

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2010 calendar year, or tax year beginning **2010**, and ending **2010**

B Check if applicable:	<input type="checkbox"/> Address change	C Name of organization NATIONAL URBAN LEAGUE, INC.		D Employer identification number 13-1840489	
	<input type="checkbox"/> Name change	Doing Business As		E Telephone number (212) 558-5300	
	<input type="checkbox"/> Initial return	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 120 WALL STREET 8TH FL			
	<input type="checkbox"/> Terminated	City or town, state or country, and ZIP + 4 NEW YORK, NY 10005			
<input type="checkbox"/> Amended return	F Name and address of principal officer: MARC H. MORIAL 120 WALL STREET NEW YORK, NY 10005		G Gross receipts \$ 53,437,571.		
<input type="checkbox"/> Application pending			H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
			H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No		
			If "No," attach a list. (see instructions)		
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			H(c) Group exemption number ▶		
J Website: ▶ WWW.NUL.ORG					
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶				L Year of formation: 1910 M State of legal domicile: NY	

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: ENABLE AFRICAN AMERICANS TO SECURE ECONOMIC SELF-RELIANCE, PARITY, POWER AND CIVIL RIGHTS.		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	49.
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	48.
	5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	139.
	6	Total number of volunteers (estimate if necessary)	6	47.
	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0.
7b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	38,159,307.	41,611,245.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,158,458.	9,212,523.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	430,529.	1,147,774.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,766,237.	894,919.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	44,514,531.	52,866,461.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	18,757,215.	21,836,623.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	12,161,830.	13,011,589.
	16b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 2,948,263.	306,970.	291,326.
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	14,843,507.	18,143,999.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	46,069,522.	53,283,537.
19	Revenue less expenses. Subtract line 18 from line 12	-1,554,991.	-417,076.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	43,968,995.	47,065,280.
	22	Net assets or fund balances. Subtract line 21 from line 20	11,388,638.	14,093,404.
			32,580,357.	32,971,876.

Part II Signature Block

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

Sign Here	Signature of officer 	Date 11/2/11
	Type or print name and title Paul Wycenik SUP & CFO	

Paid Preparer Use Only	Print/Type preparer's name JOHN BAIARDI	Preparer's signature 	Date 11/7/11	Check if self-employed <input checked="" type="checkbox"/>	PTIN P00965729
	Firm's name ▶ MITCHELL & TITUS, LLP	Firm's EIN ▶ 13-2781641		Phone no. 212-709-4500	
	Firm's address ▶ ONE BATTERY PARK PLAZA NEW YORK, NY 10004				

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2010)

2010 990 Returns Found in Account F253:

Report Date: 11/7/2011 3:34:49 PM

Locator	Taxpayer Name	Client Code	Alerts	Jurisdiction	Federal			Date Sent	Date Ack.	DCN Debts	Federal Only	
					Service Center	Filing Type	Filing Status				PIN	EIC
516087	NATIONAL URBAN LEAGUE, INC.	11380		<u>FED</u>		REG	Accepted	11/7/2011 3:07:00 PM	11/7/2011 3:26:00 PM			

1 record returned.

Next 10

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box **X**
- If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1).

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Type or print File by the extended due date for filing your return. See instructions.	Name of exempt organization NATIONAL URBAN LEAGUE, INC.	Employer identification number 13-1840489
	Number, street, and room or suite no. If a P.O. box, see instructions. 120 WALL STREET	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. NEW YORK, NY 10005	

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

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

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of **PAUL WYCISK**
Telephone No. FAX No.
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.
- I request an additional 3-month extension of time until 11/15, 2011.
For calendar year 2010, or other tax year beginning , 20 , and ending , 20 .
- 6 If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period
- 7 State in detail why you need the extension ALL THE INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN IS NOT YET AVAILABLE

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a \$
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b \$
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c \$

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature Title Date

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
ATTACHMENT 1

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ 24,839,170. including grants of \$ 20,122,777.) (Revenue \$ 960,255.)

ECONOMIC EMPOWERMENT INVESTS IN THE FINANCIAL LITERACY AND EMPLOYABILITY OF ADULTS THROUGH JOB TRAINING, HOME OWNERSHIP COUNSELING AND ENTREPRENEURSHIP SUPPORT.

4b (Code:) (Expenses \$ 4,809,418. including grants of \$ 1,279,649.) (Revenue \$ 1,241,050.)

