINS PEARSON DIRECTOR	40.00	X						53,345.	0.	0.
JEFF DROTHLER BTOP DIRECTOR	40.00	X						49,115.	0.	0.
MORSE ARBERRY, JR INTERIM CEO	40.00			X				102,202.	0.	0.
E. LAVONNE LEWIS INTERIM CEO	40.00			X				84,890.	0.	0.
LINDA LESURE HR DIRECTOR	40.00			X				71,763.	0.	0.
PHYLLIS TUCKER COMPTROLLER	40.00			X				73,349.	0.	0.
MICHAEL MAXWELL CHILD CARE SUBSIDY MGR	40.00							49,032.	0.	0.
ERICKA SMITH ASST. CHILD CARE SUBSIDY MGR	40.00							40,061.	0.	0.
TIM PEREZ WIC MANAGER	40.00							55,994.	0.	0.
IDA DAVIS MLK MANAGER	40.00							47,433.	0.	0.
RON EVANS WEATHERIZATION MANAGER	40.00							45,988.	0.	0.
KATHY GUARD PLUS MANAGER	40.00							45,758.	0.	0.



**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
CAROL SANTIAGO EDUCATION MANAGER	40.00							49,021.	0.	0.
<b>1b Sub-total</b>								1,042,478.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								1,042,478.	0.	0.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **1**

	Yes	No
3 Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. **NONE**

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **0**

**Part VIII Statement of Revenue**

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1 a Federated campaigns	1a					
	b Membership dues	1b	14,424.				
	c Fundraising events	1c	71,533.				
	d Related organizations	1d					
	e Government grants (contributions)	1e	11,274,381.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	1132504.				
	g Noncash contributions included in lines 1a-1f \$						
h Total. Add lines 1a-1f			12,492,842.				
Program Service Revenue	2 a PROGRAM REVENUE	Business Code	900099	28,261.	28,261.		
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f			28,261.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			2,407.	2,407.		
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross Rents	(i) Real	(ii) Personal				
	b Less: rental expenses						
	c Rental income or (loss)						
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	b Less cost or other basis and sales expenses						
	c Gain or (loss)						
	d Net gain or (loss)						
	8 a Gross income from fundraising events (not including \$ 71,533. of contributions reported on line 1c) See Part IV, line 18	a	0.				
	b Less direct expenses	b	0.				
	c Net income or (loss) from fundraising events			0.			
	9 a Gross income from gaming activities See Part IV, line 19	a					
	b Less direct expenses	b					
	c Net income or (loss) from gaming activities						
	10 a Gross sales of inventory, less returns and allowances	a					
	b Less cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue			Business Code				
11 a							
b							
c							
d All other revenue							
e Total. Add lines 11a-11d							
12 Total revenue See instructions.				12,523,510.	30,668.	0.	0.

**Part IX Statement of Functional Expenses**

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

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
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. 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)				
7 Other salaries and wages	7,626,694.	7,159,306.	467,388.	
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)				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	210,014.	116,967.	79,047.	14,000.
12 Advertising and promotion	93,206.	91,081.	1,321.	804.
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	1,608,370.	1,545,347.	63,023.	
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	6,445.		6,445.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	212,383.		212,383.	
23 Insurance	99,161.	95,541.	3,620.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a <u>SPECIFIC CLIENT ASSISTANCE</u>	1,595,606.	1,587,120.	8,486.	
b <u>SUPPLIES</u>	355,609.	339,747.	14,810.	1,052.
c <u>FACILITY EXPENSES-OTHER</u>	240,881.	199,916.	40,965.	
d <u>TELEPHONE</u>	164,000.	146,952.	17,048.	
e <u>TRAVEL AND MEETING</u>	88,700.	48,392.	35,940.	4,368.
f All other expenses	338,835.	218,006.	85,402.	35,427.
25 Total functional expenses. Add lines 1 through 24f	12,639,904.	11,548,375.	1,035,878.	55,651.
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year
<b>Assets</b>	1 Cash - non-interest-bearing	545,532.	1	525,628.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	576,853.	3	347,203.
	4 Accounts receivable, net		4	
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	21,543.	9	226,598.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,061,802.		
	b Less: accumulated depreciation	10b 464,486.	559,910.	10c 597,316.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	28,315.	15	28,815.
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	1,732,153.	16	1,725,560.	
<b>Liabilities</b>	17 Accounts payable and accrued expenses	757,917.	17	725,170.
	18 Grants payable		18	98,267.
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities. Complete Part X of Schedule D	90,408.	25	134,689.
	26 <b>Total liabilities.</b> Add lines 17 through 25	848,325.	26	958,126.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	27 Unrestricted net assets	721,888.	27	644,167.
	28 Temporarily restricted net assets	161,940.	28	123,267.
	29 Permanently restricted net assets		29	
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 <b>Total net assets or fund balances</b>	883,828.	33	767,434.
34 <b>Total liabilities and net assets/fund balances</b>	1,732,153.	34	1,725,560.	

