DLN: 93493311022439 OMB No 1545-0047 Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public Open to Public Department of the ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Internal Revenue Service For the 2019 calendar year, or tax year beginning 01-01-2018 , and ending 12-31-2018 D Employer identification number B Check if applicable NATIONAL URBAN LEAGUE INC ☐ Address change 13-1840489 ☐ Name change Doing business as ☐ Initial return ☐ Final return/terminate E Telephone number ☐ Amended return Number and street (or P O box if mail is not delivered to street address) Room/suite 80 PINE STREET ☐ Application pending (212) 558-5300 City or town, state or province, country, and ZIP or foreign postal code NEW YORK, NY  $\,$  10005 G Gross receipts \$ 56,888,205 Name and address of principal officer H(a) Is this a group return for MARC H MORIAL □Yes ☑No subordinates? **80 PINE STREET** H(b) Are all subordinates NEW YORK, NY 10005 ☐ Yes ☐No included? Tax-exempt status **✓** 501(c)(3) П 4947(a)(1) or If "No," attach a list (see instructions) 501(c) ( ) **◀** (insert no ) **H(c)** Group exemption number ▶ Website: ► WWW NUL ORG L Year of formation 1910 M State of legal domicile NY K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ Summary 1 Briefly describe the organization's mission or most significant activities ENABLE AFRICAN-AMERICAN AND OTHER UNDERSERVED URBAN RESIDENTS 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) . . . 4 47 Number of independent voting members of the governing body (Part VI, line 1b) 134 5 Total number of individuals employed in calendar year 2018 (Part V, line 2a) 47 Total number of volunteers (estimate if necessary) . . 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a b Net unrelated business taxable income from Form 990-T, line 34 7b 165.596 **Prior Year Current Year** 49,816,959 39,953,082 8 Contributions and grants (Part VIII, line 1h) . . 9 Program service revenue (Part VIII, line 2g) . 7,779,617 7,742,251 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . 1,704,257 1,601,262 673,526 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 288,342 59,589,175 49,970,121 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3). 24,051,125 21,986,418 14 Benefits paid to or for members (Part IX, column (A), line 4) . 0 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15,252,501 16,242,889 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) . 411,609 431,547 b Total fundraising expenses (Part IX, column (D), line 25) ▶3,555,341 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 17,830,892 18,469,205 18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) 57,546,127 57,130,059 19 Revenue less expenses Subtract line 18 from line 12 . 2,043,048 -7,159,938 Net Assets or Fund Balances **Beginning of Current Year End of Year** 20 Total assets (Part X, line 16) . 68,911,177 59,044,341 19,353,827 21 Total liabilities (Part X, line 26) . 19,436,954 22 Net assets or fund balances Subtract line 21 from line 20 . 49,474,223 39,690,514 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge 2019-11-07 Signature of officer Sign Here CALVIN HARRIS SVP OF FINANCE/CFO Type or print name and title Date Print/Type preparer's name Preparer's signature Check I If P00446023 Paid self-employed Firm's name MITCHELL & TITUS LLP Firm's EIN ▶ 13-2781641 **Preparer** Use Only Firm's address ▶ 80 PINE STREET 32 FL Phone no (212) 709-4500 NEW YORK, NY 10005 ☑ Yes ☐ No May the IRS discuss this return with the preparer shown above? (see instructions) . For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2018) Cat No 11282Y

Form	990 (2018)					Page <b>2</b>
Pa	rt III Statemen	t of Program Servi	ce Accomplis	hments		
	Check If Sch	nedule O contains a resp	onse or note to a	any line in this Part III .		🗹
1		organization's mission		·		
YEAF POTE 100	., PROVIDING DIREC NTIAL PRIMARILY W PROFESSIONALLY ST	T SERVICES, RÉSEARCH VORKING WITH AFRICAN AFFED AFFILIATES IN O	I, AND POLICY A N-AMERICANS AN OVER 36 STATES	DVOCACY TO HELP IND: ND OTHER EMERGING E AND THE DISTRICT OF	MENT THAT SERVES OVER TW IVIDUALS AND COMMUNITIES THNIC COMMUNITIES, THE L COLUMBIA ACROSS THE NAT ES CITIZENS A CHANCE TO G	S REACH THEIR FULLEST EAGUE'S NETWORK OF OVER TON WORKS TO CLOSE
2	-	n undertake any signific	ant program serv	vices during the year wh	nich were not listed on	□ Yes ☑ No
	the prior Form 990					∟ Yes ⊻ No
3	•	hese new services on Sc n cease conducting, or r				
3	-	<b>J</b> .	nake significant (	changes in now it condu	icts, any program	. □Yes ☑No
	services?	· · · · · · · · · · · · · · · · · · ·				. Lifes Wino
4	Section 501(c)(3) a		ons are required	to report the amount o	largest program services, as i f grants and allocations to oth	
4a	(Code	) (Expenses \$	25,743,172	including grants of \$	19,687,159 ) (Revenue \$	392,198 )
	See Additional Data					
4b	(Code	) (Expenses \$	5,580,760	including grants of \$	2,024,182 ) (Revenue \$	133,000 )
	See Additional Data					
4c	(Code	) (Expenses \$	9,739,135	ıncludıng grants of \$	41,000 ) (Revenue \$	6,126,321 )
	See Additional Data					
	See Additional Data	a Table				
4d		vices (Describe in Sched				
		4 021 606	luding grants of	4 234.0	77 ) (Revenue \$	1,791,206 )
	(Expenses \$	4,021,696 INC	iduling grants of	234,0	// ) (Revenue \$	1,791,200 )

Part IV Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete ۷۵٥ 1 2 Yes Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates No 3 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? 4 Yes 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? 5 No 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? Nο 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, No 7 the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 🕏 . . . Did the organization maintain collections of works of art, historical treasures, or other similar assets? No R Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation Nο 9 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, 10 Yes 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 a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? Yes 11a Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total Nο 11b assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🕏 . . . . . . . . . c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its Nο 11c total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 👺 . . . . . . . . . . d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported No 11d ın Part X, line 16? If "Yes," complete Schedule D, Part IX 🕏 . . . . . . . . . . . . . . . . . Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏 11e Yes Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses 11f Yes the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 🕏 12a Did the organization obtain separate, independent audited financial statements for the tax year? 12a No b Was the organization included in consolidated, independent audited financial statements for the tax year? 12b Yes If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🕏 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 Nο 14a 14a Did the organization maintain an office, employees, or agents outside of the United States? . . Nο 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 14b Nο Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any Nο foreign organization? If "Yes," complete Schedule F, Parts II and IV . . . . . 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to Nο 16 or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . . Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, Yes 17 column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions) . . . . Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, 18 Yes Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 19 Nο 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . 20a Nο b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic Yes 21 government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II . . . . . .

Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX,

column (A), line 2? If "Yes," complete Schedule I, Parts I and III . . . . . . . . . . . . . . . . .

Part IV

Checklist of Required Schedules (continued)

301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I . . .

All Form 990 filers are required to complete Schedule O

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

Part V, line 1 . . .

37

38

Part V

34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note.

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming 

within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . 🔧

is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 🥦

Statements Regarding Other IRS Filings and Tax Compliance

1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable .

Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable

Check if Schedule O contains a response or note to any line in this Part V.

34

35a

35b

36

37

38

163

0

1a

1b

Yes

Yes

Yes

Yes

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Nο

Nο

Nο

No

			Yes	No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	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 lines 24b through 24d and complete Schedule K If "No," go to line 25a	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
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		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.  Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		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	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," 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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,			
	Part IV	28a		No
b	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 direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	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	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections	33	Yes	

7a

7b

7с

7e

7f

7g

7h

8

9a

9h

12a

13a

14a

14b

15

No

No

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7d |

10a

10b

11a

11b

12b

13b

13c

Yes

Yes

Nο

No

No

Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services

Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file

Organizations that may receive deductible contributions under section 170(c).

d If "Yes," indicate the number of Forms 8282 filed during the year . . . .

Sponsoring organizations maintaining donor advised funds.

a Initiation fees and capital contributions included on Part VIII, line 12 . . .

b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year

a Is the organization licensed to issue qualified health plans in more than one state?

Enter the amount of reserves the organization is required to maintain by the states in

Section 501(c)(29) qualified nonprofit health insurance issuers.

Section 501(c)(7) organizations. Enter

Section 501(c)(12) organizations. Entera Gross income from members or shareholders .

9a Did the sponsoring organization make any taxable distributions under section 4966? . . .

**b** Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

Note. See the instructions for additional information the organization must report on Schedule O

14a Did the organization receive any payments for indoor tanning services during the tax year? . . . . .

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.

Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess

parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N . . . . . .

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .

e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . .

If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as

If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form

Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during

				9 -					
Pai	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "N 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions Check if Schedule O contains a response or note to any line in this Part VI	•		lines 🗹					
Se	ction A. Governing Body and Management								
			Yes	No					
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 48	3							
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O								
b	Enter the number of voting members included in line 1a, above, who are independent  1b 47	,							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No					
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?								
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4		No					
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No					
6	Did the organization have members or stockholders?	6		No					
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No					
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following								
а	The governing body?	8a	Yes						
Ь	Each committee with authority to act on behalf of the governing body?	8b	Yes						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No					
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue	ie Code	e. )						
	Section 211 offices (This decision is requested information about policies not required by the Internal Revenue		Yes	No					
10a	Did the organization have local chapters, branches, or affiliates?	10a	Yes						
	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 purposes?	10b	Yes						
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes						
Ь	Describe in Schedule O the process, if any, used by the organization to review this 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 rise to conflicts?	12b	Yes						
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes						
13	Did the organization have a written whistleblower policy?	13	Yes						
14	Did the organization have a written document retention and destruction policy?	14	Yes						
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?								
а	The organization's CEO, Executive Director, or top management official	15a	Yes						
	Other officers or key employees of the organization	15b	Yes						

	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Yes	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this 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 rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	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

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

List the States with which a copy of this Form 990 is required to be filed▶

policy, and financial statements available to the public during the tax year

►CALVIN HARRIS 80 PINE STREET NEW YORK, NY 10005 (212) 558-5300

Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest

State the name, address, and telephone number of the person who possesses the organization's books and records

only) available for public inspection. Indicate how you made these available. Check all that apply ☑ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

, PA , RI , SC , TN , UT , VA , WA , WV , WI

AL, AK, AR, CA, CO, CT, FL, GA, HI, IL, KS, KY, ME, MD , MA , MI , MN , MS , NH , NJ , NM , NY , NC , ND , OH , OK , OR

16a

16b

Nο

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status with respect to such arrangements? . . . Section C. Disclosure

18

101111 330 (2	010)										Page /
Part VII	Compensation of Officer and Independent Contra		Truste	es,	Key	En	nploy	ees	, Highest Comp	ensated Employ	ees,
	Check if Schedule O contains a	response or no	te to an	y line	≘ ın t	hıs	Part VI	١.			🗆
Section	A. Officers, Directors, Tru	ıstees, Key E	mploy	ees	, an	d F	lighe	st (	Compensated En	nployees	
year .	this table for all persons requir of the organization's current of		·						, ,		•
of compensa	tion Enter -0- in columns (D), ( if the organization's <b>current</b> key	E), and (F) if no	compe	nsatı	on w	vas į	paid		- ,,		
• List the who received	organization's five <b>current</b> high direportable compensation (Box and any related organizations	est compensate	d emplo	yees	(oth	ner t	than a	n off	icer, director, truste	e or key employee)	1
• List all o	of the organization's <b>former</b> office compensation from the organization						pensat	ed e	employees who rece	ived more than \$10	0,000
	f the organization's <b>former dir</b> , more than \$10,000 of reportat										e
compensated	in the following order individual demployees, and former such p	ersons									
☐ Check tl	nis box if neither the organization	n nor any relate	ed organ	nizatio	on co	omp	ensate	d ar	ny current officer, di	rector, or trustee	Т
	(A) Name and Title	(B) Average hours per week (list any hours for related	than o	one bo oth a direct	ox, un off tor/t	t cho unles ficer rust	and a	on	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the organization and
		organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	2/1099-MISC)	(W- 2/1099- MISC)	related organizations
See Additiona	al Data Table										