EDUCATION AND YOUTH DEVELOPMENT ENSURES THE EDUCATION OF ALL CHILDREN BY PROVIDING ACCESS TO EARLY CHILDHOOD LITERACY, AFTER-SCHOOL PROGRAMS AND COLLEGE PREPARATION.

4c (Code:) (Expenses \$ 7,327,048. including grants of \$ 36,854.) (Revenue \$ 4,633,522.)

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.

4d Other program services. (Describe in Schedule O.) ATTACHMENT 2
(Expenses \$ 8,874,903. including grants of \$ 397,343.) (Revenue \$ 3,180,878.)

4e Total program service expenses 45,850,539.

Part IV Checklist of Required Schedules

Table with 3 columns: Question number, Yes, No. Rows include questions 1 through 20b regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

Table with 4 columns: Question ID, Question Text, Yes, No. Rows include questions 21 through 38 regarding grants, compensation, tax-exempt bonds, and related organizations.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question numbers (1a-14b), Yes/No checkboxes, and numerical input fields. Contains questions about Form 1096, Form W-2G, Form W-3, Form 990-T, Form 8886-T, Form 8282, Form 8899, Form 1098-C, Form 990 in lieu of Form 1041, and Form 720.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 1b Enter the number of voting members included in line 1a, above, who are independent; 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?; 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?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Does the organization have members or stockholders?; 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?; 7b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body?; b Each committee with authority to act on behalf of the governing body?; 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.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Does the organization have local chapters, branches, or affiliates?; 10b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?; 11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?; 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990.; 12a Does the organization have a written conflict of interest policy? If "No," go to line 13; 12b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done; 13 Does the organization have a written whistleblower policy?; 14 Does the organization have a written document retention and destruction policy?; 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?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?; 16b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed ATTACHMENT 3
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. [X] Own website [] Another's website [X] Upon request
19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: PAUL WYCISK 120 WALL STREET 8TH FLOOR NEW YORK, NY 10005 212 558-5300

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

Check if Schedule O contains a response to any question in this Part VII. X

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JOHN D HOFMEISTER CHAIR	1.00	X		X				0.	0.	0.
(2) ROBERT D TAYLOR SENIOR VICE CHAIR	1.00	X		X				0.	0.	0.
(3) ALMA ARRINGTON BROWN VICE CHAIR	1.00	X		X				0.	0.	0.
(4) THE HONORABLE ALEXIS M HERMAN SECRETARY	1.00	X		X				0.	0.	0.
(5) WILLARD W BRITTAIN TREASURER	1.00	X		X				0.	0.	0.
(6) MARC H MORIAL PRESIDENT AND CEO	40.00	X		X			590,000.	0.	142,800.	
(7) LANESHA T ANDERSON TRUSTEE	1.00	X						0.	0.	0.
(8) N. CHARLES ANDERSON TRUSTEE	1.00	X						0.	0.	0.
(9) KENDRICK F. ASHTON TRUSTEE	1.00	X						0.	0.	0.
(10) KHARY P. BARNES TRUSTEE	1.00	X						0.	0.	0.
(11) ROBERT J BROWN TRUSTEE	1.00	X						0.	0.	0.
(12) CATHERINE V. BUELL TRUSTEE	1.00	X						0.	0.	0.
(13) DAVID L COHEN TRUSTEE	1.00	X						0.	0.	0.
(14) MICHAEL CRITELLI TRUSTEE	1.00	X						0.	0.	0.
(15) RODERICK D GILLUM TRUSTEE	1.00	X						0.	0.	0.
(16) EFFENUS HENDERSON TRUSTEE	1.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
(17) HAROLD HENDERSON TRUSTEE	1.00	X					0.	0.	0.
(18) THERESA HOPKINS-STATEN, ESQ TRUSTEE	1.00	X					0.	0.	0.
(19) HARRY E JOHNSON, SR TRUSTEE	1.00	X					0.	0.	0.
(20) JOHN F KILLAN TRUSTEE	1.00	X					0.	0.	0.
(21) DR. KASE LUKMAN LAVAL TRUSTEE	1.00	X					0.	0.	0.
(22) DALE LEFEBVRE TRUSTEE	1.00	X					0.	0.	0.
(23) JOHN W MACK TRUSTEE	1.00	X					0.	0.	0.
(24) LIAM E MCGEE TRUSTEE	1.00	X					0.	0.	0.
(25) PAUL MCKINNON TRUSTEE	1.00	X					0.	0.	0.
(26) ANNE NOBLES TRUSTEE	1.00	X					0.	0.	0.
(27) WILLIAM F PICKARD, PH.D TRUSTEE	1.00	X					0.	0.	0.
(28) STEPHEN S RASMUSSEN TRUSTEE	1.00	X					0.	0.	0.
1b Sub-total							590,000.	0.	142,800.
c Total from continuation sheets to Part VII, Section A ATTACHMENT 4							1,198,000.	0.	427,686.
d Total (add lines 1b and 1c)							1,788,000.	0.	570,486.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **24**