Form 990 (2010)

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response to any question in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	12,523,510.
2	Total expenses (must equal Part IX, column (A), line 25)	2	12,639,904.
3	Revenue less expenses Subtract line 2 from line 1	3	-116,394.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	883,828.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	0.
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	767,434.

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response to any question in this Part XII ☒1 Accounting method used to prepare the Form 990 ☒ 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?

b Were the organization's financial statements audited by an independent accountant?

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule 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 a separate basis, consolidated basis, or both

☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Yes No

2a

X

2b

X

2c

X

3a

X

3b

Form 990 (2010)

Department of the Treasury  
Internal Revenue Service

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

OMB No. 1545-0047

2010

**Open to Public Inspection**

Name of the organization

URBAN LEAGUE OF CLARK COUNTY NEVADA

Employer identification number

20-0873314

<b>Part I</b>	<b>Reason for Public Charity Status</b> (All organizations must complete this part ) See instructions
---------------	---

The organization is not a private foundation because it is (For lines 1 through 11, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state. \_\_\_\_\_

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II)

9 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III)

10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I      b ☐ Type II      c ☐ Type III - Functionally integrated      d ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f ☐ If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box \_\_\_\_\_

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

(ii) A family member of a person described in (i) above?

(iii) A 35% controlled entity of a person described in (i) or (ii) above?

h Provide the following information about the supported organization(s).

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

[illegible]

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

Schedule A (Form 990 or 990-EZ) 2010

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	233,961.	3,631,328.	3,752,908.	6,619,337.	12,449,570.	26,687,104.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 <b>Total.</b> Add lines 1 through 3	233,961.	3,631,328.	3,752,908.	6,619,337.	12,449,570.	26,687,104.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 <b>Public support.</b> Subtract line 5 from line 4						26,687,104.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	233,961.	3,631,328.	3,752,908.	6,619,337.	12,449,570.	26,687,104.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources			1,648.	1,346.	2,407.	5,401.
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 assets (Explain in Part IV)	31,570.	16,226.	32,375.	81,708.	71,533.	233,412.
11 <b>Total support.</b> Add lines 7 through 10						26,925,917.
12 Gross receipts from related activities, etc. (see instructions)					12	87,625.

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ☐

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	14	99.11 %
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	98.86 %

16a **33 1/3% support test - 2010.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ☒

b **33 1/3% support test - 2009.** 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 - 2010.** 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 - 2009.** 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) 2010

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support</b> (Subtract line 7c from line 6)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>13 Total support</b> (Add lines 9, 10c, 11, and 12)						

**14 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**

<b>15</b> Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2009 Schedule A, Part III, line 15	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2009 Schedule A, Part III, line 17	<b>18</b>	%

**19a 33 1/3% support tests - 2010.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐**b 33 1/3% support tests - 2009.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐



**SCHEDULE D**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

▶ Complete if the organization answered "Yes," to Form 990,  
Part IV, line 6, 7, 8, 9, 10, 11, or 12.  
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

**2010**

Open to Public  
Inspection

Name of the organization

URBAN LEAGUE OF CLARK COUNTY NEVADA

Employer identification number

20-0873314

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6

	(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 advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