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

Page 8

Section A. Officers, Direct	UIS, ITUSTEES	, Key	<u>-1111</u> P1	JOYE	<i>.</i> es,	, and	<u> </u>	lest co	mpens	ate	a Lilipioyees	( COIII	tinueuj	
<b>(A)</b> Name and Title	(B) Average hours per week (list any hours	than c	one bo	ox, u an off	ot che unles fficer	neck mo ess pers er and a tee)	son	Rep comp fro organiz	( <b>D)</b> cortable censatio om the zation (	n W-	(E) Reportable compensatio from related organizations (	n d (W-	Estima amount of compen from	ated of other sation the
	for related organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensatemployee	Former	2/109	99-MISÒ	(2)	2/1099-MISC		organizat relat organiz	:ed
		trustee	al Trustee		yee	mpensated								
See Additional Data Table				F		<del>                                     </del>	<u> </u>							
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				Ľ	L	<del>                                     </del>	$\perp$							
				<u>                                     </u>		<del> </del>								
1b Sub-Total		Α				<b>*</b>	_	2,	,320,291			0		629,514
Total number of individuals (including of reportable compensation from the compensation)	but not limited	to thos				e) who	o rec				00,000	-1		
3 Did the organization list any former of line 1a? If "Yes," complete Schedule J										ited (	employee on		Yes	No
4 For any individual listed on line 1a, is organization and related organizations individual	the sum of repo	ortable o	comp	oensa	ation	n and c	other	r compen	nsation i		the	4		No
5 Did any person listed on line 1a receiv services rendered to the organization?									ation or	ındı\ •	vidual for	5	1	No
Section B. Independent Contract	ors			_	_		—						ı	
Complete this table for your five higher from the organization Report comper	est compensate nsation for the c										's tax year	mpen		
	(A) and business addre	ess									(B) iption of services		Compe	nsation
TV ONE  1010 WAYNE AVENUE 10TH FLOOR CHICAGO, IL 60693									TV PRO	DUCT	ION SERVICES			712,500
CONSTRUCTOMICS LLC									CONSTR	RUCTI	ONAL SERVICES			638,394
40 BROAD STREET 4TH FLOOR NEW YORK, NY 10004 FERN EXPO SVCS LLC									FVENT I	nFC0	RATING CONSULT	TANT		524,749
645 LINN STREET CINCINNATI, OH 45203											NOTATE	F11		<i>52.</i> (, .
COMMUNITY COUNSELING SERVICE CO LLC PO BOX 824885									FUNDRA	AISIN	G SERVICES			450,955
PHILADELPHIA, PA 19182 RACKSPACE MANAGED HOSTING					—				NETWO	RK SE	ERVICES			183,511
PO BOX 730759 DALLAS, TX 75373														
2 Total number of independent contractor compensation from the organization ▶ 1		not IIm	.itea t	.o tn	ose —	listea	abov	/e) wno r	receive	i mo	re than \$100,0	00 or	Form 99	<u> </u>

Part		Statement of	Revenue									rage <b>3</b>
, are	V 111	Check if Schedul		a respo	nse or note to a	ny line in t	his Part VIII					🗆
				·		(	(A) revenue	Rel e: fu	(B) lated or xempt inction	(C) Unrelated business revenue		(D) Revenue excluded from k under sections
	1:	a Federated campaign	ns	1a				re	venue			512 - 514
tributions, Gifts, Grants Other Similar Amounts		<b>b</b> Membership dues		1b		-						
Contributions, Gifts, Grants and Other Similar Amounts		<b>c</b> Fundraising events		1c	1,300,739	<del>-</del> )						
īš, Ā		d Related organizatio	ns	1d		-						
Gif		e Government grants (co	ontributions)	1e	21,498,708	- 3						
ns, Sir	1	f All other contributions,				-						
utio er		and similar amounts no above	ot included	1f	17,153,635	<u>;</u>						
를 돌		g Noncash contributio	ons included									
Cont		in lines 1a - 1f \$ h Total. Add lines 1a-	-1f									
<u> </u>		II Totali Add lilles Id	11		Busino	ss Code	39,953,082	П			1	
ᆲ	22	SPONSORSHIP INCOME			Dusine		5,8	313,870	5,813	3,870		
N-S-N		FRANCHISE FEES				900099	Ġ	907,500	907	7,500		
Program Service Revenue		CONFERENCE INCOME				900099	4	148,532	448	3,532		
Š	_	EXHIBITOR INCOME				900099	:	329,299	329	,299		
<u>%</u>		MEMBERSHIP FEES				900099	:	243,050	243	3,050		
Jran.	Ī					900099						
یق	f	All other program se	rvice revenue			7,742,251						
		Total. Add lines 2a-2		•	<u> </u>					Г		
		Investment income (ii similar amounts)  .			nterest, and othe	er ▶	725,80	1				725,801
		Income from investme			ond proceeds	<b>▶</b>						
	5	Royalties				<b>&gt;</b>						
	۲-	Cuara mamba	(ı) Rea	ı	(II) Personal	_						
	Od	Gross rents	1	.35,000								
	Ŀ	Less rental expenses		0								
	c	Rental income or	1	.35,000								
		(loss)					425.00					
	C	Net rental income o					135,00	0				135,000
	<b>7</b> a	Gross amount	(ı) Securit	ies	(II) Other	$\dashv$						
		from sales of assets other	7,4	36,807								
		than inventory										
	Ŀ	Less cost or other basis and										
		sales expenses Gain or (loss)		61,346 375,461		_						
		Net gain or (loss)			•		875,46	1				875,461
	<b>8</b> a	Gross income from f	_									
je E		(not including \$ contributions reporte	1,300,739 ed on line 1c)	of								
S		See Part IV, line 18		a	194,7							
Other Revenue		Less direct expense		ь	356,7	38						454.040
her		: Net income or (loss) I Gross income from g			ents 🕨		-161,94	8				-161,948
5	-	See Part IV, line 19										
		- 1		a		_						
		Less direct expense: Net income or (loss)		<b>b</b>   activiti	es •							
		Gross sales of invent										
		returns and allowand	es	-								
	ŀ	Less cost of goods s	old	a b		-						
		Net income or (loss)		_[	ory <b>&gt;</b>							
		Miscellaneous			Business Code							
	11	aSTONEHENGE EARN	ED DEALS		9000	099	350,35	4	350,354			
	b	REBATES/COMMISS	ION		9000	)99	112,75	1	112,751			
	C	NATIONAL COMMUN	ITY STABILIZ	ATION	9000	999	110,00	0	110,000			
		I All and					407.07		***			40.4
		All other revenue . Total. Add lines 11a		. [		+	127,36	9	113,925			13,444
		2 Total revenue. See				<u> </u>	700,47	4				
		- rotar revenue, see	THE UCTIONS	<u> </u>	• • • •		49,970,12	1	8,429,281		0	1,587,758 form <b>990</b> (2018)
												UIIII <b>33U</b> (2018)

Form 990 (2018)				Page <b>10</b>
Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all c	olumns All other orga	nızatıons must comp	olete column (A)	
Check if Schedule O contains a response or note to any	y line in this Part IX .			🗹
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	21,970,418	21,970,418		
2 Grants and other assistance to domestic individuals See Part IV, line 22	16,000	16,000		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	1,274,850	777,659	497,191	
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	11,180,862	6,530,856	3,147,150	1,502,856
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	1,176,206	687,034	331,074	158,098
9 Other employee benefits	1,864,034	1,088,801	524,682	250,551
<b>10</b> Payroll taxes	746,937	439,242	198,557	109,138
11 Fees for services (non-employees)				
<b>a</b> Management				
<b>b</b> Legal	183,789	110,749	50,508	22,532
c Accounting	189,373	111,105	54,123	24,145
<b>d</b> Lobbying				
e Professional fundraising services See Part IV, line 17	431,547			431,547
f Investment management fees	117,718		117,718	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	6,788,583	5,100,293	1,402,700	285,590
12 Advertising and promotion	482,006	482,006		
13 Office expenses	1,601,584	1,096,173	361,132	144,279
14 Information technology				
15 Royalties				
<b>16</b> Occupancy	1,373,370	805,110	394,175	174,085
<b>17</b> Travel	3,419,896	2,845,485	418,400	156,011
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19 Conferences, conventions, and meetings	1,455,095	1,455,095		
<b>20</b> Interest	214,203	123,948	63,264	26,991
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,590,864	919,462	470,823	200,579
23 Insurance	180,443	105,687	51,742	23,014
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a BAD DEBTS	231,510		231,510	
b SUBSCRIPTIONS/PUBLICATI	195,606	134,402	27,011	34,193
c UBIT RELATED TO DISALLO	34,775		34,775	
d IN-HOUSING TRAINING EXP	24,723	23,283	1,440	

385,667

57,130,059

261,955

45,084,763

111,980

8,489,955

11,732

3,555,341

Form **990** (2018)

e All other expenses

25 Total functional expenses. Add lines 1 through 24e

26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation

Check here ▶ ☐ If following SOP 98-2 (ASC 958-720)

Page **11** 

152.821

1.500.000

9.434.781

19.353.827

-4.924.181

24,616,630

19.998.065

39,690,514

59,044,341

Form **990** (2018)

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1.500,000

7.549.512

19.436.954

-3.357.845

32,834,003

19.998.065

49,474,223

68,911,177

96.840

Form 990 (2018)

Assets

Liabiliti

Net Assets or Fund Balances

23

24

26

27

28

29

30

31

32

33

34

	Beginning of year		End of year
1 Cash-non-interest-bearing	9,697,066	1	9,421,105
2 Savings and temporary cash investments	2,733,157	2	1,522,261
3 Pledges and grants receivable, net	17,905,947	3	13,525,689
4 Accounts receivable, net	830,315	4	816,604
5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and		·	

contributing employers and sponsoring organizations of section 501(c)(9)

key employees, highest compensated employees, and disqualified

Secured mortgages and notes payable to unrelated third parties

Other liabilities (including federal income tax, payables to related third parties,

Organizations that follow SFAS 117 (ASC 958), check here ightharpoonup and

Unsecured notes and loans payable to unrelated third parties

complete lines 27 through 29, and lines 33 and 34.

Organizations that do not follow SFAS 117 (ASC 958), check here  $\triangleright$   $\square$  and complete lines 30 through 34.

Paid-in or capital surplus, or land, building or equipment fund .

Retained earnings, endowment, accumulated income, or other funds

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Part II of Schedule L . . .

Notes and loans receivable, net Inventories for sale or use .

Prepaid expenses and deferred charges

10a Land, buildings, and equipment cost or other

persons Complete Part II of Schedule L .

Complete Part X of Schedule D

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Unrestricted net assets

and other liabilities not included on lines 17 - 24)

Total liabilities. Add lines 17 through 25 .

basis Complete Part VI of Schedule D

voluntary employees' beneficiary organizations (see instructions) Complete

	200.0 COp. C						
	<b>b</b> Less accumulated	depreciation	10b	3,535,808	13,073,299	10c	12,836,474
1	L <b>1</b> Investments—publ	icly traded securities .			24,142,455	11	20,314,874
1	12 Investments—other	r securities See Part IV, line	11 .			12	
1	.3 Investments—prog	ram-related See Part IV, lin	e 11 .			13	
1	.4 Intangible assets					14	
1	<b>.5</b> Other assets See	Part IV, line 11			432,098	15	454,513
1	.6 Total assets.Add	lines 1 through 15 (must eq	68,911,177	16	59,044,341		
1	.7 Accounts payable a	and accrued expenses .			5,986,239	17	4,221,983
1	.8 Grants payable .					18	
1	19 Deferred revenue				316,105	19	220,708
2	<b>20</b> Tax-exempt bond I	iabilities			4,085,098	20	3,976,355
<u>در</u> 2	21 Escrow or custodia	l account liability Complete		21			
ties	22 Loans and other pa	yables to current and forme	rs, directors, trustees,				

10a

16,372,282

3a

3b

Yes

Yes (2018)

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required

audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Audit Act and OMB Circular A-133?

### **Additional Data**

Software ID: Software Version:

**EIN:** 13-1840489

ECONOMIC EMPOWERMENT INVESTS IN THE FINANCIAL LITERACY AND EMPLOYABILITY OF ADULTS THROUGH JOB TRAINING, HOMEOWNERSHIP COUNSELING AND

Form 990 (2018)

ENTREPRENEURSHIP SUPPORT

Form 990, Part III, Line 4a:

Name: NATIONAL URBAN LEAGUE INC.