- 3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual
- 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3		X
4	X	
5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 5		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **28**

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a Federated campaigns	1a 3,321.				
	b Membership dues	1b				
	c Fundraising events	1c 1,761,065.				
	d Related organizations	1d				
	e Government grants (contributions)	1e 19,886,746.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 19,960,113.				
	g Noncash contributions included in lines 1a-1f: \$					
	h Total. Add lines 1a-1f		41,611,245.			
Program Service Revenue	2a FRANCHISE FEES	900099	981,000.	981,000.		
	b CONFERENCE	900099	955,809.	955,809.		
	c EXHIBITOR INCOME	900099	560,648.	560,648.		
	d MEMBERSHIP FEES	900099	42,830.	42,830.		
	e SPONSORSHIP INCOME	900099	6,672,236.	6,672,236.		
	f All other program service revenue					
	g Total. Add lines 2a-2f		9,212,523.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		381,899.			381,899.
	4 Income from investment of tax-exempt bond proceeds		0.			
	5 Royalties		0.			
	6a Gross Rents	(i) Real (ii) Personal				
	b Less: rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)			0.		
	7a Gross amount from sales of assets other than inventory	(i) Securities (ii) Other	1,075,590. 1,490.			
	b Less: cost or other basis and sales expenses		311,205.			
	c Gain or (loss)		764,385. 1,490.			
	d Net gain or (loss)			765,875.		765,875.
	8a Gross income from fundraising events (not including \$ 1,761,065. of contributions reported on line 1c). See Part IV, line 18	a	351,642.			
b Less: direct expenses	b	259,905.				
c Net income or (loss) from fundraising events			91,737.		91,737.	
9a Gross income from gaming activities. See Part IV, line 19	a					
b Less: direct expenses	b					
c Net income or (loss) from gaming activities			0.			
10a Gross sales of inventory, less returns and allowances	a					
b Less: cost of goods sold	b	0.				
c Net income or (loss) from sales of inventory			0.			
Miscellaneous Revenue		Business Code				
11a SALE OF PUBLICATIONS	900099	72,202.	72,202.			
b STONEHENGE EARNED DEALS	900099	414,033.	414,033.			
c REBATES/COMMISSION	900099	276,679.	276,679.			
d All other revenue	900099	40,268.	40,268.			
e Total. Add lines 11a-11d		803,182.				
12 Total revenue. See instructions		52,866,461.	10,015,705.	0.	1,239,511.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 . . .	21,798,947.	21,798,947.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	37,676.	37,676.		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	0.			
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	993,001.	477,826.	515,175.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.			
7 Other salaries and wages	8,800,032.	6,139,622.	1,646,649.	1,013,761.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	1,365,065.	956,766.	257,808.	150,491.
9 Other employee benefits	1,292,498.	903,643.	245,530.	143,325.
10 Payroll taxes	560,993.	386,008.	110,488.	64,497.
11 Fees for services (non-employees):				
a Management	0.			
b Legal	132,416.	113,134.	5,217.	14,065.
c Accounting	143,454.	126,169.	2,048.	15,237.
d Lobbying	0.			
e Professional fundraising services. See Part IV, line 17	291,326.			291,326.
f Investment management fees	0.			
g Other	9,378,909.	8,347,558.	388,669.	642,682.
12 Advertising and promotion	0.			
13 Office expenses	1,870,832.	1,423,776.	268,854.	178,202.
14 Information technology	0.			
15 Royalties	0.			
16 Occupancy	1,814,073.	1,237,099.	387,718.	189,256.
17 Travel	1,997,061.	1,608,017.	276,709.	112,335.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	1,330,605.	1,330,605.		
20 Interest	0.			
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	396,575.	270,439.	85,706.	40,430.
23 Insurance	115,272.	78,613.	24,640.	12,019.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a <u>SUBSCRIPTIONS / PUBLICATIONS</u>	154,329.	96,473.	16,501.	41,355.
b <u>BAD DEBTS</u>	47,063.		47,063.	
c <u>AWARD AND GRANT</u>	6,253.		2,632.	3,621.
d <u>MISCELLANEOUS</u>	757,157.	518,168.	203,328.	35,661.
e				
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	53,283,537.	45,850,539.	4,484,735.	2,948,263.
26 Joint Costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash - non-interest-bearing	4,926,095.	1	4,617,814.
	2 Savings and temporary cash investments	5,063,683.	2	3,259,062.
	3 Pledges and grants receivable, net	13,395,841.	3	17,432,762.
	4 Accounts receivable, net	647,748.	4	663,909.
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	264,147.	9	117,015.
	10 a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 5,387,339.		
	b Less: accumulated depreciation	10b 3,818,896.		
		1,760,970.	10c	1,568,443.
	11 Investments - publicly traded securities	17,604,657.	11	19,201,709.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
15 Other assets. See Part IV, line 11	305,854.	15	204,566.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	43,968,995.	16	47,065,280.	
Liabilities	17 Accounts payable and accrued expenses	3,737,731.	17	4,851,745.
	18 Grants payable		18	
	19 Deferred revenue	1,522,358.	19	2,669,064.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities. Complete Part X of Schedule D	6,128,549.	25	6,572,595.
	26 Total liabilities. Add lines 17 through 25	11,388,638.	26	14,093,404.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	-4,176,737.	27	-2,679,941.
	28 Temporarily restricted net assets	16,735,029.	28	15,629,752.
	29 Permanently restricted net assets	20,022,065.	29	20,022,065.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	32,580,357.	33	32,971,876.	
34 Total liabilities and net assets/fund balances	43,968,995.	34	47,065,280.	