**Part II Conservation Easements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 7

1 Purpose(s) of conservation easements held by the organization (check all that apply)

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it 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 during the year ▶ \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 8

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1	▶ \$ _____
(ii) Assets included in Form 990, Part X	▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items.

a Revenues included in Form 990, Part VIII, line 1	▶ \$ _____
b Assets included in Form 990, Part X	▶ \$ _____

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items

(check all that apply)

a ☐ Public exhibitiond ☐ Loan or exchange programsb ☐ Scholarly researche ☐ Other \_\_\_\_\_c ☐ Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets

to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes☐ No**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes☐ No

b If "Yes," explain the arrangement in Part XIV

**Part V Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as:

a Board designated or quasi-endowment ► \_\_\_\_\_ %

b Permanent endowment ► \_\_\_\_\_ %

c Term endowment ► \_\_\_\_\_ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i) unrelated organizations

(ii) related organizations

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

	Yes	No
3a(i)		
3a(ii)		
3b		

4 Describe in Part XIV the intended uses of the organization's endowment funds

**Part VI Land, Buildings, and Equipment.** See Form 990, Part X, line 10

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements	49,527.		23,703.	25,824.
d Equipment	1,012,275.		440,783.	571,492.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				597,316.

Schedule D (Form 990) 2010

**Part VII Investments - Other Securities.** See Form 990, Part X, line 12

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
<b>Total</b> (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶		

**Part VIII Investments - Program Related.** See Form 990, Part X, line 13

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
<b>Total</b> (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶		

**Part IX Other Assets.** See Form 990, Part X, line 15

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶	

**Part X Other Liabilities.** See Form 990, Part X, line 25

1. (a) Description of liability	(b) Amount
(1) Federal income taxes	
(2) <b>LINE OF CREDIT</b>	<b>82,453.</b>
(3) <b>DEFERRED RENT</b>	<b>52,236.</b>
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	
<b>134,689.</b>	

FIN 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under

FIN 48 (ASC 740)

032053  
12-20-10



**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

**2010**

Open to Public  
Inspection

Name of the organization

URBAN LEAGUE OF CLARK COUNTY NEVADA

Employer identification number

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 \$ 4,008,744. INCLUDING GRANTS OF \$ 0. REVENUE \$ 28,261.

FORM 990, PART VI, SECTION B, LINE 11: THE 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  
ACTIVITY. THE H.R. MANAGER WILL THEN MAKE A DECISION AS TO WHETHER THE  
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  
AVAILABLE TO THE PUBLIC ON ITS WEBSITE, AS WELL AS IN OFFICE UPON REQUEST.

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

Schedule O (Form 990 or 990-EZ) (2010)

032211  
01-24-11

Name of the organization

URBAN LEAGUE OF CLARK COUNTY NEVADA

Employer identification number

20-0873314

FORM 990, PART XI, LINE 2C

FINANCIAL STATEMENTS AND REPORTING

THE PROCESS FOR OVERSIGHT OF THE AUDIT, REVIEW, OR COMPILATION OF ITS  
FINANCIAL STATEMENTS AND SELECTION OF AN INDEPENDENT ACCOUNTANT HAS NOT  
CHANGED FROM PRIOR YEAR.

**Application for Extension of Time To File an  
Exempt Organization Return**

OMB No 1545-1709

► **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 ☒
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)

**Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868

**Electronic filing (e-file).** You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*.

**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed)

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only ☐*All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.*

Type or print  File by the due date for filing your return. See instructions	Name of exempt organization	Employer identification number
	URBAN LEAGUE OF CLARK COUNTY NEVADA	20-0873314
	Number, street, and room or suite no. If a P.O. box, see instructions	
	930 W. OWENS AVENUE	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions	
	LAS VEGAS, NV 89106	

Enter the Return code for the return that this application is for (file a separate application for each return)

**01**

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**PHYLLIS Y. TUCKER, CPA**

- The books are in the care of ►
- 2470 N. DECATUR BLVD, STE. 150 - LAS VEGAS, NV 89108**

Telephone No ► \_\_\_\_\_

FAX No ► \_\_\_\_\_

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **FEBRUARY 15, 2012**, to file the exempt organization return for the organization named above. The extension is for the organization's return for.