Form 990, Part III, Line 4b: EDUCATION AND YOUTH EMPOWERMENT ENSURES THE EDUCATION OF ALL CHILDREN BY PROVIDING ACCESS TO EARLY CHILDHOOD LITERACY, AFTER-SCHOOL PROGRAMS AND COLLEGE PREPARATION

#### Form 990, Part III, Line 4c: CIVIC ENGAGEMENT AND LEADERSHIP EMPOWERMENT ENCOURAGES ALL PEOPLE TO TAKE AN ACTIVE ROLE TO IMPROVE QUALITY OF LIFE THROUGH PARTICIPATION IN COMMUNITY SERVICE PROJECTS AND PUBLIC POLICY INITIATIVES

Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.

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

PUBLIC POLICY INITIATIVES

Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

(Code ) (Expenses \$ 2,672,040 including grants of \$ 25,577 ) (Revenue \$ 1,791,206) NATIONAL URBAN LEAGUE 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

INEIGHBORHOODS GROW, CHANGE. AND ARE STRENGTHENED THE LEAGUE'S AFFILIATE SERVICES DEPARTMENT GOAL IS TO PROVIDE

INFORMATION AND TRAINING TO AFFILIATE CEOS, BOARDS, STAFF, AND VOLUNTEERS TO INCREASE THEIR UNDERSTANDING OF THE LEAGUE'S

MISSION, AND TO ENHANCE THEIR PROFESSIONAL SKILLS AND EFFECTIVENESS

(Code ) (Expenses \$ 1.030.588 including grants of \$ 208.500 ) (Revenue \$ 0 )

HEALTH AND QUALITY OF LIFE EMPOWERMENT ENCOURAGES ALL PEOPLE TO TAKE AN ACTIVE ROLE IN IMPROVING THEIR WELLNESS AND

QUALITY OF LIFE THROUGH PARTICIPATION IN PREVENTATIVE MEASURES, HEALTH LITERACY PROGRAMS, COMMUNITY SERVICE PROJECTS, AND

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

PROACTIVE PUBLIC POLICIES AND COMMUNITY-BASED PROGRAMS

Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

(Code ) (Expenses \$ 319,068 including grants of \$ 0) (Revenue \$ CIVIL RIGHTS AND RACIAL JUSTICE EMPOWERMENT GUARANTEES EQUAL PARTICIPATION IN ALL FACETS OF AMERICAN SOCIETY THROUGH

(A) (D) (B) (C) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average amount of other than one box, unless compensation hours per compensation person is both an officer week (list from the from related compensation and a director/trustee) any hours organization organizations from the

	any nears	unu	u un	CCLC	,,, с.	usice,		(11, 2,4,000	(14/ 2/4 200	l mont the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee		key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
MICHAEL F NEIDORFF	1 00	×		х				0	0	0
CHAIR	0 00									
THE HONORABLE ALEXIS M HERMAN	1 00	×		x				0	0	0
SENIOR VICE CHAIR	0 00								_	
JON R CAMPBELL	1 00			l,						
TREASURER/VICE CHAIR	1 00	X		X				0	0	0
GALE V KING	1 00									_
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JON R CAMPBELL	
TREASURER/VICE CHAIR	
GALE V KING	
VICE CHAIR	
CHARLENE LAKE	

SECRETARY

VICE CHAIR

TRUSTEE

**TRUSTEE** 

TRUSTEE

**BRETT BIGGS** 

JOHN W MACK

MARC H MORIAL

PRESIDENT AND CEO

KENDRICK F ASHTON

KHARY P BARNES

and Independent Contractors

(A) (D) (B) (C) (E) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated amount of other than one box, unless compensation hours per compensation week (list person is both an officer from the from related compensation

	any hours					ustee)		organization	organizations	from the
	for related organizations below dotted line)		Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
ROBERT J BROWN	1 00									
TRUSTEE	0 00	×						0	0	0
JAMES H BUFORD	1 00	×						0	0	0
TRUSTEE	0 00								0	
KENNETH D BYNUM	1 00	×						0	0	0
TRUSTEE	0 00								0	<u> </u>
CARLOS J CLANTON TRUSTEE	1 00	X						0	0	0
	0 00		L		_					

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DAVID G CLUNIE TRUSTEE

DAVID L COHEN

VICTOR L CRAWFORD

BRUCE CULPEPPER

RAY DEMPSEY JR

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TRUSTEE

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DONNA EPPS

and Independent Contractors

(A) (D) (B) (C) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless compensation amount of other hours per compensation person is both an officer week (list from the from related compensation any hours and a director/trustee) organization organizations from the

and Independent Contractors

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**TRUSTEE** 

TRUSTEE

JULIA JOHNSON

PATRICK LINDSEY

LOUIS B LYNN PHD

LATRISHA JEMISON

HARRY E JOHNSON SR

.......

	for related			_				/W_ 2/1000_	/\\\_ 2/1000_	organization and	
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	related organizations	
JOI ERNST	1 00	l									
TRUSTEE	0 00	×						0	0	0	
T WILLARD FAIR	1 00	x						0	0	0	
TRUSTEE	0 00	l ''						0	U		
MYRON GRAY	1 00	1							0		
TRUSTEE	0 00	×						0	0	0	
WILLIAM HANSEN	1 00										

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TRUSTEE	0 00					
MYRON GRAY	1 00					
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TRUSTEE	0 00					
WILLIAM HANSEN	1 00					
		l x			0	
TRUSTEE	0 00					
JOHN D HOFMEISTER	1 00					

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(A) (D) (E) (B) (C) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless compensation amount of other hours per compensation person is both an officer week (list from the from related compensation and a director/trustee) any hours organization organizations from the

and Independent Contractors

TIM MURPHY

J BRANDON NEAL

MARVIN ODUM

NICHOLAS PERKINS

WILLIAM F PICKARD PHD

.......

TRUSTEE

**TRUSTEE** 

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**TRUSTEE** 

TRUSTEE

	ally flours	l allu	a uii	ecto	71 / CI	ustee,	,	Organization	organizations	organization and	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	101	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
JAMES MAHONEY	1 00	х						0	0	0	
TRUSTEE	0 00	l '''							-		
CATHERINE M MCEVILLY	1 00	l									
TRUSTEE	0 00	×						0	0	0	
LAMELL MCMORRIS	1 00										

TRUSTEE	0 00	^			0		
LAMELL MCMORRIS	1 00						
		X			0	0	
TRUSTEE	0 00						
STACEY MILLS	1 00						
		X			0	0	
TRUSTEE	0 00						
CYNTHIA MULLINS	1 00						

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TRUSTEE	0 00					J	
STACEY MILLS	1 00	×			0	0	
TRUSTEE	0 00						
CYNTHIA MULLINS	1 00	×			0	0	
TRUSTEE	0 00						

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STACEY MILLS	1 00	Х			0	0	
TRUSTEE	0 00						
CYNTHIA MULLINS	1 00	V			0	0	
TRUSTEE	0 00	^				0	
TIM MIIDDHV	1 00						

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TRUSTEE	0 00						
STACEY MILLS	1 00	_			0	0	0
TRUSTEE	0 00	^			0	0	
CYNTHIA MULLINS	1 00	X			0	O	0
TRUSTEE	0.00				Ĭ	9	

(A) (D) (B) (C) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless compensation hours per compensation amount of other week (list person is both an officer from the from related compensation any hours and a director/trustee) organization organizations from the

	any nours	l	a dir	recto	or/tr	ustee,	)	organization	organizations	from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee		key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
LEAH RIDDLE-GEORGE PHD	1 00									
	•••••	×						0	0	0
TRUSTEE	0 00									
GLENN ROSS	1 00									
		X						0	0	0
TRUSTEE	0 00									
RYNTHIA ROST	1 00									
		×						0	0	0
TRUSTEE	0 00									
JABAR SHUMATE	1 00									
TOLICTEE		×						0	0	0

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87,816

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TRUSTEE THE HONORABLE RODNEY E SLATER

TRUSTEE

AL SMITH

TRUSTEE

TRUSTEE

TRUSTEE

MAXINE WORTHAM

GEORGE WILLIS

DENNIS SERRETTE

PAUL WYCISK

SVP OF DEVELOPMENT

SVP OF FINANCE/CFO

.......

and Independent Contractors

and Independent Contractors (A) Name and Title

WANDA JACKSON

HERMAN LESSARD

DONALD CRAVINS

SVP OF TALENT MANAGEMENT

SVP OF AFFILIATE SERVICES

SVP. POLICY & EXCUTIVE DIRECTOR

Average hours per week (list any hours for related organizations below dotted line)
40 00
0 00
40 00
0 00
40 00

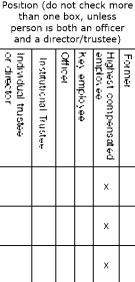
(B)

0 00

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

Institutio

(C)



compensation from the organization (W- 2/1099- MISC)	
252,547	
239,926	
296,855	

(D)

Reportable

organizations (W- 2/1099- MISC)	
0	Ī
0	

(E)

Reportable

compensation

from related

(F)

Estimated

amount of other

compensation

from the organization and related

organizations

80,096

79,943

98,912

efil	e GR	APHIC prii	1t - DO NO	PROCESS	As Filed Data -			DLN: 9	3493311022439			
SCHEDULE A (Form 990 or con 990EZ)			Com	Public Charity Status and Public Support plete if the organization is a section 501(c)(3) organization or a sect 4947(a)(1) nonexempt charitable trust.  Attach to Form 990 or Form 990-EZ.					2018			
terns	l Rever	f the Treasury		► Go to	www.irs.gov/Form	<u>990</u> for the late	est information	•	Open to Public Inspection			
lam	e of tl	<b>he organiza</b> RBAN LEAGUE I						Employer identifie	cation number			
Dа	rt I	Peacon	for Public (	harity Stat	<b>us</b> (All organization	e must comple	to this part \ 9	13-1840489				
					e it is (For lines 1 thro			see mstructions.				
1		A church, c	onvention of o	churches, or as	ssociation of churches	described in <b>sec</b>	tion 170(b)(1)	(A)(i).				
2	$\Box$	A school de	scribed in <b>sec</b>	tion 170(b)(	1)(A)(ii). (Attach Sch	nedule E (Form 9	990 or 990-EZ))					
3	$\bar{\Box}$	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).										
4		A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state										
5		-	ation operated (iv). (Comple		t of a college or unive	rsity owned or op	perated by a gov	ernmental unit descr	bed in <b>section 170</b>			
6		A federal, s	tate, or local	government or	governmental unit de	escribed in <b>sectio</b>	on 170(b)(1)( <i>A</i>	۱)(v).				
7	<b>✓</b>	section 17	'0(b)(1)(A)(	vi). (Complete			_	ınıt or from the gener	al public described in			
8		A communi	ty trust descr	bed in <b>sectio</b> i	170(b)(1)(A)(vi)	(Complete Part I	I)					
9					escribed in <b>170(b)(1)</b> ee instructions Enter				lege or university or a			
0		from activit	ies related to income and ເ	its exempt fur inrelated busir	(1) more than 331/39 actions—subject to cer less taxable income (le complete Part III )	taın exceptions,	and (2) no more	than 331/3% of its s	upport from gross			
1					d exclusively to test fo	r public safety S	See section 509	(a)(4).				
2		more public	ly supported	organizations (	d exclusively for the be described in <b>section 5</b> the type of supporting	<b>09(a)(1)</b> or se	ction 509(a)(2	). See <b>section 509</b> (a				
a		<b>Type I.</b> A so	supporting org n(s) the powe	anızatıon oper	ated, supervised, or cappoint or elect a majo	ontrolled by its s	upported organi	zation(s), typically by				
b		manageme	nt of the supp		pervised or controlled in ation vested in the sare and C.							
С					supporting organizatio ions) <b>You must com</b>				ated with, its			
d		Type III n	on-functiona integrated T	ally integrate he organizatio	<ul> <li>d. A supporting organ</li> <li>n generally must satis</li> <li>rt IV, Sections A and</li> </ul>	ization operated fy a distribution	in connection wi requirement and	th its supported orga				
e		Check this	<i>,</i> box if the orga	anızatıon recei	ved a written determir integrated supporting	nation from the I		pe I, Type II, Type II	I functionally			
f	Enter			organizations	3	. •		_				
g					upported organization(			ı				
	(i) Name of supported organization			(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)			
						Yes	No					
ota	1											
		work Reduc	tion Act Noti	ce, see the I	 nstructions for	Cat No 11285	<u>.</u> 5F :	 Schedule A (Form 9	90 or 990-EZ) 2018			