Form 990 (2010)

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	52,866,461.
2	Total expenses (must equal Part IX, column (A), line 25)	2	53,283,537.
3	Revenue less expenses. Subtract line 2 from line 1	3	-417,076.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	32,580,357.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	808,595.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	32,971,876.

Part XII Financial Statements and Reporting
 Check if Schedule O contains a response to any question in this Part XII

		Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b Were the organization's financial statements audited by an independent accountant?	2b	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	2c	X	
d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	X	
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.	3b	X	

Form 990 (2010)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No. 1545-0047

2010

Open to Public Inspection

Name of the organization: **NATIONAL URBAN LEAGUE, INC.** Employer identification number: **13-1840489**

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

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

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

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

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

Schedule A (Form 990 or 990-EZ) 2010

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	32,745,065.	38,576,070.	35,064,904.	37,159,307.	41,611,245.	185,156,591.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	32,745,065.	38,576,070.	35,064,904.	37,159,307.	41,611,245.	185,156,591.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						9,299,674.
6 Public support. Subtract line 5 from line 4.						175,856,917.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	32,745,065.	38,576,070.	35,064,904.	37,159,307.	41,611,245.	185,156,591.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	957,711.	1,104,310.	895,874.	486,743.	381,899.	3,826,537.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						188,983,128.
12 Gross receipts from related activities, etc. (see instructions)					12	39,588,189.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	14	93.05 %
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	84.78 %
16a 33 1/3 % support test - 2010. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3 % support test - 2009. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10%-facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10%-facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
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						
3 Gross receipts from activities that are 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						
5 The value of services or facilities 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.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
10 a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (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 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

19 a **33 1/3 % support tests - 2010.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

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

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ►

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities
For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No. 1545-0047

2010
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization is described below.**
▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

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

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

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

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

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

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization NATIONAL URBAN LEAGUE, INC.	Employer identification number 13-1840489
---	--

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

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

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

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

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

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file Form 1120-POL for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) 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)	-----			
(4)	-----			
(5)	-----			
(6)	-----			

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

Schedule C (Form 990 or 990-EZ) 2010

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group.
B Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1 a	Total lobbying expenditures to influence public opinion (grass roots lobbying)	29,635.													
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	210,895.													
c	Total lobbying expenditures (add lines 1a and 1b)	240,530.													
d	Other exempt purpose expenditures	53,043,007.													
e	Total exempt purpose expenditures (add lines 1c and 1d)	53,283,537.													
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000.													
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.	250,000.	
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f)														
h	Subtract line 1g from line 1a. If zero or less, enter -0-														
i	Subtract line 1f from line 1c. If zero or less, enter -0-														
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No													

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total
2 a Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
b Lobbying ceiling amount (150% of line 2a, column (e))					6,000,000.
c Total lobbying expenditures	27,845.	184,272.	308,133.	240,530.	760,780.
d Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
f Grassroots lobbying expenditures	12,480.	17,874.	16,130.	29,635.	76,119.