► ☐ calendar year \_\_\_\_\_ or► ☒ tax year beginning **JUL 1, 2010**, and ending **JUN 30, 2011**

- 2 If the tax year entered in line 1 is for less than 12 months, check reason ☐ Initial return ☐ Final return  
☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c <b>Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA For Paperwork Reduction Act Notice, see Instructions.

Form **8868** (Rev. 1-2011)

**Las Vegas-Clark County Urban League**  
**Main Office: 930 W. Owens, Las Vegas, NV 89106**  
**www.lvccul.org**  
**Tel: (702) 636-3949**  
**Fax: (702) 636-9240**

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 210 (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 2011:** 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



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 2011:** 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 at-risk 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 unemployed, 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 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.

**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 2011:** 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:

**Read and Rise School / Sites Contact List**

School / Site	Principal / Contact	Address	email	phone
Acelero-Gates	Sheila Byrd-Principal CC –Contact Person	951 West Tonopah Drive LV, NV 89106	cceniceros@acelero.net	799-1845or44 Fax 631-1486
Booker Elementary	Marcus Mason-Principal Mark Norman-Contact	2277 Martin Luther King Bl LV, NV 89106	marknorman@interact.ccsd.net mjm@interact.ccsd.net	799-4720 Fax 799-4727
Boys and Girl Club	Raul Gomer			399-5692
Desert Rose	DR. S.Ransel-Principal Diann Noble-Contact Person	444 West Brooks Ave. N.LV, NV 89030	dcknobel@interact.ccsd.net	460-7494 cell Fax
Elaine Wynn	Ellen Bordinhao-Principal Janet Gerard-Contact Person		janneyg@interact.ccsd.net	296-6810- cell
Fitzgerald Elementary	Laura Forsberg-Principal Kim Weekly-Contact Person	2651 N. Revere N. LV, NV 89030	Ktturner-weekly@interact.ccsd.net	799-0600 ext.4100 Fax
Kit Carson Elementary	Cynthia Marlowe-Principal Oneta Christian-Contact	1735 N."D"Street LV,NV 89106	Cmarlowe@interact.ccsd.net Christian@interact.ccsd.net	799-7113 ext.4043 Fax 799-0401
Matt Kelly	Patricia HarrisPrincipal John Glass-	1900 "J" Street LV,NV 89106	johncglass@ccsd.net	799-4750 Fax 799-0699

	Contact Person			
100 Academy	Peggy Selma-Principal Shawn T. Smith-Contact	2341 Comstock Drive LV,NV 89032	shawn.smith@imagineschools.com	636-2551 Fax 6369475
Rex Bell	Tim Adams-Principal Rebecca Gonzales-Contact	2900 Wilmington Way LV,NV	gonzarl@interact.ccsd.net	799-5910
Robert L. Taylor Elementary	Janet Dobry	144 Westminster Way Henderson, NV	jdobrt@interact.ccsd.net	799-8950 Fax 799-8984
Rose Warren Elementary	Rosanna Gallagher-Principal Guadalupe Ousley-Contact	6451 Brandywine Way LV,NV89107	rbgallagher@interact.ccsd.net GMOusley@interact.ccsd.net	799-4233 4029 Fax
Roundy Elementary				
Ruby Thomas Elementary	Dennis Kudala-Principal Nancy- Office Manager	1560 Cherokee Ln LV,NV 89169	NLPerez@interact.ccsd.net	799-5550
Shade Tree	Espen George			385-0072 Ext. 115
Wendell P. Williams	Brenda McKinney-Principal Ms. D. Hayes-Contact Person	1030 "J" Street LV, NV89106	dhayes@interact.ccsd.net	799-4760
West Prep	Darron R. McCoy	2050Sapphire Stone LV, NV 89106	drmccoy@interact.ccsd.net	799-3120 Ext. 4209 Fax 799-3126

**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 2011:** Delivery of health and wellness services for our community's older population is part of the Urban League's 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 one-way 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

**21<sup>st</sup> 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 2011:** The 21<sup>st</sup> 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 100 Academy of Excellence as a structured after school program providing elementary, middle school and high school students 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 21<sup>st</sup> Century program are 51.4% Hispanic, 40.2% Black, 36.9% 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.