(b)(1)(A)(ix)

15 Public support percentage for 2017 Schedule A, Part II, line 14

organization

instructions

supported organization

and stop here. The organization qualifies as a publicly supported organization

box and stop here. The organization qualifies as a publicly supported organization

15

Schedule A (Form 990 or 990-EZ) 2018

93 220 %

▶□

	(Complete only if you ch III. If the organization fa						y under Part
•	Section A. Public Support						
	Calendar year	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	(or fiscal year beginning in) Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant")	42,583,025	42,376,128	45,107,723	49,816,959	39,953,082	219,836,917
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	<b>Total.</b> Add lines 1 through 3	42,583,025	42,376,128	45,107,723	49,816,959	39,953,082	219,836,917
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column						5,792,676
6	(f) Public support. Subtract line 5 from line 4						214,044,241
5	Section B. Total Support		1			1	
	Calendar year (or fiscal year beginning in) ▶	(a)2014	<b>(b)</b> 2015	(c)2016	<b>(d)</b> 2017	(e)2018	<b>(f)</b> ⊤otal
7	Amounts from line 4	42,583,025	42,376,128	45,107,723	49,816,959	39,953,082	219,836,917
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	353,719	513,519	629,484	654,633	860,801	3,012,156
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)	1,329,446	907,132	342,927	486,836	700,474	3,766,815
11	<b>Total support.</b> Add lines 7 through 10						226,615,888
12	Gross receipts from related activities,	etc (see instructio	ns)			12	35,503,209
13	First five years. If the Form 990 is fo	or the organization'	s fırst, second, thu	d, fourth, or fifth	tax year as a sect	ion 501(c)(3) orga	nızatıon,
	check this box and <b>stop here</b>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> ▶</u> □	
5	Section C. Computation of Public						
14	Public support percentage for 2018 (lir	ne 6, column (f) di	vided by line 11, co	olumn (f))		14	94 450 %

16a 33 1/3% support test-2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box

17a 10%-facts-and-circumstances test-2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

h 10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

b 33 1/3% support test—2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this

Р	Support Schedule for						
	(Complete only if you c						ler Part II. If
- C	the organization fails to ection A. Public Support	quality under t	ne tests listed	pelow, please co	omplete Part II.	)	
30	Calendar year		43.50/5		413.004-		(0) =
	(or fiscal year beginning in) ▶	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not include any "unusual grants")						
2	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						
3	not an unrelated trade or business						
	under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid						
_	to or expended on its behalf The value of services or facilities						
5	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
_	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified						
	persons that exceed the greater of						
	\$5,000 or 1% of the amount on line						
	13 for the year						
C	Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
	from line 6 )						
36	ection B. Total Support  Calendar year		I	I	1		1
	(or fiscal year beginning in) ▶	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and						
b	income from similar sources Unrelated business taxable income						
D	(less section 511 taxes) from						
	businesses acquired after June 30,						
	1975						
C	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly carried on						
12							
	loss from the sale of capital assets						
	(Explain in Part VI )						
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12)						
14	First five years. If the Form 990 is for	r the organization	ı 's fırst, second, tl	nird, fourth, or fift	:h tax vear as a se	ction 501(c)(3) c	rganization.
	check this box and <b>stop here</b>	,	, ,	, ,	,	( ), ( )	• □
Se	ection C. Computation of Public	Support Perce	ntage				<u> </u>
15	Public support percentage for 2018 (lin			column (f))		15	
16	Public support percentage from 2017 S					16	
	ection D. Computation of Investi					1 1	
17	Investment income percentage for 201			line 13, column (f	·))	17	
18	Investment income percentage from 2	•			••	18	
	331/3% support tests—2018. If the		•	on line 14, and lin	ne 15 is more than		ne 17 is not
							► □
	more than 33 1/3%, check this box and s 33 1/3% support tests—2017. If the						
b	• •	-			•		_
	not more than 33 1/3%, check this box	and stop here.	The organization	qualifies as a publ	icly supported org	anization	▶⊔_
20	Private foundation. If the organization	on did not check a	box on line 14, 1	.9a, or 19b, check	this box and see	instructions	▶ □

Schedule A (Form 990 or 990-EZ) 2018 Page 4 Part IV Supporting Organizations (Complete only if you checked a box on line 12 of Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of

Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V ) Section A. All Supporting Organizations

Yes No Are all of the organization's supported organizations listed by name in the organization's governing documents? 1 If "No," describe in Part VI how the supported organizations are designated If designated by class or purpose, describe the designation If historic and continuing relationship, explain 1 Did the organization have any supported organization that does not have an IRS determination of status under section 509

(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2)2 Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below

3а Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the

determination 3b Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use 3с Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you

checked 12a or 12b in Part I, answer (b) and (c) below 4a Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or 4b supervised by or in connection with its supported organizations

Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes 4c Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported

organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by 5a

amendment to the organizing document) Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the

organization's organizing document? 5b Substitutions only. Was the substitution the result of an event beyond the organization's control? 5c Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (1) its supported organizations. (ii) individuals that are part of the charitable class benefited by one or more of its

6 supported organizations, or (III) other supporting organizations that also support or benefit one or more of the filing

organization's supported organizations? If "Yes," provide detail in Part VI. 6 7

Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in

section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)

7

Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"

complete Part I of Schedule L (Form 990 or 990-EZ) 8

Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as

8

10a

answer line 10b below

the organization had excess business holdings)

defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes,"

provide detail in Part VI. 9a

Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting

organization had an interest? If "Yes," provide detail in Part VI.

9b

Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in

which the supporting organization also had an interest? If "Yes," provide detail in Part VI. 9с

10a

10b

Schedule A (Form 990 or 990-EZ) 2018

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

>cn	edule A (Form 990 or 990-E2) 2018		F	Page 5		
Pa	rt IV Supporting Organizations (continued)					
			Yes	No		
11	Has the organization accepted a gift or contribution from any of the following persons?					
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the					
	governing body of a supported organization?	11a				
b	A family member of a person described in (a) above?	11b				
C	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	<b>11</b> c				
S	ection B. Type I Supporting Organizations					
			Yes	No		
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1				
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting					
	organization	2				
S	ection C. Type II Supporting Organizations					
			Yes	No		
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of					
	each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1				
				<u> </u>		
	ection D. All Type III Supporting Organizations		Yes	No		
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		103			
		1				
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s)					
		2				
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard	3				
S	ection E. Type III Functionally-Integrated Supporting Organizations		l			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruct	ions)				
	The organization satisfied the Activities Test Complete line 2 below	•				
	b					
	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see	mstru	ctions)			
2	Activities Test Answer (a) and (b) below.		Yes	No		
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported organizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities	2a				
	<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement					
,		2b				
3	Parent of Supported Organizations Answer (a) and (b) below.	2~				
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a				
	<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in <b>Part VI.</b> the role played by the organization in this regard	36				

Sched	ule A (Form 990 or 990-EZ) 2018			Page <b>6</b>
Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting O	rgani	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organizations.			
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	<b>1</b> b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally-instructions)	ntegrat	ed Type III supporting or	ganızatıon (see

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

c Remainder Subtract lines 4a and 4b from 4

5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2
If the amount is greater than zero, explain in Part VI

Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions.
 Excess distributions carryover to 2019. Add lines.

**a** Excess from 2014. . . . . **b** Excess from 2015. . . . . **c** Excess from 2016. . . . .

See instructions

d Excess from 2017.e Excess from 2018.

3<sub>j</sub> and 4c

8 Breakdown of line 7

## **Additional Data**

## Software ID: Software Version:

**EIN:** 13-1840489

Name: NATIONAL URBAN LEAGUE INC

Page 8

Schedule A (Form 990 or 990-EZ) 2018

Part VI Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b,

Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part V Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See instructions)

Instructions)

Facts And Circumstances Test

**SCHEDULE C** 

# **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

2018

OMB No 1545-0047

DLN: 93493311022439

EZ)

(Form 990 or 990-

	tment of the Treasury al Revenue Service		the organization is described be o <u>www.irs.qov/Form990</u> for ins			Open to Public Inspection					
S If the S If the (Prox	ection 501(c)(3) org Section 501(c) (other Section 527 organizes organization ans Section 501(c)(3) or Section 501(c)(3) organization ans by Tax) (see separ	ganizations Con er than section 5 ations Complet wered "Yes" or ganizations that ganizations that wered "Yes" or ate instructions	Form 990, Part IV, Line 4, or For have filed Form 5768 (election und have NOT filed Form 5768 (electio Form 990, Part IV, Line 5 (Proxy	olete Part I-C Parts I-A and C below rm <b>990-EZ, Part VI, Iır</b> Ier section 501(h)) Co n under section 501(h	Do not complete Part I-B ne 47 (Lobbying Activities implete Part II-A Do not co )) Complete Part II-B Do	es), then omplete Part II-B not complete Part II-A					
	ne of the organizati IONAL URBAN LEAGUE					ntification number					
D-1	Commist	- :f the	nization is exempt under sec	-ti F01(a) au i-	13-1840489						
1	"political campaig		zation's direct and indirect political	campaign activities in	Part IV (see instructions	for definition of					
2	Political campaign	activity expend	tures (see instructions)		•	\$					
3			aign activities (see instructions)								
Par	t I-B Complet	e if the orgai	nization is exempt under sec	ction 501(c)(3).							
1	Enter the amount	of any excise ta	x incurred by the organization unde	er section 4955	<b>&gt;</b>	\$					
2		•	x incurred by organization manage		<b>&gt;</b>	\$					
3	If the organization	n incurred a sect	ion 4955 tax, did it file Form 4720	for this year?		🗌 Yes 🔲 No					
4a	Was a correction i	made?				☐ Yes ☐ No					
ь	If "Yes," describe	ın Part IV									
Par	t I-C Complet	e if the orgai	nization is exempt under se	ction 501(c), exce	ept section 501(c)(3	).					
1	Enter the amount	directly expende	ed by the filing organization for sec	tion 527 exempt funct	ion activities	\$					
2	Enter the amount function activities	of the filing org	anization's funds contributed to oth	er organizations for se	ection 527 exempt	\$					
3	Total exempt fund	tion expenditure	es Add lines 1 and 2 Enter here an	d on Form 1120-POL,	line 17b ►	\$					
4	Did the filing orga	nızatıon file <b>For</b>	m 1120-POL for this year?			☐ Yes ☐ No					
5	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	9	( <b>b)</b> Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-					
1											
2											
3											

Not over \$500,000	20% of the amount on line 1e	Ī
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	i
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	i
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	i
Over \$17,000,000	\$1,000,000	i
Grassroots nontaxable amount (enter 25%	of line 1f)	250,000
Subtract line 1g from line 1a If zero or less	0	
Subtract line 1f from line 1c If zero or less,	0	
If there is an amount other than zero on eit	720 reporting	

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

(a) 2015

1,000,000

106,082

250,000

22,298

**(b)** 2016

1,000,000

132,597

250,000

22,051

(c) 2017

1,000,000

121,665

250,000

37,281

(d) 2018

1,000,000

153,081

250,000

41,452

Schedule C (Form 990 or 990-EZ) 2018

(e) Total

4,000,000

6,000,000

513,425

1,000,000

1,500,000

123,082

Calendar year (or fiscal year

beginning in)

Lobbying nontaxable amount

(150% of line 2a, column(e))

Total lobbying expenditures

Grassroots ceiling amount

Grassroots nontaxable amount

(150% of line 2d, column (e))

Grassroots lobbying expenditures

Lobbying ceiling amount

2a

activity

Volunteers?

