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DLN: 93493292001112

Department of the Treasury

### **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)

OMB No 1545-0047

Open to Public

▶ The organization may have to use a copy of this return to satisfy state reporting requirements Internal Revenue Service Inspection calendar year, or tax year beginning 01-01-2011 and ending 12-31-2011 A For the 2011 D Employer identification number B Check if applicable NATIONAL URBAN LEAGUE INC 13-1840489 Address change E Telephone number Doing Business As (212)558-5300 ☐ Initial return Number and street (or P O box if mail is not delivered to street address) Room/suite **G** Gross receipts \$ 46,674,073 Terminated Amended return City or town, state or country, and ZIP + 4 NEW YORK, NY 10005 Application pending Name and address of principal officer Is this a group return for MARC H MORIAL affiliates? 120 WALL STREET 8th FL NEW YORK, NY 10005 H(b) Are all affiliates included? □ Yes □ No If "No," attach a list (see instructions) **▽** 501(c)(3) **▽** 501(c) ( ) ◀ (insert no ) ☐ 4947(a)(1) or ☐ 527 Group exemption number H(c) Website: ► WWW NUL ORG K Form of organization ✓ Corporation ☐ Trust ☐ Association ☐ M State of legal domicile NY L Year of formation 1910 Summary Part I Briefly describe the organization's mission or most significant activities Enable African-American and other emerging urban communities to secure economic self-reliance, parity, power and civil rights Activities & Governance Check this box 📂 if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . . 46 45 Number of independent voting members of the governing body (Part VI, line 1b) . 4 Total number of individuals employed in calendar year 2011 (Part V, line 2a) 5 136 Total number of volunteers (estimate if necessary) . . . . 6 44 0 **7a** Total unrelated business revenue from Part VIII, column (C), line 12 7a  ${f b}$  Net unrelated business taxable income from Form 990-T, line 34 **7**b 0 **Prior Year Current Year** 8 Contributions and grants (Part VIII, line 1h) . 41,611,245 37,128,976 9 Program service revenue (Part VIII, line 2g) . 9,212,523 7,192,753 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 1,147,774 514,573 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 894,919 928,901 11 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 52,866,461 45,765,203 19,465,400 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 21,836,623 14 Benefits paid to or for members (Part IX, column (A), line 4) . . . . 0 0 Salaries, other compensation, employee benefits (Part IX, column (A), lines 15 Expenses 13,011,589 13,213,317 Professional fundraising fees (Part IX, column (A), line 11e) . 291,326 375,626 16a Total fundraising expenses (Part IX, column (D), line 25)  $\blacktriangleright$  3,018,386 b 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . . . . 18,143,999 14,994,949 53,283,537 48,049,292 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 19 -417,076 -2,284,089 Revenue less expenses Subtract line 18 from line 12 . Assets or d Balances **Beginning of Current End of Year** Year 20 Total assets (Part X, line 16) . . . 47,065,280 45,425,678 21 14,093,404 16,865,523 Net/ Fund Total liabilities (Part X, line 26) . . . . 22 Net assets or fund balances Subtract line 21 from line 20 32,971,876 28,560,155 Signature Block Part II 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. \*\*\*\*\* 2012-10-17 Signature of officer Sign Here Paul Wycisk svp of finance / cfo Type or print name and title Check if Date Preparer's taxpayer identification number Preparer's

FREDERICK DAVIS

MITCHELL & TITUS LLP

NEW YORK, NY 10004

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

ONE BATTERY PARK PLAZA

signature

Firm's name (or yours

address, and ZIP + 4

if self-employed).

Paid

Preparer's

**Use Only** 

employed 🕨 🔽

(see instructions)

Phone no (212) 709-4500

Yes ┌ No

Par		of Program Ser ule O contains a re		<b>lishments</b> Jestion in this Part 1	III	
1	Briefly describe the o	rganızatıon's mıssı	on			
PEOI COM ETHI AND	PLE EACH YEAR, PRO\ MUNITIES REACH TH IIC COMMUNITIES, T	/IDING DIRECT S EIR FULLEST POT HE LEAGUE'S NE <sup>-</sup> LUMBIA ACROSS	SERVICES, RESE ENTIAL PRIMA TWORK OF OVE STHE NATION N	ARCH, AND POLIC ARILY WORKING W R 100 PROFESSIO WORKS TO CLOSE	CY ADVOCACY TO HELP I ITH AFRICAN-AMERICAN NALLY STAFFED AFFILIA EQUALITY GAPS FOR PE	SERVES OVER TWO MILLION INDIVIDUALS AND IS AND OTHER EMERGING TES IN OVER 36 STATES OPLE AT ALL ECONOMIC
2	the prior Form 990 or	990-EZ?			ear which were not listed or	┌ Yes ┌ No
	If "Yes," describe thes	e new services on	Schedule O			
3	Did the organization conservices?			nt changes in how it	conducts, any program	☐ Yes 🔽 No
4	Describe the organizate expenses Section 50	tion's program serv 1(c)(3) and 501(c)	vice accomplishm (4) organizations	s and section 4947	three largest program serv (a)(1) trusts are required to each program service repor	report the amount of
4a	(Code	) (Expenses \$	22,191,323	including grants of \$	17,129,760 ) (Revenue	e \$ 282,334 )
	Economic Empowerment i	nvests in the financial	literacy and employa	ability of adults through j	ob training, home ownership cou	nseling and entrepreneurship support
4b	(Code Education and Youth Deve preparation	) (Expenses \$ elopment ensures the e	5,376,920 ducation of all childr	including grants of \$ en by providing access t	1,878,100 ) (Revenue o early childhood literacy, after-s	
	/Codo	) /Funance #	0.105.500		20 C41 \ / Payany	4 F22 724 )
<b>4</b> c	(Code Civic Engagement and Lea projects and public policy	) (Expenses \$ adership Empowerment initiatives	8,185,560 t encourages all peo <sub>l</sub>	including grants of \$ ple to take an active rok	38,641 ) (Revenue e to improve quality of life throug	e \$ 4,532,724 )  The participation in community service
	(Code National Urban League Afi	) (Expenses \$ filiates	1,798,057	including grants of \$	300 ) (Revenue	e \$ 1,052,790 )
	(Code HEALTH AND QUALITY OF	) (Expenses \$ LIFE EMPOWERMENT	1,195,530	including grants of \$	418,299 ) (Revenue	e \$ 0)
	(Code CIVIL RIGHTS AND RACIA	) (Expenses \$ _ JUSTICE EMPOWERM	250,639 ENT	including grants of \$	300 ) (Revenue	e \$ 0)
	(Code Centennial Celebration	) (Expenses \$	57,750	including grants of \$	0) (Revenue	e \$ 0)
4d	Other program service (Expenses \$		chedule O ) ncluding grants o	of\$ 41	.8,899 ) (Revenue \$	1,052,790)
4e	Total program service	e expenses <b>&gt;</b> \$	39,055,77	9		

art IV	Checklist o	f Reauired	Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? $^{f 2}$	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part $\sqrt{2}$	10	Yes	
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b		No
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		No
	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? If "Yes," complete Schedule D, Part IX.	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Part I	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? If "Yes," complete Schedule F, Part II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III and IV	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	Yes	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		Νo
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? <b>Note.</b> All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

	550 (2011)			Page -
Par	t IV Checklist of Required Schedules (continued)		1	
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part $I$	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	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? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
28 a	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)  A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
		28a		No
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	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 owner? <i>If</i> "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If</i> "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		No
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a		No
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$ ? If "Yes," complete Schedule R, Part V, line 2	35b		No
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?  Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V	Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V	•	. l	
			Yes	No
a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable			
	<b>1a</b> 181			
Ь	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
	1 <b>b</b> 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c	Yes	
a	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			
<b>L</b>				
D	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
а	Did the organization have unrelated business gross income of \$1,000 or more during the			
u	year?	За		Νo
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
а	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 or securities			
	account)?	4a		Νo
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			
a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? $\cdot$ .	5a		Νo
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
_	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			
٠	Tries to fine 3a of 3b, did the organization merofin 6000-1.	5c		
а	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		No
	organization solicit any contributions that were not tax deductible?			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	7a	Yes	
	services provided to the payor?			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to			NI -
_	file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
_	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			
_	contract?	7e		Νo
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
a	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		
	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. 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		
	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
0	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12   10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club			
_	facilities			
1	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other			
_	sources against amounts due or received from them )			
_	Carting 4047(a)(d) was assumed at 15 th at 17 th	_		
	Section 4947(a)(1) non-exempt charitable trusts. 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			
2	year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?  Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue			
	qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization			
	allocated to each state	13a		
b	Enter the aggregate amount of reserves the organization is required to maintain by			
	the states in which the organization is licensed to issue qualified health plans			
C	Enter the aggregate amount of reserves on hand 13c			
4-		14-		NI a
+d	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
<b>L</b>	It "Vee " not it tiled a Leym (30) to veneyt these naumented If "No " avoide an evalenction in Cohedule O	AL		