Schedule C (Form 990 or 990-EZ) 2010

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

Table with columns (a) Yes/No and (b) Amount. Rows include: 1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation...; 2 a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?; b If "Yes," enter the amount of any tax incurred under section 4912; c If "Yes," enter the amount of any tax incurred by organization managers under section 4912; d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?.

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

Table with columns Yes/No. Rows include: 1 Were substantially all (90% or more) dues received nondeductible by members?; 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?; 3 Did the organization agree to carryover lobbying and political expenditures from the prior year?.

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes."

Table with columns 1-5. Rows include: 1 Dues, assessments and similar amounts from members; 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); a Current year; b Carryover from last year; c Total; 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues; 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?; 5 Taxable amount of lobbying and political expenditures (see instructions).

Part IV Supplemental Information

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

Series of horizontal dashed lines for providing supplemental information.

Part IV Supplemental Information *(continued)*

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2010

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization

Employer identification number

NATIONAL URBAN LEAGUE, INC.

13-1840489

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include Total number at end of year, Aggregate contributions to (during year), Aggregate grants from (during year), Aggregate value at end of year, and questions about donor informed status.

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

Table for Conservation Easements. Includes questions about purpose(s) of easements, number of easements, acreage, and monitoring details. Includes a sub-table 'Held at the End of the Tax Year' with rows 2a, 2b, 2c, 2d.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

Table for Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions about reporting requirements and amounts for revenues and assets.

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

Schedule D (Form 990) 2010

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

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

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other _____

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

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

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	20,022,065.	19,911,440.	19,970,365.		
b Contributions		106,625.	2,984,423.		
c Net investment earnings, gains, and losses		4,000.	-3,043,348.		
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	20,022,065.	20,022,065.	19,911,440.		

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

- a Board designated or quasi-endowment ▶ 0.0000 %
- b Permanent endowment ▶ 100.0000 %
- c Term endowment ▶ 0.0000 %

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

- (i) unrelated organizations
- (ii) related organizations

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

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

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		2,383,569.	1,480,351.	903,218.
d Equipment		1,052,754.	841,343.	211,411.
e Other		1,951,016.	1,497,202.	453,814.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) ▶ 1,568,443.

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

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

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

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

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

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

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

1. (a) Description of liability	(b) Amount	
(1) Federal income taxes		
(2) ACCRUED PENSION BENEFIT COST	5,629,966.	
(3) DEFERRED RENT CREDIT	383,259.	
(4) ACCRUED DEFINED CONTRIBUTION	559,370.	
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
(11)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	6,572,595.	

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

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	52,866,461.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	53,283,537.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-417,076.
4	Net unrealized gains (losses) on investments	4	1,147,156.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	-338,561.
9	Total adjustments (net). Add lines 4 through 8	9	808,595.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	391,519.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	60,985,715.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	1,147,156.
b	Donated services and use of facilities	2b	6,712,193.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	259,905.
e	Add lines 2a through 2d	2e	8,119,254.
3	Subtract line 2e from line 1	3	52,866,461.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	52,866,461.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	60,255,635.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	6,712,193.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	259,905.
e	Add lines 2a through 2d	2e	6,972,098.
3	Subtract line 2e from line 1	3	53,283,537.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	53,283,537.

Part XIV Supplemental Information

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

SEE PAGE 5

Part XIV Supplemental Information (continued)

INTENDED USES OF THE ORGANIZATION'S ENDOWMENT FUNDS

SCHEDULE D, PART V, LINE 4

THE INTENT OF THE ENDOWMENT IS TO UTILIZE ITS EARNINGS FOR GENERAL OPERATIONS.

OTHER CHANGES IN UNRESTRICTED NET ASSETS

FORM 990, SCHEDULE D, PART XI, LINE 8 - OTHER

PENSION-RELATED CHANGES OTHER THAN NET PERIODIC PENSION COSTS: \$338,561

OTHER REVENUE ON RETURN BUT NOT ON BOOK

FORM 990, SCHEDULE D, PART XII, LINE 2D AND PART XIII, LINE 2D

SPECIAL EVENTS DIRECT EXPENSES: \$259,905.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

**Supplemental Information Regarding
Fundraising or Gaming Activities**

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

OMB No. 1545-0047

2010

**Open To Public
Inspection**

Name of the organization

NATIONAL URBAN LEAGUE, INC.