Part IV

Return Reference

1

(b)

Amount

(a)

No

Yes

#### Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements? Mailings to members, legislators, or the public? Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes? Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities? Total Add 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 If "Yes," enter the amount of any tax incurred by organization managers under section 4912 If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). Yes No Were substantially all (90% or more) dues received nondeductible by members? 1 1 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 2 Did the organization agree to carry over lobbying and political expenditures from the prior year? Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6)Part III-B and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes." Dues, assessments and similar amounts from members 1 1 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). 2a Current year 2b Carryover from last year C Total 2c 3 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 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

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see

Explanation

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying

Taxable amount of lobbying and political expenditures (see instructions)

instructions), and Part II-B, line 1 Also, complete this part for any additional information

Supplemental Information

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

5

**SCHEDULE D** 

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

**Supplemental Financial Statements** 

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

DLN: 93493311022439 OMB No 1545-0047

Open to Public

Department of the Treasury

(Form 990)

1 2

2

▶ Attach to Form 990.

ern	al Revenue Service	► Go to <u>www.irs.g</u>	ov/Form990 for the la	itest information.		Inspect	ion
la	me of the organ	ization			Employ	yer identification num	ber
IAI	TONAL URBAN LEAG	OE INC			13-184	0489	
Pa	rt I Organi	zations Maintaining Donor Advi	sed Funds or Other	Similar Funds o	r Accou	ints.	
	Comple	te if the organization answered "Ye			41	<b>&gt;=</b> 1 1 1	
	<b>-</b>	1.6	(a) Donor advi	ised funds	(b	)Funds and other accour	nts
	Total number at	•					
		of contributions to (during year)					
		of grants from (during year)					
	Aggregate value	,					
		ation inform all donors and donor adviso roperty, subject to the organization's ex		ets held in donor ac	ivised fun	ds are the Yes	□ No
		ation inform all grantees, donors, and do uses and not for the benefit of the donor					□ No
a	tell Conser	vation Easements. Complete if th	ie organization answe	red "Yes" on Forr	n 990, P	art IV, line 7.	
	Purpose(s) of co	enservation easements held by the organ	nization (check all that a	pply)			
	Preservation	on of land for public use (e g , recreation	n or education)	Preservation of an	historical	lly important land area	
	☐ Protection	of natural habitat		Preservation of a	certified h	storic structure	
	☐ Preservation	on of open space					
	Complete lines 2	2a through 2d if the organization held a e last day of the tax year	qualified conservation co	ontribution in the foi			<b>V</b>
а		conservation easements				Held at the End of the	Year
a b		stricted by conservation easements			2b		
c	_	ervation easements on a certified histori	c structure included in (a	a)	2c		
d		ervation easements included in (c) acqui	•	•	2d		
u		n the National Register	rea arter 7,23,00, and 11	oc on a matoric	Zu		
	Number of constax year ►	ervation easements modified, transferre	d, released, extinguished	d, or terminated by	the organ	ization during the	
	Number of state	s where property subject to conservatio	n easement is located <b>&gt;</b>				
		zation have a written policy regarding the		nspection, handling	of violatio		No
	Staff and volunt	eer hours devoted to monitoring, inspec	ting, handling of violatio	ns, and enforcing co	onservatio		
	Amount of expe	nses incurred in monitoring, inspecting,	handling of violations, a	nd enforcing conser	vation eas	sements during the year	
	Does each cons	ervation easement reported on line 2(d)	above satisfy the require	ements of section 1	70(h)(4)(		
		cribe how the organization reports cons					No
	the organization	and include, if applicable, the text of the 's accounting for conservation easemen	ts				
a li	Comple	zations Maintaining Collections te	s" on Form 990, Part	IV, line 8.			
а	art, historical tre	on elected, as permitted under SFAS 11 easures, or other similar assets held for XIII, the text of the footnote to its finan	public exhibition, educat	ion, or research in f			of
b	historical treasu	on elected, as permitted under SFAS 11 res, or other similar assets held for pub its relating to these items					
(	i) Revenue includ	ed on Form 990, Part VIII, line 1			,	<b>&gt;</b> \$	
(i	i)Assets included	ın Form 990, Part X			1	<b>&gt;</b> \$	
	-	on received or held works of art, historiats required to be reported under SFAS			ncıal gaın	, provide the	
а	_	ed on Form 990, Part VIII, line 1	, , ,		1	<b>&gt;</b> \$	
b		ın Form 990, Part X				<b>▶</b> \$	
		•					

Cat No 52283D

Schedule D (Form 990) 2018

Par	t III	Organizations Ma	aintaining Coll	ections o	f Art, H	istori	cal Tı	eası	ures, or	Other	Similar As	ssets (co	ntınued)	
3	Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)													
а		Public exhibition				d		Loan	or excha	nge prog	ırams			
b	☐ Scholarly research e ☐ Other													
c	Preservation for future generations													
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII													
5	During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No													
Pa	Escrow and Custodial Arrangements.  Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.													
1a		e organization an agent ded on Form 990, Part )		an or other I	intermedia	ary for	contril	oution	ns or othe	r assets I	not	☐ Yes	□ n	0
ь	If "Y	es," explain the arrange	ement in Part XIII	and comple	te the foll	lowina	table		Г		Α	mount		_
c		nning balance								1c				_
d	_	tions during the year								1d				_
е		ibutions during the year	-							1e				_
f		ng balance								1f				_
2-		the organization include		000 D	+ V	11 6			ا دو اوراه مخور		. L.J.±., ∩			_
2a 													∐ N₁	D
		es," explain the arrange												
Fe	rt V	Endowment Fund	<b>as.</b> Complete if	(a)Curren			nor year		(c)Two ye	-	(d)Three year		<b>e)</b> Four year	s hack
1a	Beaini	ning of year balance .			,385,260	(5)	20,565	-		0,639,702		871,785		141,339
	_	butions					· ·				·		·	
		vestment earnings, gair	ns, and losses	-	-681,561		2,824	,119		939,134	-	194,864	1,4	140,028
		s or scholarships	·											
	Other	expenditures for facilities		1,	,266,699		1,004	,763		1,012,932	1,	037,219	1,0	009,582
f	Admın	nistrative expenses .												
g	End of	f year balance		20,	,437,000		22,385	,260	2	0,565,904	20,	639,702	21,8	371,785
2	Prov	ide the estimated percei	ntage of the curre	nt year end	balance (	(line 1	g, colui	mn (a	)) held as	;		•		
а		d designated or quasi-e		0 %										
Ь	Perm	nanent endowment 🕨	97 850 %											
С	Tem	porarily restricted endov	wment ▶ 2 1!	50 %										
	The	percentages on lines 2a,	, 2b, and 2c shoul	d equal 100	)%									
3a		there endowment funds nization by	not in the posses	sion of the c	organizatio	on that	are h	eld ar	nd adminis	stered fo	r the		Yes	No
	<b>(i)</b> u	inrelated organizations										3a(	(i)	No
	• •	related organizations .										3a(		No
		es" on 3a(II), are the rel	-		•			٠.				31	<b>b</b>	
4		ribe in Part XIII the inte		-	n's endow	ment f	unds							
Pa	rt VI	Land, Buildings, Complete if the ord			" on Forn	n 000	Dar+	TV I	ına 112	See For	m 990 Pa	rt X lina	10	
	Descr	ription of property	(a) Cost or oth (investme	er basıs	<b>(b)</b> Cost of				_		lepreciation		) Book value	e
1a	Land													
		ngs					4.10	9,068			145,535		3	,963,533
		hold improvements						17,648			1,189,901			,857,747
		ment						4,240	1		543,137			311,103
	I I													

5,704,091

12,836,474

1,657,235

7,361,326

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)).

	Form 990) 2018					Page <b>3</b>
Part VII	<b>Investments—Other Securities.</b> Complete if the org See Form 990, Part X, line 12.	janizat	tion ansv	vered "Yes" on	Form 990, Pa	rt IV, line 11b.
	(a) Description of security or category (including name of security)		<b>(b)</b> Book value		(c) Method of version of version (c)	
<ul><li>(1) Financial</li><li>(2) Closely-l</li><li>(3)Other</li></ul>	derivatives	•				
(A)						
(B)						
(C)						
(D)						
(E)						
(F)						
(G)						
(H)						
Total. (Column	n (b) must equal Form 990, Part X, col (B) line 12 )	<b>•</b>				
Part VIII	Investments—Program Related.  Complete if the organization answered 'Yes' on Form 9	000 B	ort IV li	no 11c Soo Ec	urm 000 Bart \	V Juno 12
	(a) Description of investment		ook value		(c) Method of v	aluation
(1)				Cost	or end-of-year	market value
(2)						
(3)						_
(4)						
(5)						_
(6)						_
(7)						
(8)						
(9)						
	n (b) must equal Form 990, Part X, col (B) line 13 )					
Part IX	Other Assets. Complete if the organization answered 'Yes'	on For	m 990, Pa	art IV, line 11d S	See Form 990, Pa	
(1)	(a) Description					(b) Book value
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
	mn (b) must equal Form 990, Part X, col (B) line 15 )					
Part X	<b>Other Liabilities.</b> Complete if the organization answe See Form 990, Part X, line 25.	red 'Y	es' on Fo	orm 990, Part I	V, line 11e or	11f.
1.	(a) Description of liability		<b>(b)</b> B	look value		
(1) Federal II				6 657 207		
DEFERRED R	ENSION BENEFIT COSTS ENT CREDIT			6,657,207 1,543,258		
ACCR PAYRO	LL & VACATION BENEFITS			524,904		
(5)	EFINED CONTRIBUTION COSTS			709,412		
(6)						
(7)						
(8)						
(9)						
	(h)					
	n (b) must equal Form 990, Part X, col (B) line 25 ) or uncertain tax positions In Part XIII, provide the text of the f	<b>▶</b>   ootnote	e to the or	9,434,781 rganızatıon's fına	ncıal statements	
organization'	s liability for uncertain tax positions under FIN 48 (ASC 740)	Check h	ere If the	text of the footn	ote has been pr	ovided in Part XIII 🔽

Part XI

2

c

d

3

4

b

5

Part XIII

See Additional Data Table

Return Reference

Schedule D (Form 990) 2018

Page 4

5,976,901

49,852,403

117,718

49,970,121

65,141,158

7,772,079

57,369,079

-239,020

57.130.059

Schedule D (Form 990) 2018

d e

3 4

Amounts included on Form 990, Part VIII, line 12, but not on line 1 Investment expenses not included on Form 990, Part VIII, line 7b . Add lines **4a** and **4b** . . . . . . . .

c

Donated services and use of facilities . . .

Other (Describe in Part XIII ) . . . . . .

**Supplemental Information** 

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 2 Amounts included on line 1 but not on Form 990, Part IX, line 25

b 5 Part XII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) . . . . . .

Amounts included on line 1 but not on Form 990, Part VIII, line 12 Net unrealized gains (losses) on investments . . . .

Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) . . . . . . .

XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

Add lines **4a** and **4b** . . . . . . . . . . . . . . . . .

Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b . .