Form 990 (2011) Page 6 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for Part VI a "No" response to lines 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 Enter the number of voting members of the governing body at the end of the tax 1a 46 Enter the number of voting members included in line 1a, above, who are 1b 45 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any Νo 2 Did the organization delegate control over management duties customarily performed by or under the direct 3 Νo supervision of officers, directors or trustees, or key employees to a management company or other person? . Did the organization make any significant changes to its governing documents since the prior Form 990 was 4 Nο filed? 5 Did the organization become aware during the year of a significant diversion of the organization's assets? . 5 Νo 6 6 Νo 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or 7a Νo Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, Νo or persons other than the governing body? . . . . . . . . . . . . Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following Yes Each committee with authority to act on behalf of the governing body? . . . . . . Yes Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . . . 9 Νo Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No 10a Yes 10a Did the organization have local chapters, branches, or affiliates? . **b** If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt 10b Yes 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing Yes the form? **b** Describe in Schedule O the process, if any, used by the organization to review the Form 990 . **12a** Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . . . . 12a Yes b Were officers, directors or trustees, and key employees required to disclose annually interests that could give Yes c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe 12c Yes Did the organization have a written whistleblower policy? . . . . . 13 Yes 13 14 Did the organization have a written document retention and destruction policy? . . . . . . . . 14 Yes 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 . . . . 15a Yes Other officers or key employees of the organization . 15b Yes 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 16a Yes **b** If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? . . . . . . . . . . . . . . . . . . 16b Yes Section C. Disclosure 17 List the States with which a copy of this Form 990 is required to be filed AL, AK, AZ, AR, CA, CO, CT, DC, FL, GA, IL, KS, KY, LA, ME, MD, MA, MI, MN, MS, NH, NJ, NM, NY, NC, ND,OH,OK,OR,PA,RI,SC,SD,TN,UT,VA,WA, WV,WI Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of

- interest policy, and financial statements available to the public See Additional Data Table
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization PAUL WYCISK

120 WALL STREET 8TH FLOOR

New York, NY 10005

(212)558-5300

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0 in columns (D), (E), and (F) if no compensation was paid
- List 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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

(a) Name and Title  A verage hours par week (describe hours for related organizations in Schedule O)  See Additional Data Table  (b) Position (do not check more than one box, unless person is both an officer and a director/trustee)  (c) Position (do not check more than one box, unless person is both an officer and a director/trustee)  (describe hours for related organizations is not should be a director/trustee)  (describe hours for related organizations is not should be a director/trustee)  (describe hours for related organizations is not should be a director/trustee)  (describe hours for related organizations)  (describe hours for related organizations)  (describe hours for the director/trustee)  (describe hours for related organizations)  (describe hours for the director/trustee)  (describe hours for related organizations)  (describe hours for the director/trustee)  (de	Check this box if neither the organiz	•	lated o	rganı	ızatı	ons	compe	ensat	ed any current or fo	ormer officer, direct	tor, or trustee
for related organizations in Schedule Officer Schedule O) organizations	(A)	(B) Average hours per week	Position (do not check more than one box, unless person is both an officer and a				eck x, oth		(D) Reportable compensation from the organization (W-	<b>(E)</b> Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
See Additional Data Table		for	Individual trustee or director	Institutional Trustee	Officei	Ke) emplojee	Highest compensated employee	Former		Miscy	I
	See Additional Data Table										

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

	(A) Name and Title	(B) Average hours per week (describe	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						Rep comp fro organiz	(D) ortable ensation m the zation (W- 9-MISC)	(E) Reportable compensatio from related organizations (W- 2/1099-	5	(F Estim amount of compen from organizat	ated of other sation the ion and
		hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			MISC)		relat organız	
See A	ndditional Data Table											_		
												_		
												_		
							-					4		
												$\dashv$		
												$\dashv$		
								-				$\dashv$		
												_		
1b	Sub-Total				٠.	٠.		┢			<u> </u>			
С	Total from continuation sheets	to Part VII, Sec	tion A					►						
d	Total (add lines 1b and 1c) .							<b>F</b>		1,712,738		0		492,768
2	Total number of individuals (incl \$100,000 of reportable compen-	_					above	) wh	o receive	ed more tha	an			
													Yes	No
3	Did the organization list any <b>for</b> on line 1a? If "Yes," complete Sch								or highes	t compens	ated employee	3		
4	For any individual listed on line 1					nens				mnensatio	n from the	3	Yes	
•	organization and related organiza													
	ındıvıdual			•	•	•		•	• •			4	Yes	
5	Did any person listed on line 1a services rendered to the organiz										or individual for	5	;	No
	- dia B. Tadana dan Can													
1	ection B. Independent Con  Complete this table for your five		sated	ınden	ende	ent o	contra	ctors	s that red	eived mor	e than			
	\$100,000 of compensation from or within the organization's tax y	the organizatio ear												
	Nan	( <b>A)</b> ne and business add	dress							Desc	(B) ription of services		Compe	
PO Bo	nunity Counseling Services Co ox 27462 YORK, NY 10002									Fundraising	Services			541,682
Deve 112 V	lopment Without Limits LLC V 27th Street 601									Consulting S	Services			168,270
Levy 285 A	YORK, NY 10001  Restaurants-GWCC  Andrew Young International Blvd									EVENT CATE	RING SVCS			155,447
Levy 980 N	NTA, GA 30313 Restaurants Boston Conventio I Michigan Avenue									Event Cater	ing SVCS			155,372
Patte 1133	AGO, IL 60611 rson Belknap Webb Tyler Avenue of Americas YORK, NY 10036									Legal Servic	es			143,223

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

\$100,000 of compensation from the organization  $\blacktriangleright$ 12

Part \	/	Statement of Revenu	e					
					<b>(A)</b> 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	1a	Federated campaigns .	. 1a					
亞克	b	Membership dues	1b					
	c	Fundraising events	1c	1,720,250				
± ±	d	Related organizations .	1d					
<u> </u>	e	Government grants (contribution		18,126,575				
충동		- '						
美品	f	All other contributions, gifts, grar similar amounts not included abo		17,282,151				
きき し	g	Noncash contributions incl	uded in					
투호		lines 1a-1f \$						
ပိုင်း	h	Total. Add lines 1a-1f .		· · •	37,128,976			
- m				Business Code				
Ž	2a	FRANCHISE FEES		900099	996,000	996,000		
e Ke	ь	CONFERENCE		900099	599,450	599,450		
o≛ ov								
Š	C   .	EXHIBITOR INCOME		900099	539,474	539,474		
Š	d	MEMBERSHIP FEES		900099	41,015	41,015		ļ
Program Serwce Revenue	e	SPONSORSHIP INCOME		900099	5,016,814	5,016,814		
¥	f	All other program service r	revenue					
Ž	g	<b>Total.</b> Add lines 2a-2f .			7,192,753			
	3	Investment income (includ			,,1,02,1,00			
		and other similar amounts)			547,515			547,515
	4	Income from investment of tax-e		-	0			,
	5	Royalties			0			
	•				9			
	62	(I) Re	aı	(II) Personal				
	6a b	Gross rents Less rental						
	•	expenses						
	C	Rental income or (loss)						
	d	Net rental income or (loss)						
		(ı) Secu	rities	(II) Other				
	7a	Gross amount	615,083					
		from sales of assets other						
	_	than inventory	640.035					
	b	Less cost or other basis and	648,025					
		sales expenses	-32,942					
	c	Gain or (loss)	<u> </u>		22.042			22.042
	d	Net gain or (loss)	ı		-32,942			-32,942
Other Revenue	8a	Gross income from fundraisevents (not including \$1,720,250 of contributions reported o See Part IV, line 18	n line 1c)	174.450				
je.	Ь	Less direct expenses .		174,450 260,845				
₹	c	Net income or (loss) from f	_		-86,395			-86,395
_	9a	Gross income from gaming			2-7-2-0			32,230
		See Part IV, line 19						
	b	Less direct expenses .	_					
	С	Net income or (loss) from o		ities 🟲	0			
	10a	Gross sales of inventory, le returns and allowances .	ess a					
	ь	Less cost of goods sold	ь					
	c	Net income or (loss) from s	_	ntory ►	o			
		Miscellaneous Revenue		Business Code				
	11a	PUBLICATION OF SALE		900099	49,443	49,443		
	Ь	STONEHENGE EARNED D	EALS	900099	737,267	737,267		
				900099	142,514	142,514		
	_ ا	REBATES/COMMISSION	<del></del>		86,072	86,072		
	e	All other revenue  Total. Add lines 11a-11d		+	30,072	30,072		
	12	Total revenue. See Instruc		▶	1,015,296			
		. Stat levelladi Sed Ilistiut		•	45,765,203	8,208,049	0	428,178