**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 2011:** 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 5<sup>th</sup> 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.

**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 2011:** 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 2011:** 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	1950 N. J Street
Mirabeli Community Center	6200 Hargrove Ave.
East Las Vegas Community Center	250 N. Eastern
Stupak Community Center	300 W. Boston
Howard Lieburn	6230 Garwood Avenue
Downtown Senior Services Center	310 S. 9 <sup>th</sup> Street
Las Vegas Senior Center	451 E. Bonanza
Latin Chamber of Commerce	300 N. 13 <sup>th</sup> Street

**Southern Nevada Regional Housing Authority**

Sartini Plaza  
Archie Grant  
Otto Merida  
Robert Gordon  
Rulon Earl Mobile Manor  
Vera Johnson B  
Vera Johnson A  
Marble Manor  
Sherman Gardens  
Espinoza Terrace  
Landsman Gardens  
Hampton Court  
Biegger Estates  
Schaffer Heights  
Jones Gardens  
Simmons Manor  
Janice Brooks Bay  
Mendoza Plaza  
Palo Verde Gardens  
Levy Gardens

900 South Brush  
1720 Searles Avenue  
50 N. Honolulu Street  
450 N. 11<sup>th</sup> Street  
3901 E. Stewart  
507 N. Lamb  
1550 E. Harris Avenue  
912 Gerson Street  
1012 Silverman Way  
171 Van Wagenen, Henderson  
750 Major Street, Henderson  
1030 Center Street, Henderson  
5701 Missouri Street  
2901 Schaffer Heights  
1750 Marion Drive  
5385 Austin John Court  
5201 Walnut Avenue  
1950 N. Walnut  
101 Palo Verde Drive, Henderson  
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: (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 2011:** 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 2011:** 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.

**VETERANS FAMILY PROGRAM – HOMES FOR THE BRAVE 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 2011:** The core of this program is its outreach and case management initiative designed to assist low-income and homeless Veteran families who are most in need of supportive services. This outreach plan has been designed based on "best practices" identified in other successful homeless veteran service programs. A list of locations where outreach will be conducted and that are visited on a regular, weekly basis, include, but is not limited to: homeless shelters, transitional housing programs, VA medical and support service facilities, county social service agencies, soup kitchens, churches, and other places where homeless and low-income people are known to gather. The outreach program embraces organizations and agencies that assist such as The Salvation Army, Catholic Charities, and our own Urban League Agency, which has Family Development, Prisoner Reentry, WIC, and child subsidy programs. The Urban League has collaborations with other community partners and will work quickly to ensure all important linkages are established. Screening and Referral Activities are conducted by Outreach Specialists and Case Managers at the Urban League and the two sub-contracted agencies, Lutheran Social Services and CHR Inc. These agencies are in three distinct geographic locations and are located on bus lines.

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



This program assists low-income Veteran families who have lost their home to foreclosure or eviction; those in eminent danger of losing permanent housing; those who are housed in shelters, transitional housing, etc.; and those with HUD-VASH certificates with need for supportive services to utilize the certificate. The program assists participants (and ineligible applicants) in obtaining and coordinating supportive services from other public benefits and/or social service agencies to ensure that each applicant receives services to which they are entitled referrals will be made: VA for veterans benefits, Women's Development Center and Consumer Credit Counseling Service for personal financial planning and housing counseling services, Nevada Legal Services for legal counseling, Urban League for bus passes and child care, the Urban League and other social service agencies for family development and income support services.

**SUPPORT FROM FOUNDATIONS:** In recognition of the great strides the Agency has made, since its inception, in providing outreach services to those in need in the Greater Las Vegas Community; a number of foundations have donated funds to support Agency initiatives that align to their goals. State Farm, Wells Fargo, Cox Communications, and Nevada Energy are just a few of the foundations supportive of the Agency's work.

The Urban League Guild received national recognition for its outstanding Christmas Toy and Food Drive for low-income families.