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

4b

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part

2a

2b

2c

2d

4a

4b

Explanation

2a

2b

2c

2d

4a

7,772,079

117,718

-356.738

-2,151,916

7.772.079

356.738

117,718

2e

3

4c

5

2e

3

4c

Schedule D (Form 990) 2018	Page <b>5</b>
Part XIII Supplemental Info	mation (continued)
Return Reference	Explanation

Schedule D (Form 990) 2018

## **Additional Data**

**Supplemental Information** Return Reference

Name: NATIONAL URBAN LEAGUE INC

**EIN:** 13-1840489

Explanation THE INTENDED USE OF THE ENDOWMENT IS TO UTILIZE ITS EARNINGS FOR GENERAL OPERATIONS

Software ID: Software Version:

Supplemental Information	
Return Reference	Explanation
PART X, LINE 2	MANAGEMENT HAS ANALYZED THE TAX POSITIONS TAKEN BY THE LEAGUE AND HAS CONCLUDED THAT AS OF DECEMBER 31, 2018 AND 2017, THERE ARE NO UNCERTAIN TAX POSITIONS TAKEN OR ARE TO BE TAKEN ACCORDINGLY, NO INTEREST OR PENALTIES RELATED TO UNCERTAIN TAX POSITIONS HAVE BEEN ACCRUED IN THE ACCOMPANYING CONSOLIDATED FINANCIAL STATEMENTS

Constant and add to Constant and

Supplemental Information	
Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS	SPECIAL EVENTS DIRECT EXPENSES 356,738

Supplemental Information	
Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS	SPECIAL EVENTS DIRECT EXPENSES -356,738

efile GRAPHIC print - DO NOT PROCESS As Filed Data -

SCHEDULE G

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

licensing

**Supplemental Information Regarding Fundraising or Gaming Activities** 

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

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

DLN: 93493311022439 OMB No 1545-0047

Open to Public Inspection

**Employer identification number** Name of the organization NATIONAL URBAN LEAGUE INC Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities Check all that apply ✓ Mail solicitations e Solicitation of non-government grants ✓ Internet and email solicitations ✓ Solicitation of government grants Phone solicitations ✓ Special fundraising events ✓ In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Ves □ No 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 (iii) Did (i) Name and address of individual (ii) Activity (iv) Gross receipts (v) Amount paid to (vi) Amount paid to fundraiser have or entity (fundraiser) from activity (or retained by) (or retained by) custody or fundraiser listed in organization control of col (i) contributions? Yes No SPECIAL EVENTS INEZ WEINSTEN SPECIAL **EVENTS** 1,513,529 79,500 Νo 1,434,029 215 PARK AVE S 2014 NEW YORK, NY 10003 DIRECT MAIL FAIRCOM NEW YORK INC 12 WEST 27TH STREET 13TH Nο 315,773 110,060 205,713 **FLOOR** NEW YORK, NY 10001 Total 1,829,302 189,560 1,639,742

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

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

che	dule G (Form 990 or 990-EZ) 2018					F	Page <b>3</b>
.1	Does the organization conduct gaming	activities with nonmember	5?		☐ Yes	□Ne	
.2	Is the organization a grantor, beneficia formed to administer charitable gaming		member of a partnership or other entity		□Yes		
3	Indicate the percentage of gaming activ	vity conducted in					
а	The organization's facility			13a			%
b	An outside facility			13b			%
4	Enter the name and address of the pers	son who prepares the orga	nization's gaming/special events books and ri	ecords			
	Name ►						
	Address ►						
5a	Does the organization have a contract virevenue?	with a third party from who	om the organization receives gaming		□Yes	□No	
b	If "Yes," enter the amount of gaming re amount of gaming revenue retained by		anization ▶ \$ and th	ne			
С	If "Yes," enter name and address of the	e third party					
	Name ►						
	Address ▶						
6	Gaming manager information						
	Name ►						
	Gaming manager compensation ▶ \$						
	Description of services provided ▶						
	☐ Director/officer	☐ Employee	☐ Independent contractor				
7	Mandatory distributions						
а	Is the organization required under state retain the state gaming license?	e law to make charitable di	stributions from the gaming proceeds to		Yes	□No	
b	Enter the amount of distributions requirements in the organization's own exempt activities.		ated to other exempt organizations or spent		53		
Pai	t IV Supplemental Informatio	n. Provide the explanat	rions required by Part I, line 2b, column licable. Also provide any additional info				 S.
_	Return Reference		Explanation				

Schedule G (Form 990 or 990-EZ) 2018

DLN: 93493311022439 Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. OMB No 1545-0047 Schedule I **Grants and Other Assistance to Organizations**, (Form 990) Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. **Open to Public** ▶ Attach to Form 990. Department of the Inspection ▶ Go to www.irs.gov/Form990 for the latest information. Treasury Internal Revenue Service Name of the organization Employer identification number NATIONAL URBAN LEAGUE INC 13-1840489 Part I **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and 1 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant (if applicable) organization (book, FMV, appraisal, noncash assistance or assistance grant cash or government assistance other) (1) See Additional Data (4)(5)(6)(7)(8)(9)(10)(11)(12)Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . 55 For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50055P Schedule I (Form 990) 2018

Schedule I (Form 990) 2018

PART I, LINE 2

PURPOSE OF GRANT

SCHEDULE I. PART III

(1) LEADERSHIP AND EXPERTISE YOUTH SUMMIT - STIPEND	6	6,000		
(2) PITCH COMPETITION	3	10,000		
(3) ANN TANNEYHILL	1	1,000		
(3)				
(4)				

Page 2

Schedule I (Form 990) 2018

(4)

(5) Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. Return Reference Explanation

(6) (7)

SCHEDULE I, PART II, COLUMN H - THE PURPOSE OR THE ULTIMATE USE OF GRANT FUNDS TO SUBCONTRACT AFFILIATES IS TO FUND DIRECT ASSISTANCE PROGRAMS IN THE AREAS OF WORKFORCE,

SCHEDULE I, PART II AND PART III ACCORDING TO 2018 STATEMENT OF FUNCTIONAL EXPENSES, TOTAL GRANT AND OTHER ASSISTANCE ARE \$21,987,418 WHICH INCLUDES \$21,970,418

APPROVED BUDGET BY THE RESPECTIVE FUNDER

ANN TANNEYHILL- AWARD FOR EXEMPLARY WORK

GOVERNMENT SUBCONTRACT PAYMENTS, \$17,000 AWARDS/GRANTS

EDUCATION. HOUSING AND HEALTH

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

## **Additional Data**

COUNTY

LEAGUE

508 CENTRAL AVENUE NEWARK, NJ 07107

512 ORCHARD STREET BALTIMORE, MD 21201

GREATER BALTIMORE URBAN

## Software ID: Software Version:

**EIN:** 13-1840489 Name: NATIONAL URBAN LEAGUE INC

192,500

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

or government			j	assistance	other)	
URBAN LEAGUE OF ESSEX	22-1554540	501(C)(3)	2,050,938			

501(C)(3)

if applicable organization arant cash

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-

52-0591585

(book, FMV, appraisal,

(f) Method of valuation

(q) Description of (h) Purpose of grant non-cash assistance

or assistance

SEE PART IV

SEE PART IV

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 16-0743940 501(C)(3) 132.125 SEE PART IV BUFFALO URBAN LEAGUE

15 EAST GENESEE STREET
BUFFALO, NY 14203

URBAN LEAGUE OF UNION 22-1487366 501(C)(3) 46,126

SEE PART IV

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

288 NORTH BROAD STREET ELIZABETH, NJ 07208

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance SHENANGO VALLEY URBAN 25-1193018 501(C)(3) 62,480 SEE PART IV

LEAGUE 601 INDIANA AVENUE FARRELL, PA 16121					
URBAN LEAGUE OF GREATER HARTFORD 140 WOODLAND AVENUE PO	06-6066491	501(C)(3)	23,671		SEE PART IV

BOX 320590 HARTFORD, CT 06105

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance NEW YORK URBAN LEAGUE 13-1671035 501(C)(3) 40.000 SEE PART IV 204 WEST 136TH STREET NEW YORK, NY 10030 23-1429810 501(C)(3) 502.144 SEE PART IV

NEW YORK, NY 10030

URBAN LEAGUE OF 23-14
PHILADELPHIA
121 S BROAD STREET9TH

PHILADELPHIA, PA 19107

FLOOR

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance URBAN LEAGUE OF GREATER 25-0985592 501(C)(3) 1.748.624 SEE PART IV PITTSBURGH

#ITSBURGH 610 WOOD STREET PITTSBURGH, PA 15222 URBAN LEAGUE OF 16-0906150 501(C)(3) 258,078

SEE PART IV

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

265 NORTH CLINTON AVENUE ROCHESTER, NY 14605

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance SPRINGFIELD URBAN LEAGUE 37-0765550 501(C)(3) 328.135 SEE PART IV INC

ONE FEDERAL STREET BUILDING 111-3 SPRINGFIELD, MA 01105					
GREATER WASHINGTON URBAN LEAGUE	53-0208981	501(C)(3)	96,201		SEE PART IV

2901 14TH STREET NW WASHINGTON, DC 20009

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 13-1740054 501(C)(3) 2,449,817 SEE PART IV NEW YORK URBAN LEAGUE 61 MITCHELL PLACE

WHITE PLAINS, NY 10601

URBAN LEAGUE OF HAMPTON 54-1083985 501(C)(3) 137,803

ROADS
5700 THURSTON AVE STE 101

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

VIRGINIA BEACH, VA 23455

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance URBAN LEAGUE OF GREATER 58-0593386 501(C)(3) 423,250 SEE PART IV

ALTLANTA, GA 30303  URBAN LEAGUE OF MIDDLE	62-0795167	501(C)(3)	22 222		SEE PART
229 PEACHTREE STREET NE SUITE 300					
ATLANTA					

50 VANTAGE WAY SUITE 201 NASHVILLE, TN 37228

T IV . ( – ) ( – ) TENNESSEE

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 63-0516655 501(C)(3) 89.955 SEE PART IV BIRMINGHAM URBAN LEAGUE 1229 3RD AVENUE NORTH

BIRMINGHAM, AL 35203 COLUMBIA URBAN LEAGUE 57-0482767 501(C)(3) 107.464 SEE PART IV 1400 BARNWELL STREET PO

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

BOX 50125 COLUMBIA, SC 29201

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applicable grant cash non-cash assistance or assistance other) or government assistance 501(C)(3) 260.252 SEE PART IV HOUSTON AREA URBAN 74-1611455 LEAGUE

1301 TEXAS AVENUE SUITE B HOUSTON, TX 77002

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

JACKSONVILLE, FL 32204

JACKSONVILLE URBAN LEAGUE 59-0637865 501(C)(3) 71.172 SEE PART IV 903 WEST UNION STREET

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance KNOXVILLE AREA URBAN 62-0797293 501(C)(3) 228,231 SEE PART IV

148 DEWEESE STREET LEXINGTON, KY 40507

LEAGUE 1514 E 5TH AVE PO BOX 1911 KNOXVILLE, TN 37917					
URBAN LEAGUE OF LEXINGTON - FAYETTE COUNTY	61-6054655	501(C)(3)	32,000		SEE PART IV

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance LOUISVILLE URBAN LEAGUE 61-0444771 501(C)(3) 1,165,287 SEE PART IV

1535 WEST BROADWAY LOUISVILLE, KY 40203					
URBAN LEAGUE OF GREATER NEW ORLEANS 4640 S CARROLLTON AVE SUITE 2010	72-0423627	501(C)(3)	399,328		SEE PART IV

NEW ORLEANS, LA 70119

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance LIRBAN LEAGUE OF GREATER 73-0590037 501(0)(3) 257 704 SEE PART IV

OKLAHOMA CITY 3900 N MARTIN LUTHER KING AVENUE OKLAHOMA CITY, OK 73111	73-0330037	301(0)(3)	257,704		SEE PART IV
THE URBAN LEAGUE OF THE	57-0541039	501(C)(3)	159,343		SEE PART IV

GREENVILLE, SC 29607

UPSTATE 15 REGENCY HILL DRIVE

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance URBAN LEAGUE OF PALM 59-1533710 501(C)(3) 2.437.266 SEE PART IV

BEACH COUNTY INC 1700 AUSTRALIAN AVENUE WEST PALM BEACH, FL 33407 URBAN LEAGUE OF GREATER 58-1123741 501(C)(3) 265.457 SEE PART IV COLUMBUS INC

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

802 FIRST AVENUE COLUMBUS, GA 31901

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government other) assistance URBAN LEAGUE OF BROWARD 59-1564384 501(C)(3) 382,259 SEE PART IV

COUNTY 560 NORTHWEST 27TH AVENUE FORT LAUDERDALE, FL 33311					
AUSTIN AREA URBAN LEAGUE INC 8011 CAMERON ROAD -	74-1890518	501(C)(3)	10,000		SEE PART IV

BUILDING A -100

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

AUSTIN, TX 78754

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance PINELLAS COUNTY URBAN 59-1665523 501(C)(3) 1,710,877 SEE PART IV

LEAGUE 333 31ST STREET NORTH ST PETERSBURG, FL 33713					
URBAN LEAGUE OF CENTRAL CAROLINAS INC WEST FIETH STREET - PO BOX	56-1218704	501(C)(3)	294,402		SEE PART IV

34686

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

CHARLOTTE, NC 28202

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance URBAN LEAGUE GREATER 58-1436933 501(C)(3) 342.851 SEE PART IV CHATTANOOGA INC 730 MARTIN LUTHER KING

SEE PART IV

50,000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3)

BOULEVARD

CHATTANOOGA, TN 37403

LOS ANGELES URBAN LEAGUE

3450 MOUNT VERNON DRIVE LOS ANGELES, CA 90008

95-1691288

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance GREATER PHOENIX URBAN 86-0124189 501(C)(3) 57 413 SEE PART IV