All other expenses

combined educational campaign and fundraising solicitation

Page **10** 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) Check if Schedule O contains a response to any question in this Part IX (B) (C) (D) Do not include amounts reported on lines 6b, (A) Program service Management and Fundraising Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to governments and organizations in the United States See Part IV, line 21 19,342,784 19,342,784 Grants and other assistance to individuals in the United States See Part IV, line 22 122,616 122,616 3 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16 Benefits paid to or for members 0 5 Compensation of current officers, directors, trustees, and 1,056,895 485,056 571,839 key employees . . . Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . 0 7 Other salaries and wages 8,978,386 5,625,503 2,214,660 1,138,223 Pension plan contributions (include section 401(k) and section 893,145 403(b) employer contributions) . . . . 1,395,420 325,520 176,755 567,760 359,545 133,617 Other employee benefits . . . . . . 74,598 1,214,856 769,331 285,904 10 159,621 Fees for services (non-employees) 11 Management . . . . . 272,069 353,337 45,934 35,334 Legal . . . . . . . 13,271 Accounting . . . . . . . 132,712 102,188 17,253 Lobbying . . . . . . . . . . . . 0 Professional fundraising See Part IV, line 17 . . 375,626 375,626 Investment management fees . . . . . . 5,893,804 657,204 g 4,876,333 360,267 1,795,288 Advertising and promotion . . . 1,294,821 323,749 176,718 12 0 13 Office expenses . . . . 0 14 Information technology . . . . . 15 Royalties . . 0 1,897,229 16 1,164,023 507,200 226,006 2,248,837 1,790,510 338,819 17 119,508 Payments of travel or entertainment expenses for any federal, 18 state, or local public officials . . . . . 19 Conferences, conventions, and meetings . . . . 1,301,623 1,301,623 0 O 20 21 Payments to affiliates . . . . 22 Depreciation, depletion, and amortization . . . . 433,309 265,850 115,843 51,616 23 118,988 73,001 31,821 14,166 24 Other expenses Itemize expenses not covered above (List

3,018,386

Part X **Balance Sheet** (A) (B) Beginning of year End of year 4,617,814 7,924,365 1 1 3.259.062 5.030.035 2 2 Savings and temporary cash investments . . . . . . . 3 17,432,762 11,425,322 663,909 592.819 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 0 0 5 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of 0 0 6 0 0 7 0 0 8 117.015 9 9 114.876 Prepaid expenses and deferred charges . . . . . . 10a 4,925,458 Land, buildings, and equipment cost or other basis *Complete* Part VI of Schedule D 10a 10b 3,650,333 b Less accumulated depreciation . . . . . 1,568,443 **10c** 1,275,125 19,201,709 18,833,273 11 11 0 12 0 12 Investments—other securities See Part IV, line 11 . . . . . . 13 0 13 0 Investments—program-related See Part IV, line 11 . . 0 14 0 14 204,566 15 229,863 15 47,065,280 45,425,678 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . 16 4,851,745 17 4,280,304 17 Accounts payable and accrued expenses . 18 18 19 2,669,064 19 3,497,024 20 0 20 Ω 0 21 21 0 Escrow or custodial account liability  $Complete\ Part\ IV\ of\ Schedule\ D$  . . Liabilities 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 0 0 22 0 0 23 Secured mortgages and notes payable to unrelated third parties . . . 23 0 24 Unsecured notes and loans payable to unrelated third parties . . . . 24 0 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule 6,572,595 25 9,088,195 D . . . . 26 14,093,404 26 16,865,523 **Total liabilities.** Add lines 17 through 25 . . . . . Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 27 -2,679,941 27 -4,705,308 Unrestricted net assets . . . . 15,629,752 28 13,243,398 28 Temporarily restricted net assets . . . . . Fund 29 20,022,065 29 20,022,065 Permanently restricted net assets . . . . . Organizations that do not follow SFAS 117, check here ▶ 

and complete lines 30 through 34. ö 30 Capital stock or trust principal, or current funds . . . . . 30 Assets 31 31 Paid-in or capital surplus, or land, building or equipment fund . . . . . 32 32 Retained earnings, endowment, accumulated income, or other funds ¥ 33 Total net assets or fund balances . . . . . 32.971.876 33 28.560.155 34 Total liabilities and net assets/fund balances . . . . . 47.065.280 45,425,678

Ра	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		45.7	765,203
2	Total expenses (must equal Part IX, column (A), line 25)	2			049,292
3	Revenue less expenses Subtract line 2 from line 1	3		-2,2	284,089
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		32,9	971,876
5	Other changes in net assets or fund balances (explain in Schedule O)	5		-2,1	127,632
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		28,5	560,15
Pai	rt XIII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII			୮	•
				Yes	No
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?		2a		No
b	Were the organization's financial statements audited by an independent accountant?	[	2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of t 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		2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were is	hauss		103	
u	on a separate basis, consolidated basis, or both	Jucu			
	▼ Separate basis				
За	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?		3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the re audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	equired	3b	Yes	

#### OMB No 1545-0047

Inspection

#### **SCHEDULE A**

(Form 990 or 990EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

# **Public Charity Status and Public Support**

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

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

**Employer identification number** 

NATIONAL URBAN LEAGUE INC Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches 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). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi) (Complete Part II ) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 331/3% 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 331/3% 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 Seesection 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h c Type III - Functionally integrated Type III - Other Type I **b** Type II By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) Yes No and (III) below, the governing body of the the supported organization? 11g(i) (ii) a family member of a person described in (i) above? 11g(ii) (iii) a 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s) h

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	(iv) Is the organizati col (i) list your gove docume	the zation in organization in col (i) of your col (i) organized overning support?		s the Ization in I listed in I governing  (V) Did you notify organization col (i) of you		Is the organization in col (i) organized		(vii) A mount of support?
		ınstructions))	Yes	No	Yes	No	Yes	No		
									_	
Total										

Support Schedule for Organizations Described in IRC 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.)

S	ection A. Public Support	<del></del>	•		, ,			
	endar year (or fiscal year beginning	(a) 2007	<b>(b)</b> 2008	<b>(c)</b> 2009	(d) 2010	<b>(e)</b> 2	011	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	38,576,07	35,064,904	37,159,307	41,611,245	37	7,128,976	189,540,502
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 5	<b>Total.</b> Add lines 1 through 3 The portion of total contributions	38,576,07	35,064,904	37,159,307	41,611,245	37	7,128,976	189,540,502
	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)							3,488,970
6	Public Support. Subtract line 5							186,051,532
_	from line 4 ection B. Total Support							
	endar year (or fiscal year	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 20	11	<b>(f)</b> Total
_	beginning in)			` '				
7 8	A mounts from line 4 Gross income from interest,	38,576,070	35,064,904	37,159,307	41,611,245	37	,128,976	189,540,502
•	dividends, payments received on securities loans, rents, royalties and income from similar sources	1,104,310	895,874	486,743	381,899		547,515	3,416,341
9	Net income from unrelated business activities, whether or not the business is regularly carried on							
10	Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets	4,817,861	4,756,387	4,901,201	803,182	1	,015,296	16,293,927
11	Total support (Add lines 7 through 10)							209,250,770
12	Gross receipts from related activity	ties, etc (See ins	tructions )			12		20,131,214
13	First Five Years If the Form 990 is check this box and stop here	for the organizat	ion's first, second	, thırd, fourth, or f	ifth tax year as a	501(c)(3	3) organiz	zation,
S	ection C. Computation of Pu							
14	Public Support Percentage for 201	l 1 (line 6 column	(f) divided by line	11 column (f))		14		88 913 %
15	Public Support Percentage for 201	LO Schedule A, Pa	art II, line 14			15		93 054 %
	33 1/3% support test—2011. If the and stop here. The organization question 33 1/3% support test—2010. If the	ialifies as a public	cly supported orga	nızatıon				₽V
	box and <b>stop here.</b> The organization <b>10%-facts-and-circumstances tes</b> is 10% or more, and if the organization meanization meanization meanization	on qualifies as a p t— <b>2011.</b> If the org ation meets the "	oublicly supported ganization did not o facts and circums	organızatıon check a box on lır tances" test, che	ne 13, 16a, or 16 ck this box and <b>s</b>	b and line t <b>op here.</b>	e 14 Explain	<b>▶</b> □
b	10%-facts-and-circumstances tes 15 is 10% or more, and if the orga Explain in Part IV how the organiz supported organization	anızatıon meets th	ne "facts and circu	mstances" test,	check this box ar	nd <b>stop h</b> e	ere.	, , ,
18	<b>Private Foundation</b> If the organizations	ition did not chec	k a box on line 13,	. 16a, 16b, 17a o	r 17b, check this	box and	see	•

Schedule A (Form 990 or 990-EZ) 2011 Page 3 Part III Support Schedule for Organizations Described in IRC 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 (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ") 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 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons 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 c Add lines 7a and 7b Public Support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 13 11 and 12) First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f)) 15 15 Public support percentage from 2010 Schedule A, Part III, line 15 16 16 Section D. Computation of Investment Income Percentage

Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))

19a 33 1/3% support tests—2011. 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

18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

33 1/3% support tests-2010. 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

more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Investment income percentage from 2010 Schedule A, Part III, line 17

17

18

17

18

**▶**[

Part IV	<b>Supplemental Information.</b> Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).
	Facts And Circumstances Test
	Explanation

Schedule A (Form 990 or 990-EZ) 2011

#### **Additional Data**

Software ID: Software Version:

**EIN:** 13-1840489

Name: NATIONAL URBAN LEAGUE INC

#### Form 990, Special Condition Description:

#### **Special Condition Description**

#### Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

(Code	) (Expenses \$	1,798,057	including grants of \$	300 ) (Revenue \$	1,052,790 )
National Urban Lea	ague Affiliates				
(Code	) (Expenses \$	1,195,530	including grants of \$	418,299 ) (Revenue \$	0)
HEALTH AND QU	ALITY OF LIFE EMPOWERM	ENT			
/O I	) (Expenses \$	250,639	including grants of \$	300 ) (Revenue \$	0)
(Code	) (Expenses \$	230,039	merading grants or \$	300) (Nevenue \$	0,
•	ND RACIAL JUSTICE EMPO	•	merdaning grants or \$	300 ) (Nevenue \$	O
•	, , ,	•	including grants of \$	0) (Revenue \$	0 )

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Compensated Employees, and Independent Contractors										
<b>(A)</b> Name and Title	(B) Average hours per		tion that a		/)			<b>(D)</b> Reportable compensation from the	<b>(F)</b> Estimated amount of other compensation	
	week	Individual trustae or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	from the organization and related organizations
JOHN D HOFMEISTER	1 0	Х		Х				0	0	0
CHAIR ROBERT D TAYLOR SENIOR VICE CHAIR	1 0	х		Х				0	0	0
ALMA ARRINGTON BROWN VICE CHAIR	1 0	Х		Х				0	0	0
THE HONORABLE ALEXIS M HERMAN SECRETARY	1 0	Х		Х				0	0	0
WILLARD W BRITTAIN TREASURER	1 0	Х		Х				0	0	0
MARC H MORIAL PRESIDENT AND CEO	400	Х		х				600,000	0	139,200
CRYSTAL ASHBY trustee	1 0	Х						0	0	0
KENDRICK FASHTON trustee	10	Х						0	0	0
KHARY P BARNES trustee	1 0	Х						0	0	0
FRANKIE M BROWN trustee	1 0	Х						0	0	0
ROBERT J BROWN trustee	1 0	Х						0	0	0
CATHERINE V BUELL trustee	1 0	Х						0	0	0
JON R CAMPBELL trustee	1 0	Х						0	0	0
DAVID L COHEN trustee	1 0	Х						0	0	0
DAVID C DARNELL trustee	1 0	Х						0	0	0
NICOLE C DEMBYPHR JD trustee	1 0	Х						0	0	0
TRACY FAULKNER trustee	1 0	Х						0	0	0
MYRON GRAY trustee	1 0	Х						0	0	0
EFFENUS HENDERSON trustee	1 0	Х						0	0	0
THERESA HOPKINS-STATEN ESQ trustee	1 0	Х						0	0	0
SAMUEL H HOWARD trustee	1 0	Х						0	0	0
JANICE BRYANT HOWROYD trustee	1 0	Х						0	0	0
HARRY E JOHNSON SR trustee	1 0	Х						0	0	0
LAWRENCE S JONES trustee	1 0	Х						0	0	0
DR KASE LUKMAN LAWAL trustee	1 0	Х						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

(A)	(B) (C)							(D)	(E)	(F)
Name and Title	Average hours per		ition that					Reportable compensation from the	Reportable compensation from related	Estimated amount of other compensation
	week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations
WARREN E LOGAN trustee	1 0	Х						0	0	0
JOHN W MACK trustee	1 0	х						0	0	0
THOMAS A MARS trustee	1 0	Х						0	0	0
PAUL MCKINNON trustee	1 0	х						0	0	0
MICHAEL F NEIDORFF trustee	1 0	Х						0	0	0
ANNE NOBLES trustee	1 0	Х						0	0	O
WILLIAM F PICKARD PHD trustee	1 0	Х						0	0	0
STEPHEN S RASMUSSEN trustee	1 0	х						0	0	C
JACQULYN SHROPSHIRE trustee	1 0	Х						0	0	0
THE HONORABLE RODNEY E SLATER trustee	1 0	х						0	0	0
GINA STIKES trustee	1 0	Х						0	0	0
BARTON TAYLOR trustee	1 0	Х						0	0	O
DENNIS WELCH trustee	1 0	Х						0	0	C
RAYFORD WILKINS JR trustee	1 0	Х						0	0	C
HOWARD E WOOLLEY trustee	1 0	Х						0	0	C
B MICHAEL YOUNG trustee	1 0	Х						0	0	C
REGINALD K BRACK JR HONORARY trustee	1 0	Х						0	0	C
M ANTHONY BURNS HONORARY trustee	1 0	Х						0	0	O
MICHAEL CRITELLI HONORARY trustee	1 0	Х						0	0	O
KENNETH D LEWIS HONORARY trustee	1 0	Х						0	0	O
JONATHAN S LINEN HONORARY trustee	1 0	Х						0	0	C
DONALD BOWEN SVP OF PROGRAM SERVICES	40 0					Х		220,480	0	72,384
DENNIS SERRETTE SVP OF DEVELOPMENT	40 0					Х		220,480	0	72,384
HERMAN LESSARD SVP OF AFFILIATE SERVICES	40 0					Х		210,000	0	69,600
RHONDA SPEARS BELL SVP OF MARKETING/COMMUNICATION	40 0					Х		212,350	0	69,600

## Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

	•									
(A) Name and Title	(B) Average hours per week		(C) Position (check all that apply) Highest employ Instit				(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	
		Individual trustee or director	stitutional Trustee	Officei	emplo)ee	t compensated ee	Former		Misey	organizations
PAUL WYCISK SVP OF FINANCE/CFO	40 0					х		208,428	0	69,600
JOHN JACOB FORMER PRESIDENT AND CEO	0 0						х	41,000	0	C

DLN: 93493292001112

OMB No 1545-0047

#### SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

### Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Yes

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities),

- ◆ Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- ◆ Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- ◆ Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35c (Proxy Tax), then

◆ Section 501(c)(4), (5), or (6) organizations Complete Part III

Name	of	the	org	anıza	tıon
NATION	ΑL	<b>URB</b>	AN Ī	EAGUE	INC

Employer identification number

13-1840489

Part I-A	Complete if the organization is exem	pt under section 501(c	) or is a section 527	' organization.

- Provide a description of the organization's direct and indirect political campaign activities on behalf of or in opposition to candidates for public office in Part IV
- Political expenditures
- 3 Volunteer hours

Part I-B	Comp	lete if	the or	ganization	is exem	pt under	section	501(	c)(3)	

- 1 Enter the amount of any excise tax incurred by the organization under section 4955
- Enter the amount of any excise tax incurred by organization managers under section 4955
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?
- Was a correction made?
- b If "Yes," describe in Part IV

#### Part I-C Complete if the organization is exempt under section 501(c) except section 501(c)(3).

- Enter the amount directly expended by the filing organization for section 527 exempt function activities
- Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion activities
- 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b
- Did the filing organization file Form 1120-POL for this year?

Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	( <b>b)</b> Address	<b>(c)</b> EIN	(d) A mount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter - 0-

Sc	hedule C (Form 990 or 990-EZ) 2011			Page
Р	art II-A Complete if the organization under section 501(h)).	is exempt under section 501(c)(3) a	nd filed Form 5768	(election
	expenses, and share of excess lobb	, , ,	ed group member's name	, address, EIN
<u>B</u>	Check   If the filing organization checked bo	x A and "limited control" provisions apply		
	Limits on Lobbying E (The term "expenditures" means a		<b>(a)</b> Filing O rganization's Totals	<b>(b)</b> Affiliated Group Totals
1a	Total lobbying expenditures to influence public o	30,468		
b	Total lobbying expenditures to influence a legisl	187,325		
c	Total lobbying expenditures (add lines 1a and 1	217,793		
d	Other exempt purpose expenditures	47,831,499		
е	Total exempt purpose expenditures (add lines 1	c and 1d)	48,049,292	
f	Lobbying nontaxable amount Enter the amount columns	from the following table in both	1,000,000	
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	Not over \$500,000	20% of the amount on line 1e		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000	\$1,000,000		

1	Grassroots	nontaxable	amount	(enter 2	5%	of line	1f)
---	------------	------------	--------	----------	----	---------	-----

h Subtract line 1g from line 1a If zero or less, enter -0-

i Subtract line 1f from line 1c If zero or less, enter -0-

j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting
	section 4911 tax for this year?

_		
_	Yes	Nο

250,000

4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

	Lobbying Expenditures During 4-Year Averaging Period						
	Calendar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	<b>(c)</b> 2010	<b>(d)</b> 2011	<b>(e)</b> Total	
2a	Lobbying non-taxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000	
b	Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000	
c	Total lobbying expenditures	184,272	308,133	240,530	217,793	950,728	
_d	Grassroots non-taxable amount	250,000	250,000	250,000	250,000	1,000,000	
e 	Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000	
f_	Grassroots lobbying expenditures	17,874	16,130	,	30,468		

_	edule C (Form 990 or 990-EZ) 2011				Page <b>3</b>
Pa	rt II-B Complete if the organization is exempt under section 501(c)(3) and has (election under section 501(h)).	NOT f	iled Fo	orm 57	768 
		(	a)	(	b)
		Yes	No	Am	ount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of				
а	Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
C	Media advertisements?				
d	Mailings to members, legislators, or the public?				
е	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i	O ther activities? If "Yes," describe in Part IV				
j	Total lines 1c through 1i		_		
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b	If "Yes," enter the amount of any tax incurred under section 4912				
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	501(c	)(5), d	or sect	tion
			_	Y	es No
1	Were substantially all (90% or more) dues received nondeductible by members?			1	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		L	2	
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?			3	
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section 5501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part I answered "Yes".				tion
1	Dues, assessments and similar amounts from members	1			
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).				
а	Current year	2a			
b	Carryover from last year	2b			
C	Total	2c			
3	Aggregate amount reported in section $6033(e)(1)(A)$ notices of nondeductible section $162(e)$ dues	3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4			
5	Taxable amount of lobbying and political expenditures (see instructions)	5			

#### Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i Also, complete this part for any additional information

Identifier | Return Reference | Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493292001112

OMB No 1545-0047

Department of the Treasury

**SCHEDULE D** (Form 990)

**Supplemental Financial Statements** 

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b

Open to Public

пеша	Revenue Service	orm 990. ► See separate instructions.	Inspection
	me of the organization TIONAL URBAN LEAGUE INC		Employer identification number
Pa	rt I Organizations Maintaining Donor Ac		13-1840489 Inds or Accounts. Complete if the
	organization answered "Yes" to Form 99		425
_	Takal nambanah and afaran	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2 3	Aggregate contributions to (during year)  Aggregate grants from (during year)		
<i>3</i> 4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advifunds are the organization's property, subject to the		Yes No
6	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ben conferring impermissible private benefit		
Pa	rt II Conservation Easements. Complete	ıf the organization answered "Yes" to	Form 990, Part IV, line 7.
2	Purpose(s) of conservation easements held by the or Preservation of land for public use (e.g., recreating Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qualiceasement on the last day of the tax year	on or pleasure)  Preservation of an Preservation of a c	historically importantly land area ertified historic structure of a conservation
	casement on the last day of the tax year	Γ	Held at the End of the Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
c	Number of conservation easements on a certified his	toric structure included in (a)	2c
d	Number of conservation easements included in (c) ac	cquired after 8/17/06	2d
3	Number of conservation easements modified, transfe	- rred, released, extinguished, or terminated:	d by the organization during
	the taxable year 🛌		
4	Number of states where property subject to conserva	ation easement is located ►	
5	Does the organization have a written policy regarding enforcement of the conservation easements it holds?		lling of violations, and Yes No
6	Staff and volunteer hours devoted to monitoring, insp	pecting and enforcing conservation easem	ents during the year 🛌
7	Amount of expenses incurred in monitoring, inspectir	ng, and enforcing conservation easements	during the year
•	<b>▶</b> \$		
8	Does each conservation easement reported on line 2 $170(h)(4)(B)(I)$ and $170(h)(4)(B)(II)$ ?	(d) above satisfy the requirements of sect	tion Yes No
9	In Part XIV, describe how the organization reports contained balance sheet, and include, if applicable, the text of the organization's accounting for conservation easen	the footnote to the organization's financial	
Par	Complete if the organization answered "	ns of Art, Historical Treasures, o	or Other Similar Assets.
1a	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fin	116, not to report in its revenue statement for public exhibition, education or researc	h in furtherance of public service,
b	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these items	public exhibition, education, or research in	
	(i) Revenues included in Form 990, Part VIII, line 1		<b>▶</b> \$
	(ii) Assets included in Form 990, Part X		► \$
2	If the organization received or held works of art, histofollowing amounts required to be reported under SFA!		
а	Revenues included in Form 990, Part VIII, line 1	<u> </u>	<b>▶</b> \$

**b** Assets included in Form 990, Part X

Par	<b>311</b> Organizations Maintaining Co	llections of Art	t, His	toric	al Tre	asures, or O	the	<u>r Similar Asse</u>	ets (co	ontinued)
3	Using the organization's accession and othe items (check all that apply)	r records, check an	y of th		_	_			n	
а	Public exhibition		d	Г	Loan or	exchange progr	ams			
b	Scholarly research		е	Γ	Other					
c	Preservation for future generations									
4	Provide a description of the organization's co	ollections and expla	un hov	wthev	further t	the organization	's ex	empt purpose in		
	Part XIV					-				
5	During the year, did the organization solicitions assets to be sold to raise funds rather than								Yes	□ No
Par	Escrow and Custodial Arrang Part IV, line 9, or reported an ar	ements. Comple	ete ıf	the o	rganıza	ation answere		es" to Form 990	),	<u>,                                      </u>
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?						ets i		Yes	┌ No
b	If "Yes," explain the arrangement in Part XI	/ and complete the	follov	ving tal	ole	Г				
						-	_	Amou	unt	
с	Beginning balance					_	1c			
d	Additions during the year					_	1d			
е	Distributions during the year					-	1e			
f	Ending balance					L	1f			
2a	Did the organization include an amount on F	orm 990, Part X, lın	e 21?	•				Г	Yes	┌ No
b	If "Yes," explain the arrangement in Part XI\	<i>!</i>								
Pai	rt V Endowment Funds. Complete									
	De norman a ferranda la mara	(a)Current Year 19,914,098	(Б	Prior Ye	57,339	(c)Two Years Back 15,919,01	_	)Three Years Back (0 20,351,678	<b>e)</b> Four	Years Back
1a	Beginning of year balance	19,914,098		10,0	57,339		-	20,331,678		
b	Contributions	150 100		2.2	45.047	57,00		2 272 672		
С	Investment earnings or losses	-159,489		2,3	15,047	2,829,88	57	-3,273,673		
d	Grants or scholarships	525.005			50.000	110 50		4.450.004		
е	Other expenditures for facilities and programs	636,095		1,0	58,288	148,56	2	1,158,991		
f	Administrative expenses									
g	End of year balance	19,118,514		19,9	14,098	18,657,33	9	15,919,014		
2	Provide the estimated percentage of the year	r end balance held:	as					, , ,		
a	Board designated or quasi-endowment	0 %	45							
_										
b	2 or									
c	Term endowment ► 0 %	C.11						EL.		
3a	Are there endowment funds not in the posse organization by	ssion of the organiz	ation	tnat ar	e neia a	ina administere	a for	tne	Yes	No
	(i) unrelated organizations							3a(i)	1.55	No
	(ii) related organizations							3a(ii)		No
b	If "Yes" to 3a(II), are the related organization	ns listed as require	d on S	Schedu	le R?			3b		İ
4	Describe in Part XIV the intended uses of th	e organization's en	dowm	ent fun	ds					
Par	t VI Land, Buildings, and Equipme	ent. See Form 99	90, Pa	art X,	lıne 10					
	Description of property				Cost or ot (investm	1 , ,		(c) Accumulated depreciation	( <b>d)</b> Bo	ook value
1a	Land									
b I	Buildings									
	Leasehold improvements					2,400	,193	1,636,094		764,099
	Equipment					· · · · · ·	,373	711,125		150,248
	Other					1,663		1,303,114		360,778
	I. Add lines 1a-1e <i>(Column (d) should equal Fo</i>		mn (B	), line 1	!0(c).) .	· ·				1,275,125
	. , , , ,				,			Schedule D (I		

Part VII Investments—Other Securities. See	Form 990, Part X, line 12		
<ul><li>(a) Description of security or category (including name of security)</li></ul>	( <b>b)</b> Book value		od of valuation f-year market value
(1)Financial derivatives			,
(2)Closely-held equity interests			
Other			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)		1 2	
Part VIII Investments—Program Related. See			od of valuation
(a) Description of investment type	(b) Book value		f-year market value
			·
Total. (Column (b) should equal Form 990, Part X, col (B) line 13 )			
Part IX Other Assets. See Form 990, Part X, lir	ne 15.	-	
(a) Descrip	otion		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1			
Part X Other Liabilities. See Form 990, Part X			
1 (a) Description of Liability	(b) A mount		
Federal Income Taxes	0		
ACCRUED PENSION BENEFIT COST	7,751,520		
DEFERRED RENT CREDIT	323,141		
ACCRUED PAYROLL AND VACATION	1,013,534		
<del></del>			
Total. (Column (b) should equal Form 990, Part X, col (B) line 25 )	0.000.105		
15.5 (2) Should equal total 550, tale to col (b) line 25 )	9,088,195		

	Reconcination of change in Net Assets from Form 550 to Financial Statemen		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	45,765,203
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	48,049,292
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-2,284,089
4	Net unrealized gains (losses) on investments	4	-686,359
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-1,441,273
9	Total adjustments (net) Add lines 4 - 8	9	-2,127,632
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-4,411,721
Par	Reconciliation of Revenue per Audited Financial Statements With Revenue p	er R	eturn
1	Total revenue, gains, and other support per audited financial statements	1	61,006,319
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines <b>2a</b> through <b>2d</b>	2e	15,241,116
3	Subtract line <b>2e</b> from line <b>1</b>	3	45,765,203
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV)		
С	A dd lines <b>4a</b> and <b>4b</b>	<b>4</b> c	
5	Total Revenue Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 12)	5	45,765,203
Part	XIII Reconciliation of Expenses per Audited Financial Statements With Expenses	per	Return
1	Total expenses and losses per audited financial statements	1	63,976,767
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIV)		
e	Add lines <b>2a</b> through <b>2d</b>	2e	15,927,475
3	Subtract line <b>2e</b> from line <b>1</b>	3	48,049,292
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV)		
c	Add lines <b>4a</b> and <b>4b</b>	4c	
5	Total expenses Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 18)	5	48,049,292
Par	t XIV Supplemental Information		