CITE/TICEITING CITE/TIC	00 012 1103	301(0)(0)	]		
LEAGUE					
1402 SOUTH SEVENTH					
AVENUE					
PHOENIX, AZ 85007					

10 NORTH RUSSELL STREET PORTLAND, OR 97227

501(C)(3) URBAN LEAGUE OF PORTLAND 93-0395590 313.254 SEE PART IV

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 94-1686314 501(C)(3) 89.975 SEE PART IV GREATER SACRAMENTO URBAN LEAGUE 3725 MARYSVILLE BOULEVARD

SEE PART IV

291.900

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3)

SACRAMENTO, CA 95838 URBAN LEAGUE OF

METROPOLITAN SEATTLE 105-14TH AVENUE SEATTLE, WA 98122 91-0575954

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 95-1772854 501(C)(3) 93.907 SEE PART IV URBAN LEAGUE OF SAN DIEGO COUNTY

720 GATEWAY CENTER DRIVE SAN DIEGO, CA 92102

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

TUCSON, AZ 85713

TUCSON URBAN LEAGUE 23-7063141 501(C)(3) 24.310 SEE PART IV 2305 SOUTH PARK AVENUE

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 20-0873314 501(C)(3) 79.000 SEE PART IV LAS VEGAS - CLARK COUNTY URBAN I FAGUE CAA

3575 W CHEYENNE AVENUE STE 101 LAS VEGAS, NV 89032					
CHICAGO URBAN LEAGUE	36-2225483	501(C)(3)	825,515		SEE PART :

CHICAGO, IL 60653

T IV 4510 SOUTH MICHIGAN AVENUE

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance URBAN LEAGUE OF GREATER 31-0565428 501(C)(3) 75.000 SEE PART IV

CINCINNATI 3458 READING ROAD CINCINNATI. OH 45229 URBAN LEAGUE OF GREATER 34-0720563 501(C)(3) 153.750 SEE PART IV

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

CLEVELAND

2930 PROSPECT AVENUE CLEVELAND, OH 44115

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance

COLUMBUS, OH 43203					
788 MOUNT VERNON AVENUE					
COLUMBUS URBAN LEAGUE	31-4379453	501(C)(3)	32,430		SEE PART IV

208 MACK AVENUE DETROIT, MI 48201

2,028,219 DETROIT URBAN LEAGUE 38-1358487 501(C)(3) ISEE PART IV

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance

FORT WAYNE URBAN LEAGUE	35-0869052	501(C)(3)	76,477		SEE PART IV
2135 S HANNA STREET					
FORT WAYNE, IN 46803					

INDIANAPOLIS URBAN LEAGUE 35-6060655 501(C)(3) 90.488 SEE PART IV 777 INDIANA AVENUE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

INDIANAPOLIS, IN 46202

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance URBAN LEAGUE OF GREATER 39-1098146 501(C)(3) 81.250 SEE PART IV MADISON 2222 S PARK STREET

MADISON, WI 53713 MINNEAPOLIS URBAN LEAGUE 41-0706915 501(C)(3) 368.860

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

MINNEAPOLIS, MN 55411

SEE PART IV 2100 PLYMOUTH AVENUE NORTH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance or government other) assistance URBAN LEAGUE OF NEBRASKA 47-0384575 501(C)(3) 114,972 SEE PART IV INC 3040 LAKE STREET ROBINSON BUILDING SUITE 205 OMAHA, NE 68111 TRI COUNTY URBAN LEAGUE 37-0888235 501(C)(3) 108.940 SEE PART IV

317 SOUTH MACARTHUR

HIGHWAY PEORIA, IL 61605

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance URBAN LEAGUE 43-0653605 501(C)(3) 138.350 SEE PART IV

METROPOLITAN ST LOUIS 3701 GRANDEL SQUARE ST LOUIS, MO 63108		, , , ,	·		
SPRINGFIELD URBAN LEAGUE INC	37-0765550	501(C)(3)	76,365		SEE PART IV

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

100 NORTH 11TH STREET SPRINGFIELD, IL 62703

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (b) EIN (c) IRC section organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 501(C)(3) 65.286 SEE PART IV LORAIN COUNTY URBAN 34-1263379

LORAIN COUNTY URBAN 34-1263379 501(C)(3) 65,286

LEAGUE 1530 WEST RIVER ROAD SUITE 300
ELYRIA, OH 44035

Schedule J (Form 990)  For certain Officers, Directors, Trustees, Key Employees, and Highe Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, li	ne 23. <b>2</b> (	)1{ to Pu						
For certain Officers, Directors, Trustees, Key Employees, and Highe Compensated Employees  Compensated "Yes" on Form 990, Part IV, li	ne 23. Open	to Pul	3					
► Complete if the organization answered "Yes" on Form 990, Part IV, li	tion. Open	to Pul	3					
► Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  ► Attach to Form 990.								
Department of the Treasury ► Go to <u>www.irs.gov/Form990</u> for instructions and the latest information. Op								
Department of the Treasury Internal Revenue Service	mployer identification n	PECHO						
		umber						
NATIONAL URBAN LEAGUE INC 13	3-1840489							
Part I Questions Regarding Compensation								
		Yes	No					
Check the appropriate box(es) if the organization provided any of the following to or for a person listed of 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these								
First-class or charter travel Housing allowance or residence for per								
Travel for companions Payments for business use of personal			İ					
☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation								
☐ Discretionary spending account ☐ Personal services (e g , maid, chauffet	ur, cner)		İ					
<b>b</b> If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or provision of all of the expenses described above? If "No," complete Part III to explain	nt or reimbursement	Yes						
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1:	2	Yes						
directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 17	a'							
Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods			İ					
used by a related organization to establish compensation of the CEO/Executive Director, but explain in F	Part III		İ					
☑ Compensation committee ☑ Written employment contract								
☐ Independent compensation consultant ☐ Compensation survey or study								
Form 990 of other organizations  Approval by the board or compensation	on committee							
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filin	ig organization or a							
related organization								
a Receive a severance payment or change-of-control payment?	4a		No					
<ul> <li>Participate in, or receive payment from, a supplemental nonqualified retirement plan?</li> <li>Participate in, or receive payment from, an equity-based compensation arrangement?</li> </ul>	4b 4c		No No					
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part II			100					
Only $501(c)(3)$ , $501(c)(4)$ , and $501(c)(29)$ organizations must complete lines 5-9.			İ					
For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of								
a The organization?	5a		No					
<b>b</b> Any related organization?  If "Yes," on line 5a or 5b, describe in Part III	5b		No					
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any								
compensation contingent on the net earnings of								
a The organization?	6a		No					
b Any related organization?	6b		No					
If "Yes," on line 6a or 6b, describe in Part III  For persons listed on Form 990, Part VII. Section A, line 1a, did the organization provide any pentitod.			1					
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		No					
Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," desc in Part III								
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Re	egulations section		No					
53 4958-6(c)?  For Panerwork Reduction Act Notice, see the Instructions for Form 990.  Cat No. 500	9 Schedule 1 (For		2015					

			y Employees, and Hig					
instructions, on row (ii)	o no	ot list any individuals that	rted on Schedule J, report t are not listed on Form 99 dividual must equal the to	90, Part VII				at Individual
(A) Name and Title			of W-2 and/or 1099-MISO  (ii) Bonus & incentive compensation		(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
1 MARC H MORIAL PRESIDENT AND CEO	(i)	582,925	250,000	150,000	20,347 173,884		1,177,156	0
	(ii)	0	0	0	0	0	0	0
2 DENNIS SERRETTE SVP OF DEVELOPMENT	(i)	265,654	0	0	20,347	68,169	354,170	0
	(ii)	0	0	0	0	0	0	0
3 PAUL WYCISK SVP OF FINANCE/CFO	(i)	263,555	0	18,829	53,493	34,323	370,200	0
341 31 1210 1143 2, 3. 3	(ii)	0	0	0	0	0	0	0
4 WANDA JACKSON SVP OF TALENT	(i)	240,384	0	12,163	40,059	40,037	332,643	0
MANAGEMENT	(ii)	0	0	0	0	0	0	0
5 HERMAN LESSARD SVP OF AFFILIATE SERVICES	(i)	239,926	0	0	17,972	61,971	319,869	0
SVF OF AFFILIATE SERVISES	(ii)	0	0	0	0	0	0	0
6 DONALD CRAVINS SVP, POLICY & EXCUTIVE	(i)	296,855	0	0	20,025	78,887	395,767	0
DIRECTOR	(ii)	0	0	0	0	0	0	0

Schedule J (Form 990) 2018	Page 3
Part III Supplemental Inform	nation
Provide the information, explanation, or	descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information
Return Reference	Explanation
PART I, LINE 1A	THE SPOUSE OF THE CEO HAS TRAVELED FIRST-CLASS FOR ANY OF THE LEAGUE'S OUT OF TOWN EVENTS. THE FIRST CLASS TRAVEL FOR THE CEO'S SPOUSE

Schodula 1 (Form 000) 2019

WAS NOT INCLUDED AS TAXABLE

ef	ile GRAPHIC print - DO NOT	PROCESS As	Filed Data -									DLN: 9	34933	1102	2439
	te: To capture the full conte	nt of this docum	ent, please selec	t landscape mode	e (11" x 8.	5") wh	ien pi	rinting.			1				
	hedule K	Sui	onlemental lu	nformation o	n Tay-F	vem	nt B	20nds					No 1545		
(F	orm 990)			vered "Yes" to Form					scriptions,			)	01	R	
		•	explanations,	and any additional	information				• •						
	artment of the Treasury rnal Revenue Service			Attach to Form 99 rs.gov/Form990 for		nformat	tion.						en to Pu nspectio		
Nam	ne of the organization			10.						Emplo	yer ıden	tification			
NAI	TIONAL URBAN LEAGUE INC									13-18	40489				
Pā	art I Bond Issues														
	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price (f) Description of purpose			(g) De	feased	(h)		(i) Pool financing			
											half of fi ssuer		icing		
										Yes	No	Yes	No	Yes	No
Α	BRANCH BANKING AND TRUST COMPANY (BB&T)	56-1074313		08-17-2017	4,2				CONDO OFFICE AS THE DC OFFICE		X		X		X
	COMPANT (DDQT)						WORK	SPACE FOR	THE DC OFFICE						
Pā	art III Proceeds														
					,	4		E	3	C	;			D	
	Amount of bonds retired														
	Amount of bonds legally defease														
3	Total proceeds of issue					4,250	,000								
<u> </u>	Gross proceeds in reserve funds														
	Capitalized interest from procee														
<u>6</u> -	Proceeds in refunding escrows.														-
7	Issuance costs from proceeds .  Credit enhancement from proce					138	,424								
8	Working capital expenditures from														
9	Capital expenditures from proce	•													
10	Other spent proceeds			• • •		4,111	,5/6								
11 12	Other unspent proceeds														
13	Year of substantial completion .				3.0	17									
	Tear of Substantial Completion :				Yes	No		Yes	No Y	'es	No		Yes	$\top$	No
14	Were the bonds issued as part of	of a current refunding	ıssue <sup>?</sup>		103	X									
15	Were the bonds issued as part o	of an advance refundi	ng issue?			Х									-
16	Has the final allocation of proce	eds been made?.			Х										
17	Does the organization maintain proceeds?				×										
Pa	art III Private Business Us								•						
						4		E	3	C	}			D	
					Yes	No		Yes	No Y	'es	No		Yes		No
1	Was the organization a partner financed by tax-exempt bonds?		<u> </u>			Х									
2	Are there any lease arrangemer property?			of bond-financed		х									
Ear	Panerwork Peduction Act Notic				Ca	- No 50	1103E		· · · · · · · · · · · · · · · · · · ·		c	chedula	K /For	m 000	1 2018

6

Part IV

b

C

Arbitrage

Page 2

D

D

Schedule K (Form 990) 2018

No

Yes

C Yes Nο Yes No Yes No Yes Are there any management or service contracts that may result in private business use of Χ If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside

b counsel to review any management or service contracts relating to the financed property? Are there any research agreements that may result in private business use of bond-financed C Χ If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside d

Enter the percentage of financed property used in a private business use by entities other than

If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . . . If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12

Has the organization established written procedures to ensure that all nonqualified bonds of

a section 501(c)(3) organization or a state or local government . . . . . Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3)

Penalty in Lieu of Arbitrage Rebate? . . . If "No" to line 1, did the following apply?...