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
Form 990, Schedule D, Part V, Line 4		The intent of the endowment is to utilize its earnings for general operations
FORM 990, SCHEDULE D, PART XII, LINE 2d and Part XIII, Line 2d		special EVENTS DIRECT EXPENSES \$260,845
Form 990, Schedule D, Part X, Line 2	FIN 48 Footnotes	Management believes that the League has not taken any uncertain tax positions that should be accounted for in the accompanying financial statements. The League adopted Accounting Standards Codification (ASC) 740, Accounting for Uncertainty in Income Taxes. The League files annual information returns and are subject to audits by taxing jurisdictions, however, no audits for any periods are currently in place. Management believes that the League is no longer subject to such audits for years prior to 2007
Form 990, Schedule D, Part XI, Line 8		Pension-related changes other than net periodic pension costs (\$1,441,273)

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As Filed Data -

DLN: 93493292001112

OMB No 1545-0047

Department of the Treasury

(Form 990 or 990-EZ)

**SCHEDULE G** 

**Fundraising or Gaming Activities** Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Supplemental Information Regarding

Internal Revenue Service	Attach to Form 990 or Form 990-EZ. F See separate instructions.	Inspection
Name of the organization		Employer identification number
NATIONAL URBAN LEA	GUE INC	
		13-1840489

Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

- Indicate whether the organization raised funds through any of the following activities Check all that apply Mail solicitations
- Internet and e-mail solicitations
- Phone solicitations
- In-person solicitations

- e Solicitation of non-government grants Solicitation of government grants
- ▼ Special fundraising events
- or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is

to be compensated at least \$5,000 by the organization Form 990-EZ filers are not required to complete this table

Did the organization have a written or oral agreement with any individual (including officers, directors, trustees

(i) Name and address of ındıvıdual or entity (fundraiser)	(ii) Activity	(iii) DId fundraiser have custody or control of contributions?		fundraiser have custody or control of		fundraiser have custody or control of		fundraiser have custody or control of		fundraiser have custody or control of		fundraiser have custody or control of		fundraiser have custody or control of		fundraı cust con contril		(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization
		Yes	No																	
FAIRCOM NEW YORK INC	DIRECT MAIL		No	282,640	309,220	-26,580														
susan ulin	SPECIAL EVENTS		No	1,649,700	66,406	1,583,294														
Total			<b>.</b>	1,932,340	375,626	1,556,714														

List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensina

AL, AK, AZ, AR, CA, CO, CT, DC, FL, GA, IL, KS, KY, LA, ME, MD, MA, MI, MN, MS, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, UT, VA, WA, WV, WI

Pa	rt II	Fundraising Events. Com more than \$15,000 on Form				
			(a) Event #1	<b>(b)</b> Event #2	(c) O ther Events	(d) Total Events
			Equal Opportuni	benefit concert	0	(Add col <b>(a)</b> through col <b>(c)</b> )
Ф			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	1,649,700	245,000		1,894,700
Rev	2	Less Charitable contributions	1,475,250	245,000		1,720,250
	3	Gross income (line 1 minus line 2)	174,450	)		174,450
	4	Cash prizes				
Ses	5	Non-cash prizes				
esus	6	Rent/facility costs				
t Expenses	7	Food and beverages				
Drea	8	Entertainment				
ā	9	Other direct expenses .	260,845	0		260,845
	10	Direct expense summary Add lin	es 4 through 9 ın columr	ı(d)	🛌	(260,845)
	11	Net income summary Combine III	nes 3 and 10 ın column (	d)	•	-86,395
Par	t III	Gaming. Complete if the or \$15,000 on Form 990-EZ, lir		"Yes" to Form 990, Pa	rt IV, line 19, or repo	orted more than
<u>ф</u>			(a) Bingo	(b) Pull tabs/Instant	(c) Other gaming	(d) Total gaming
Revenue				bingo/progressive bingo		(Add col (a) through col (c))
<del>Д</del>						
	1 (	Gross revenue				
ses	2	Cash prizes				
Expenses	3	Non-cash prizes				
	4	Rent/facility costs				
⊡re⊆	5	Other direct expenses				
	6	Volunteer labor	Г Yes		Г Yes	
			Г №	□ No	Г No	<b>_</b>
	7	Direct expense summary Add lines	s 2 through 5 ın column (	d)		( )
	8	Net gaming income summary Com	bine lines 1 and 7 in colu	ımn (d)	🛌	
9	Ente	er the state(s) in which the organiza	ition operates gaming ac	tivities		
а		ne organization licensed to operate				· Fyes FNo
b		lo," Explain				
						]
10a		e any of the organization's gaming l				· · Fyes Fno
b	11 A	es," Explain				

Sche	dule G (Form 990 or 990-EZ) 20	11			Page <b>3</b>			
11	Does the organization operate ga	aming activities with nonmembers? .		Г <sub>Yes</sub> Г	- No			
12	Is the organization a grantor, be	neficiary or trustee of a trust or a mem	per of a partnership or other entity					
	formed to administer charitable (	gamıng?		· · · · F Yes F	- No			
13	Indicate the percentage of gamii	ag activity operated in		1 1				
a				13a				
b								
14		f the person who prepares the organiza		<u> </u>				
	Name ►							
	Address ►							
	revenue?	ntract with a third party from whom the			- No			
		ed by the third party 🟲 \$						
С	If "Yes," enter name and address	S						
	Name 🟲							
	Address ►							
16	Gaming manager information							
	Name 🟲							
	Gaming manager compensation I	<b>\$</b> \$						
	Description of services provided -							
17 a		Employee er state law to make charitable distribu		· · ·	- No			
b	Enter the amount of distributions	required under state law distributed to	o other exempt organizations or sp		<del>-</del>			
_		activities during the tax year > \$		hadala C /				
Par	t IV Complete this part to property instructions.)	provide additional information for	responses to quuestion on Sc	nedule G (see				
	Identifier	ReturnReference	Explana	tion				
		•	•					

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Schedule I (Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

### Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22. ► Attach to Form 990 OMB No 1545-0047

2011

DLN: 93493292001112

Open to Public Inspection

Employer identification number

NATIONAL ORBAN LEAGUE INC						13-1840489	
Part I General Informatio	n on Grants and	l Assistance				1	
<ol> <li>Does the organization maintain the selection criteria used to aw</li> <li>Describe in Part IV the organization</li> </ol>	ard the grants or as	sıstance <sup>?</sup>					<b>▽ Yes</b>
Form 990, Part IV, line Part IV and Schedule	e 21 for any recip	ient that received n	nore than \$5,000. Ch	eck this box if no one	recipient receive	d more than \$5,000.	. Use
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of gra or assistance
See Additional Data Table							
<ul><li>2 Enter total number of section 50</li><li>3 Enter total number of other orga</li></ul>		_				· · · · <b>-</b> -	67

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a)Type of grant or assistance	<b>(b)</b> Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) Vendors to buy/give Awards	7	12,411			
(2) Stipends ETC for BEEP students	136	9,520			
(3) Ann Tanneyhill	1	1,000			
(4) Special gift due to CEO's Death	1	3,000			
(5) BTOP	218	106,000			

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
Form 990, Schedule I		PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS IN THE US The League monitors the use of the grant
		funds by comparing the actual to the approved budget by the respective funder. The purpose or the ultimate use of grant
		funds to subcontract affiliates is to fund direct assistance programs in the areas of workforce, education, housing and health
		According to 2011 statement of functional expenses, total grant and other are \$18,681,569 which includes \$18,549,638
		got subcontract payments, \$131,931 awards/grants Stipends etc for BEEP students- Stipends for travel given to college
		students who attended the Black Executive Exchange Program Conference Ann Tanneyhill- Award for Exemplary Work BTOP
		-Recipient must complete and graduate from Digital Connector program

Software ID: Software Version:

**EIN:** 13-1840489

Name: NATIONAL URBAN LEAGUE INC

### Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Urban League of Essex County508 Central Avenue Newark,NJ 07107	22- 1554540	501(C)(3)	2,441,768				
Urban League of Eastern Massachusetts88 Warren Street Roxbury, MA 02119	23- 7349132	501(C)(3)	1,427,529				

#### Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Buffalo Urban League15 East Genesee Street Buffalo,NY 14203	16- 0743940	501(C)(3)	99,873				
Urban League of Union County272 North Broad Street Elizabeth,NJ 07207	22- 1487366	501(C)(3)	166,856				

#### Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV,	(g) Description of non-cash	(h) Purpose of grant or assistance
or government		п аррисавіс		assistance	appraisal, other)	assistance	or assistance
Urban League of Shenango Valley 601 Indiana Avenue Farrell,PA 16121	25- 1193018	501(C)(3)	53,168				
Urban League of Greater Hartford 140 Woodland Ave PO Box 320590 Hartford, CT 06105	06- 6066491	501(C)(3)	79,212				

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Morris County Urban League300 Madison Ave Suite A Morristown, NJ 07960	22- 1449251	501(C)(3)	43,774				
New York Urban League204 West 136th Street New York, NY 10030	13- 1671035	501(C)(3)	62,000				

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	( <b>d)</b> A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Urban League of Philadelphia121 S Broad STREET 9th Floor Philadelphia,PA 19107	23- 1429810	501(C)(3)	281,456				
Urban League of greater Pittsburgh 610 Wood Street Pittsburgh, PA 15222	25- 0985592	501(C)(3)	1,227,512				

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Urban League of Rhode Island246 Prairie Avenue Providence, RI 02905	05- 0258939	501(C)(3)	18,212				
Urban League of Rochester265 N Clinton Ave Rochester, NY 14605	16- 0906150	501(C)(3)	155,565				