Rebate not due yet? . . . . . . .

Exception to rebate? . . . . . . . . . . . .

If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed . . . . . . Is the bond issue a variable rate issue? . . . . .

Was the hedge superintegrated? . . . . .

hedge with respect to the bond issue?

the issue are remediated in accordance with the requirements under

Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and

Has the organization or the governmental issuer entered into a qualified

Does the bond issue meet the private security or payment test? . . .

Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were

counsel to review any research agreements relating to the financed property?

Α

No

Χ

Χ

Χ

Χ

800 0000000000 %

Χ

Χ

Yes

Х

Х

вв&т

Х

Χ

Χ

Yes

В

No

C

No

Yes

Yes

Yes

Nο

Explanation

Х

**Supplemental Information.** Provide additional information for responses to questions on Schedule K (see instructions).

No

Yes

Yes

No

No

Yes

No

Page 3

No

D

D

Nο

Yes

Schedule K (Form 990) 2018

Yes

Part IV	Arbitrage (Continued)		
			4
		Yes	No

Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program

Were gross proceeds invested in a guaranteed investment contract

Was the regulatory safe harbor for establishing the fair market value of

Were any gross proceeds invested beyond an available temporary

Has the organization established written procedures to monitor the

**Procedures To Undertake Corrective Action** 

if self-remediation is not available under applicable regulations?

the GIC satisfied? . . . . . . . . .

requirements of section 148? . . .

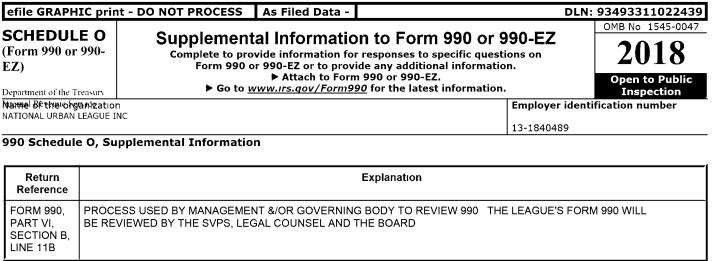
**Return Reference** 

Schedule K (Form 990) 2018

(GIC)?

period?

Part VI



Return Explanation

FORM 990, PART VI, DDITION, PLEASE NOTE THAT SELF-DISCLOSURE AND THE REVIEW OF CONTRACTS BEFORE APPROVAL HELP SECTION B, LINE 12C

Return

	Reference	Explanation	
	PART VI, SECTION B,	THE PROCESS FOR DETERMINING COMPENSATION FOR CEO AND OTHER KEY EMPLOYEES CEO COMPENSATION IS APPROVED BY A BOARD COMPENSATION COMMITTEE AND THE STAFF MEMBERS' COMPENSATIONS ARE RE VIEWED 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 EMPLOYE ES THE OTHER HIGH LEVEL STAFF MEMBERS LISTED ABOVE ARE NOT KEY EMPLOYEES HOWEVER, THEY L EAD AND MANAGE OUR DEPARTMENTS BUT THEY DO NOT HAVE THE OVERALL ORGANIZATIONAL RESPONSIBI	
ı		LITIES, POWERS OR INFLUENCE OVER THE TOTAL ORGANIZATION THAT CEO AND THE TRUSTEES HAVE	

Explanation

Return Explanation
Reference

FORM 990, AVAILABILITY OF GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS
PART VI, A GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE PER REQUEST B FINA
SECTION C, NCIAL STATEMENTS ARE AVAILABLE ON THE WEBSITE, IN ANNUAL REPORT AND PER REQUEST
LINE 19

Return

Reference	Explanation
,	SHOW MANAGEMENT SERVICES PROGRAM SERVICE EXPENSES 785,910 MANAGEMENT AND GENERAL EXPENSE S 0 FUNDRAISING EXPENSES 984 TOTAL EXPENSES 786,894 EVENT PLANNING/ARRANGING PROGRAM S ERVICE EXPENSES 404,480 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 2,505 TO TAL EXPENSES 406,985 OTHER PROGRAM SERVICE EXPENSES 3,909,903 MANAGEMENT AND GENERAL EX PENSES 1,402,700 FUNDRAISING EXPENSES 282,101 TOTAL EXPENSES 5,594,704
	T ENGLO 1,402,700 TONDIVAIGHTO EXTENDED 202,101 TOTAL EXTENDED 0,004,704

Evolunation

Return Explanation

Reference	
FORM 990,	PENSION-RELATED CHANGES OTHER THAN NET PERIODIC PENSION COSTS -493,415 GAIN IN FAIR VALUE OF
PART XI,	INTEREST RATE SWAP 21,560

LINE 9

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - SCHEDULE R | Related

(Form 990)

Department of the Treasury

Internal Revenue Service

## **Related Organizations and Unrelated Partnerships**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

► Attach to Form 990.

 $\blacktriangleright$  Go to <u>www.irs.gov/Form990</u> for instructions and the latest information.

2018

**DLN: 93493311022439**OMB No 1545-0047

Open to Public Inspection

Name of the organization NATIONAL URBAN LEAGUE INC				Employer ident	tification number		
NATIONAL ORDAN LEAGUE INC				13-1840489			
Part I Identification of Disregarded Entities Complete	if the organization answ	ered "Yes" on Form	990, Part IV, line	33.			
(a) Name, address, and EIN (If applicable) of disregarded entity	<b>(b)</b> Primary activity	(c) Legal domicile (stat or foreign country)	(d) te Total income	(e) End-of-year assets	(f) Direct controlling entity		
(1) URBAN LEAGUE EMPOWERMENT CENTER LLC 80 PINE STREET NEW YORK, NY 10005 46-2367585	SEE PART VII	NY	200,000	11,605,001	NATIONAL URBAN LEAGUE II	NC	-
							_
							_
							-
Part II Identification of Related Tax-Exempt Organization related tax-exempt organizations during the tax year.		anızatıon answered	"Yes" on Form 990	), Part IV, line 34 b	ecause it had one or r	nore	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	<b>(f)</b> Direct controlling entity	Section (13) co	g) n 512(b ontrolle city?
(1)THE URBAN EMPOWERMENT FUND 80 PINE STREET	SEE PART VII	NY	501(C)(3)	LINE 7	NATIONAL URBAN LEAGUE INC	Yes	No
NEW YORK, NY 10005 90-0853595							
						_	
						<u> </u>	
For Paperwork Reduction Act Notice, see the Instructions for Form	990.	Cat No 5013	] 35Y		Schedule R (Form 9	990) 20	018

(a) Name, address, and EIN of related organization	of Primary activity (c) Legal domicile (state or foreign country) (country) (country) (country) (d) Direct controlling entity excluded from tax under sections 512-514)		l, total incom		Disprop	h) ortionate itions?	(i) Code V-U amount in 20 of Schedule k (Form 106	oox ma pa	managing o partner?		) ntage rship			
					314)			Yes	No	1	Ye	s No	1	
											_	+		
IV Identification of Related Organizated because it had one or more related or						ization ans	wered "Yes	" on Fo	orm 99	90, Part I	V, lın	e 34		_
		s a corporation	on or trus (c) egal micile or foreign	st during th	(d) controlling Typentity (C of	(e)	wered "Yes  (f) Share of total income	Share	(g) e of end- year assets	of- Pe	V, lin (h) rcentag	e	(i) Section 5 (13) continuentity	512(b trolled y?
because it had one or more related of  (a)  Name, address, and EIN of	erganizations treated as	s a corporation	on or trus (c) egal micile	st during th	(d) controlling Typentity (C of	(e) pe of entity orp, S corp,	(f) Share of total	Share	(g) e of end- year	of- Pe	(h)	e	Section 5 (13) cont entity	512(b trolled
because it had one or more related of  (a)  Name, address, and EIN of	erganizations treated as	s a corporation	on or trus (c) egal micile or foreign	st during th	(d) controlling Typentity (C of	(e) pe of entity orp, S corp,	(f) Share of total	Share	(g) e of end- year	of- Pe	(h)	e	Section 5 (13) cont entity	512(b trolled y?
because it had one or more related of  (a)  Name, address, and EIN of	erganizations treated as	s a corporation	on or trus (c) egal micile or foreign	st during th	(d) controlling Typentity (C of	(e) pe of entity orp, S corp,	(f) Share of total	Share	(g) e of end- year	of- Pe	(h)	e	Section 5 (13) cont entity	512(b trolled y?
because it had one or more related of  (a)  Name, address, and EIN of	erganizations treated as	s a corporation	on or trus (c) egal micile or foreign	st during th	(d) controlling Typentity (C of	(e) pe of entity orp, S corp,	(f) Share of total	Share	(g) e of end- year	of- Pe	(h)	e	Section 5 (13) cont entity	512(b trolled y?
because it had one or more related of  (a)  Name, address, and EIN of	erganizations treated as	s a corporation	on or trus (c) egal micile or foreign	st during th	(d) controlling Typentity (C of	(e) pe of entity orp, S corp,	(f) Share of total	Share	(g) e of end- year	of- Pe	(h)	e	Section 5 (13) cont entity	512(b trolled y?

Loans or loan guarantees by related organization(s) . .

No No

No

No

No

No

No

No

No

No

No

No

No

No No

No

No

1e

1g 1h

11

1m

1n

10

**1**q

1r 1s

Schedule R (Form 990) 2018

(d)

Method of determining amount involved

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.			
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest, (ii)annuities, (iii) royalties, or(iv) rent from a controlled entity	1a		No
h. Cift, grant, or capital contribution to volated organization(s)	16		No

Receipt of (i) interest, (ii) annuities, (iii) royalties, or(iv) rent from a controlled entity	1a
Gift, grant, or capital contribution to related organization(s)	<b>1</b> b
Gift, grant, or capital contribution from related organization(s)	1a 1b 1c
Loans or loan guarantees to or for related organization(s)	1d

m Performance of services or membership or fundraising solicitations by related organization(s) . . . . . . .
 n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . . . . . . . . . . . . .

(a)

Name of related organization

(b)

Transaction

type (a-s)

(c)

Amount involved

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

vas not a related organization. See instructions regarding exclusion for certain investment partnerships													
(a) Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)		ganizations?	(f) Share of total Income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No	
										Schedul	e R (Forn	n 99	0) 2018

Schedule R (Form 990) 2018 Page **5** Part VII Supplemental Information Provide additional information for responses to questions on Schedule R (see instructions) Return Reference Explanation SCHEDULE R, PART I, COLUMN (B) -THE URBAN LEAGUE EMPOWERMENT CENTER, LLC (ULEC) IS IN BUSINESS SOLELY TO (A) OWN A LEASEHOLD INTEREST IN THE PROPERTY LOCATED AT 121

SCHEDULE R, PART I, COLUMN (B) PRIMARY ACTIVITY

PRIMARY ACTIVITY

WEST 125TH STREET, NEW YORK, NEW YORK, (B) HOLD, MANAGE, MAINTAIN, OPERATE, IMPROVE, DEVELOP, CONSTRUCT, EXCHANGE, LEASE SUBLEASE,
CONVEY, ENCUMBER, SUBDIVIDE INTO CONDOMINIUM UNITS, FINANCE AND OTHERWISE USE THE LEASEHOLD INTEREST AND ITS RIGHTS IN THE UNDERLYING
PROPERTY AND (C) DO ANY AND ALL OTHER ACTS THAT MAY BE NECESSARY OR INCIDENTAL TO CARRY ON THE BUSINESS OF ULEC THE LEAGUE IS THE SOLE

MANAGING MEMBER OF ULEC

Return Reference	erence Explanation					
	THE URBAN EMPOWERMENT FUND (UEF) IS A TAX-EXEMPT COMMUNITY DEVELOPMENT FINANCIAL INSTITUTION WITH A FOCUS ON PROVIDING FINANCIAL PRODUCTS (LOANS) AND SERVICES TO MINORITY BUSINESS					
	ENTERPRISES THAT ARE LOCATED PRIMARILY IN THE 10 MARKETS IN WHICH THE NATIONAL URBAN LEAGUE'S ENTREPRENEURSHIP CENTERS ARE LOCATED					

Schedule R (Form 990) 2018