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Urban League of SpringfieldOne Federal Street Building 111-3 Springfield, MA 01109	37- 0765550	I 501(C)(3)	33,000				
Greater Washington Urban League2901 14th Street N W Washington, DC 20009	53- 0208981	501(C)(3)	37,410				

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Urban League of Hudson County253 M Luther king Dr Jersey City, NJ 07305	22- 1917127	501(C)(3)	24,750				
Urban League of Hampton Roads 3225 High Street Portsmounth, VA 23707	54- 1083985	501(C)(3)	169,254				

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal,	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Urban League of greater atlanta100 Edgewood Avenue NE Suite 600 Atlanta, GA 30303	58- 0593386	501(C)(3)	270,289		other)		
Urban League of Middle Tennessee 2550 Metro Center Boulevard Nashville, TN 37228	62- 0795167	501(C)(3)	13,000				

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Birmingham Urban League1229 3rd Avenue North Birmingham, AL 35203	63- 0516655	1 501(0)(3)	57,533				
Columbia Urban League1400 Barnwell Street P O Box 50125 Columbia, SC	57- 0 <b>4</b> 82767	501(C)(3)	99,750				

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UL of Greater Dallas & North Central TEXAS 4315 South Lancaster 700 Dallas,TX 75216	74- 1590488	I 5017C373	401,770				
Houston Area Urban League1301 Texas Avenue Houston,TX 77002	74- 1611455	501(C)(3)	113,599				

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Jacksonville Urban League903 West Union Street Jacksonville,FL 32204	59- 0637865	I 501(C)(3)	174,907				
Knoxville Area Urban League1514 E 5th Avenue Knoxville,TN 37917	62- 0797293	1 5017631	103,930				

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Louisville Urban League1535 West Broadway Louisville, KY 40203	61- 0444771	501(C)(3)	161,908				
Urban League of Greater New Orleans 2322 Canal Street New Orleans, LA 70119	72- 0423627	501(C)(3)	621,511				

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Metropolitan Tulsa Urban League240 East Apache Street Tulsa,OK 74106	73- 0610288	I 501(C)(3)	88,705				
The Urban League of the Upstate15 Regency Hill Drive Greenville, SC 29607	57- 0541039	501(C)(3)	45,643				

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Urban League of Palm Beach County Inc1700 Australian Ave W Palm Beach, FL 33407	59- 1533710	501(C)(3)	150,773				
Urban League of Greater Columbus Inc802 First Avenue Columbus, GA 31901	58- 1123741	501(C)(3)	17,785				

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Urban League of Broward County11 NW 36th Avenue Fort Lauderdale,FL 33311	59- 1564384	501(C)(3)	349,321		33.161)		
Urban League of Central Carolinas Inc740 West 5th Street Charlotte, NC 28202	56- 1218704	501(C)(3)	130,544				

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Los Angeles Urban League3450 Mount Vernon Drive Los Angeles, CA 90008	95- 1691288	501(C)(3)	146,314				
Greater Phoenix Urban League1402 South Seventh Avenue Phoenix, AZ	86- 0124189	1 501(0)(3)	113,021				

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Greater Sacramento Urban League3725 Marysville Boulevard Sacramento, CA 95838	94- 1686314	1 501(0)(3)	196,938				
Urban League of Metropolitan Seattle 105 14th Avenue Seattle: WA 98122	91- 0575954	1 501(0)(3)	197,348				

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Urban League of San Diego County 720 Gateway Center Drive San Diego, CA 92102	95- 1772854	I 501(C)(3)	175,286				
Chicago Urban League4510 S Michigan Ave Chicago, IL 60653	36- 2225483	501(C)(3)	502,293				

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Urban League of Greater Cleveland 2930 Prospect Avenue Cleveland, O H 44115	34- 0720563	I 501(C)(3)	264,071				
Columbus Urban League788 Mount Vernon Avenue Columbus, O H 43203	31- 4379453	501(C)(3)	256,714				

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Fort Wayne Urban League2135 S Hanna Street Fort Wayne,IN 46803	35- 0869052	501(C)(3)	43,786		33.761)		
Indianapolis Urban League777 Indiana Avenue Indianapolis,IN 46202	35- 6060655	501(C)(3)	96,700				

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Minneapolis Urban League2100 Plymouth Ave N Minneapolis, MN 55411	41- 0706915	1 501(0)(3)	37,265				
Trı County Urban League317 S MacArthur Hıghway Peoria,IL 61605	37- 0888235	1 501(0)(3)	18,021				

(a) Name and address of organization	<b>(b)</b> EIN	(c) IRC Code section	(d) A mount of cash grant	non-cash	(f) Method of valuation	of	(h) Purpose of grant
or government		ıf applıcable		assistance	(book, FMV, appraisal, other)	non-cash assistance	or assistance
Urban League Metropolitan ST Louis 3701 Grandel Square St Louis, MO 63108	43- 0653605	1 501(0)(3)	158,373				
Springfield Urban League Inc100 North 11th Street Springfield, IL	37- 0765550	1 5017637	102,679				

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Urban League of Kansas Inc1802 East 13th Street Wichita, KS 67214	48- 0602109	I 501(C)(3)	130,144				
Quad County Urban League808 E Galena Suite B Aurora,IL 60505	36- 2882693	1 5017(**)	109,878				

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Lorain County Urban League401 Board Street Robinson Building Suite 205 Elyria, OH 44035	34- 1263379	501(C)(3)	193,397				
Urban League for bergen county40 North Van Brunt Street englewood, NJ 07631	22- 1487175	501(C)(3)	27,092				

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
greater warren- youngstown urban league290 west market street warren,OH 44481	34- 0714784	501(C)(3)	36,700				
MEMPHIS URBAN LEAGUE431 N CLEVELANS STREET MEMPHIS,TN 37501	62- 0481465	501(C)(3)	96,000				

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
URBAN LEAGUE OF greater OKLAHOMA CITY3900 N MARTIN LUTHER KING AVENUE OKLAHOMA CITY, OK 73101	73- 0590037	501(C)(3)	29,750				
Urban league of Lancaster County 502 South Duke Stree Lancaster, PA 17602	23- 1661344	501(C)(3)	13,000				

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Urban League of Westchester County 61 Mitchell Place New York, NY 10022	13- 1671035	501(C)(3)	2,266,538				
Northern Virginia Urban League1315 Duke Street Alexandria, VA 22314	54- 1530324	501(C)(3)	85,004				

	<u> </u>						
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Urban League Greater Chattanooga Inc730 Martin Luther King Boulevard Chattanooga,TN 37402	58- 1436933	501(C)(3)	96,000				
Akron Community Service Center And Urban League440 Vernon Odom Blvd	34- 0714520	I 501(C)(3)	29,750				

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Urban League of Greater Cincinnati 3458 Reading Road Cincinnati, OH 45229	31- 0565428	501(C)(3)	1,530,784				
Urban League of Greater Madison 2222 S Park Street Madison, WI 53713	39- 1098146	501(C)(3)	10,000				

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Urban League of Southern Connecticut46 Atlantic Street Stamford, CT 06901	06- 0856692	1 501(0)(3)	39,909				
Central Florida Urban League2804 Belco Drive Orlando, FL 32808	59- 1766368	I 501(C)(3)	39,494				

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Tacoma Urban League2550 South Yakıma Avenue Tacoma,WA 98405	91- 0826302	501(C)(3)	33,000				
Southwestern Michigan Urban League172 West Van Buren Battle Creek, MI 49017	38- 1817220	501(C)(3)	8,000				

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Urban League of Detroit & Southeastern Michigan208 Mack Avenue Detroit, MI 48201	38- 1358387	I 501(C)(3)	2,915,001				
Urban League of Kansas City1710 Paseo Boulevard Kansas City, KS 64108	44- 0546273	I 501(C)(3)	146,705				

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Milwaukee Urban League435 West North Avenue Milwaukee, WI 53212	39- 0826861	501(C)(3)	49,750				

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DLN: 93493292001112

OMB No 1545-0047

**Schedule J** (Form 990)

Internal Revenue Service

Department of the Treasury

**Compensation Information** 

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** ► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Name	of	the	orga	niza	tion
NOITAN	AL I	URBA	N LEA	GUE	INC

**Employer identification number** 

13-1840489

Pa	art I Questions Regarding Compensation			
			Yes	No
1a	Check the approplate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	First-class or charter travel Housing allowance or residence for personal use			
	▼ Travel for companions			
	Tax idemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	1b	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	_		
	officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 14.	2	Yes	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply			
	✓ Compensation committee ✓ Written employment contract			
	☐ Independent compensation consultant ☐ Compensation survey or study			
	Form 990 of other organizations  Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
а	Receive a severance payment or change-of-control payment?	4a		Νo
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		No
С	Participate in, or receive payment from, an equity-based compensation arrangement?	<b>4</b> c		Νo
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
а	The organization?	5a		No
b	Any related organization?	5b		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
а	The organization?	6a		No
b	Any related organization?	6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was			
	subject to the initial contract exception described in Regs-section 53 4958-4(a)(3)? If "Yes," describe in Part III	8		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations			
7	section 53 4958-6(c)?	9		

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

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

Note. The sum of columns (B)(I)-(III) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual

(1) (11) (11) (11) (11) (11) (11)	(i) Base compensation  400,000 0  41,000 0  208,000 0	0 0	(iii) Other reportable compensation  0 0 0 0 0 0 0	other deferred compensation	benefits 139,200 0	(B)(ı)-(D) 0 739,200 0 0	reported in prior Form 990 or Form 990-EZ
(II) (II) (II) (II)	41,000	0 0	0 0	o o	0	739,200	
(II) (II) (II)	0	0	0	0,	<del> </del>	<del></del> .	
(11)	208,000	12,480,		0	1	0 41,000 0 0	
	<del></del> .	0	ار <u>0</u>	0	72,384	292,864 0 0	
(11)	208,000	12,480	0 0	0	72,384	4 292,864 0 0	
(I) (II)	200,000	10,000	0 0	0		0 279,600 0 0	
(I) (II)	200,000	12,350	0 0	0		0 281,950 0 0	
(I) (II)	200,000	8,428 0	0 0	0	69,600	0 278,028 0 0	
<u> </u>	<u> </u>			<u> </u>			
<del>     </del>	<del>                                     </del>	<del>                                     </del>	<u>'</u>	<del>                                     </del>	-	<u> </u>	<del>                                     </del>
+		<u>'</u>	<u>'</u>				
<u> </u>	<u> </u>	<b></b> '	<u> </u>	<del> </del> '		<u> </u>	<del></del>
<del> </del> '	<del>                                     </del>	<del> </del>	<u> </u>	<del> </del> '	<del></del>	<u> </u>	<del></del>
	(II) (II) (II)	(i) 200,000 (ii) 200,000	(I)     0     0       (I)     200,000     12,350       (II)     0     0       (I)     200,000     8,428	(II)     0     0     0       (I)     200,000     12,350     0       (II)     0     0     0       (I)     200,000     8,428     0	(I)     0     0     0       (I)     200,000     12,350     0       (II)     0     0     0       (I)     200,000     8,428     0	(I)     0     0     0     0       (I)     200,000     12,350     0     0     69,600       (I)     200,000     8,428     0     0     69,600	(I)         0         0         0         0         0         0           (I)         200,000         12,350         0         0         69,600         281,950           (I)         0         0         0         0         0         0           (I)         200,000         8,428         0         0         69,600         278,028

#### Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Identifier	Return Reference	Explanation
Form 990, SCHEDULE J, PART I, LINE 1A		The spouse of CEO has traveled first-class for any of the League's out of town events The First Class Travel for the CEO's spouse was not included as taxable

Schedule J (Form 990) 2011

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DLN: 93493292001112

OMB No 1545-0047

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# **SCHEDULE 0** (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

RELATED ORGANIZATION

# Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

Name of the organiz NATIONAL URBAN LEAGU		Employer identification number  13-1840489
ldentifier	Return Reference	Explanation
Form 990, PART III, LINE 4d		(1) National Urban League (NUL) Affiliates offer services in 36 states and the District of Columbia, to over 350 communities across the country. These professionally staffed offices are where NUL services come to life where people and their neighborhoods grow, change, and are strengthened. The League's Affiliate Services Department goal is to provide information and training to affiliate CEOs, boards, staffs, and volunteers to increase their understanding of the League's mission, and to enhance their professional skills and effectiveness. (2) Health and Quality of Life Empowerment promotes community wellness through a focus on prevention, including fitness, healthy eating and access to affordable health care. (3) Civil Rights and Racial Justice Empowerment guarantees equal participation in all facets of American society through proactive public policies and community-based programs. (4) Centennial Celebration - During 2010, the National Urban League celebrated its 100th anniversary. During the year, the League developed the "I am Empowered" campaign based around four Empowerment Goals, expressly equitable education, employment, housing, and health care. The League also created and launched an "I am Empowered" social mobilization website, and through a robust national multi-media campaign, individuals, communities, corporations, and government agencies were engaged in an ongoing campaign to improve the state of America and achieve the empowerment Goals by 2025. Part of this campaign consisted of \$3,400,000 of in-kind donations from Comcast Corporation of its advertising inventory and the Scrips Network of production. The League also created a museum-quality exhibit of its history and held a record-setting annual conference in July 2010 in Washington, D.C. The Centennial concluded at the annual Equal Opportunity Day Dinner in November 2010.
Form 990, PART VI, LINE 11a		The League's 990 will be reviewed by the SVPs, legal counsel, audit committee and the board
Form 990, PART VI, LINE 12C		Annually, Human Resources requests that each employee reviewed and signed the policy in addition, please note that self-disclosure and the review of contracts before approval helps monitor and enforce the policy
Form 990, Part VI, Line 15a & 15b		CEO compensation is approved by a board compensation committee. And the staff members' compensations are reviewed by HR and CEO Lastly, the League does not have any officers or key employees that are paid CEO is the only staff person who is on the Board. There are no other key employees. The other high level staff members listed above are not key employees. However, they lead and manage our departments. But they do not have the overall organizational responsibilities, powers or influence over the total organization that CEO and the Trustees have
form 990, part IV, Line 19		Governing documents and conflict of interest policy are available per request. Financial statements are available on the website, in annual report, and per request.
Form 990, Part XI, Line 5		Other changes in net assets or fund balances Pension-related changes other than net periodic pension costs (\$1,441,273) Net unrealized losses (686,359) Total (\$2,127,632)
Form 990, Part VII, Section A	List of Board Members	This represents the 2010-2011 board term listing
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAMEJOHN D HOFMEISTER TITLE CHAIR HOURS
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME ROBERT D TAYLOR TITLE SENIOR VICE CHAIR HOURS
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME ALMA ARRINGTON BROWN TITLE VICE CHAIR HOURS
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME THE HONORABLE ALEXIS M HERMAN TITLE SECRETARY HOURS
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME WILLARD W BRITTAIN TITLE TREASURER HOURS
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME MARC H MORIAL TITLE PRESIDENT AND CEO HOURS
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAMECRYSTAL ASHBY TITLE trustee HOURS
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAMEKENDRICK F ASHTON TITLE trustee HOURS
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAMEKHARY P BARNES TITLE trustee HOURS
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAMEFRANKIEM BROWN TITLE trustee HOURS
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME ROBERT J BROWN TITLE trustee HOURS
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME CATHERINE V BUELL TITLE trustee HOURS
HOURS DEVOTED FOR RELATED	FORM 990 PART VII	NAMEJON R CAMPBELL TITLE trustee HOURS

ldentifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME DAVID L COHEN TITLE trustee HOURS
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAMEDAVID C DARNELL TITLE trustee HOURS
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAMENICOLE C DEMBY, PHR, J D TITLE trustee HOURS
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAMETRACY FAULKNER TITLE trustee HOURS
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME MYRON GRAY TITLE trustee HOURS
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME EFFENUS HENDERSON TITLE trustee HOURS
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME THERESA HOPKINS-STATEN, ESQ TITLE trustee HOURS
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAMESAMUEL H HOWARD TITLE trustee HOURS
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME JANICE BRY ANT HOWROY D TITLE trustee HOURS
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAMEHARRY E JOHNSON, SR TITLE trustee HOURS
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAMELAWRENCES JONES TITLE trustee HOURS
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAMEDR KASELUKMAN LAWAL TITLE trustee HOURS
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAMEWARREN E LOGAN TITLE trustee HOURS
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAMEJOHN W MACK TITLE trustee HOURS
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAMETHOMAS A MARS TITLE trustee HOURS
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME PAUL MCKINNON TITLE trustee HOURS
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME MICHAEL F NEIDORFF TITLE trustee HOURS
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME ANNE NOBLES TITLE trustee HOURS
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAMEWILLIAM F PICKARD, PH D TITLE trustee HOURS
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME STEPHEN S RASMUSSEN TITLE trustee HOURS

ldentifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAMEJACQULYN SHROPSHIRE TITLE trustee HOURS
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME THE HONORABLE RODNEY E SLATER TITLE trustee HOURS
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME GINA STIKES TITLE trustee HOURS
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAMEBARTON TAYLOR TITLE trustee HOURS
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME DENNIS WELCH TITLE trustee HOURS
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAMERAY FORD WILKINS, JR TITLE trustee HOURS
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAMEHOWARD E WOOLLEY TITLE trustee HOURS
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAMEB MICHAEL YOUNG TITLE trustee HOURS
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME REGINALD K BRACK JR TITLE HONORARY trustee HOURS
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAMEM ANTHONY BURNS TITLE HONORARY trustee HOURS
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAMEMICHAEL CRITELLI TITLE HONORARY trustee HOURS
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME KENNETH D LEWIS TITLE HONORARY trustee HOURS
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAMEJONATHAN S LINEN TITLE HONORARY trustee HOURS
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME DONALD BOWEN TITLE SVP OF PROGRAM SERVICES HOURS
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME DENNIS SERRETTE TITLE SVP OF DEVELOPMENT HOURS
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME HERMAN LESSARD TITLE SVP OF AFFILIATE SERVICES HOURS
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAMERHONDA SPEARS BELL TITLE SVP OF MARKETING/COMMUNICATION HOURS
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME PAUL WYCISK TITLE SVP OF FINANCE/CFO HOURS
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME JOHN JACOB TITLE FORMER PRESIDENT AND CEO HOURS