Employer identification number

13-1840489

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

Part I Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations
- b Internet and email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of non-government grants
- f Solicitation of government grants
- g Special fundraising events

2a 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? Yes No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1 EUROAMERICAN COMMUNICATIONS	DIRECT MAIL		X	282,261.	237,925.	44,336.
2 SUSAN ULIN	SPECIAL EVENTS		X	1,858,050.	53,401.	1,804,649.
3						
4						
5						
6						
7						
8						
9						
10						
Total				2,140,311.	291,326.	1,848,985.

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 licensing.

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

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

	(a) Event #1	(b) Event #2	(c) Other Events	(d) Total events
	<u>EQUAL DINNER</u> (event type)	<u>BENEFIT CONCERT</u> (event type)	0. (total number)	(add col. (a) through col. (c))
Revenue				
1 Gross receipts	1,858,050.	254,657.		2,112,707.
2 Less: Charitable contributions	1,535,600.	225,465.		1,761,065.
3 Gross income (line 1 minus line 2)	322,450.	29,192.		351,642.
Direct Expenses				
4 Cash prizes				
5 Noncash prizes				
6 Rent/facility costs				
7 Food and beverages				
8 Entertainment				
9 Other direct expenses	259,905.			259,905.
10 Direct expense summary. Add lines 4 through 9 in column (d)				(259,905.)
11 Net income summary. Combine line 3, column (d), and line 10				91,737.

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
	Revenue			
1 Gross revenue				
Direct Expenses				
2 Cash prizes				
3 Noncash prizes				
4 Rent/facility costs				
5 Other direct expenses				
6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7 Direct expense summary. Add lines 2 through 5 in column (d)				()
8 Net gaming income summary. Combine line 1, column d, and line 7				

9 Enter the state(s) in which the organization operates gaming activities: _____
 a Is the organization licensed to operate gaming activities in each of these states? Yes No

b If "No," explain: _____

10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," explain: _____

11 Does the organization operate gaming activities with nonmembers? Yes No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity operated in:
a The organization's facility 13a %
b An outside facility 13b %

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____

c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Complete this part to provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

**SCHEDULE I
(Form 990)**

OMB No. 1545-0047

2010

**Open to Public
Inspection**

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

Department of the Treasury
Internal Revenue Service

Name of the organization

NATIONAL URBAN LEAGUE, INC.

Employer identification number

13-1840489

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Yes No

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	URBAN LEAGUE OF ESSEX COUNTY 508 CENTRAL AVENUE NEWARK, NJ 07107	22-1554540	501(C)(3)	2,641,537.				SEE PART IV
(2)	GREATER BALTIMORE URBAN LEAGUE 512 ORCHARD STREET BALTIMORE, MD 21201	52-0591585	501(C)(3)	213,984.				SEE PART IV
(3)	URBAN LEAGUE OF EASTERN MASSACHUSETTS 88 WARREN STREET ROXBURY, MA 02119	23-7349132	501(C)(3)	1,832,866.				SEE PART IV
(4)	BUFFALO URBAN LEAGUE 15 EAST GENESEE STREET BUFFALO, NY 14203	16-0743940	501(C)(3)	136,666.				SEE PART IV
(5)	URBAN LEAGUE OF UNION COUNTY 272 NORTH BROAD STREET ELIZABETH, NJ 07207	22-1487366	501(C)(3)	175,665.				SEE PART IV
(6)	URBAN LEAGUE OF SHENANGO VALLEY 601 INDIANA AVENUE FARRELL, PA 16121	25-1193018	501(C)(3)	81,501.				SEE PART IV
(7)	URBAN LEAGUE OF GREATER HARTFORD 140 WOODLAND AVE HARTFORD, CT 06105	06-6066491	501(C)(3)	51,027.				SEE PART IV
(8)	MORRIS COUNTY URBAN LEAGUE 300 MADISON AVE MORRISTOWN, NJ 07960	22-1449251	501(C)(3)	80,726.				SEE PART IV
(9)	NEW YORK URBAN LEAGUE 204 WEST 136TH STREET NEW YORK, NY 10030	13-1671035	501(C)(3)	52,875.				SEE PART IV
(10)	URBAN LEAGUE OF PHILADELPHIA 121 S BROAD STREET PHILADELPHIA, PA 19107	23-1429810	501(C)(3)	409,965.				SEE PART IV
(11)	URBAN LEAGUE OF PITTSBURGH 610 WOOD STREET PITTSBURGH, PA 15222	25-0985592	501(C)(3)	2,006,680.				SEE PART IV
(12)	URBAN LEAGUE OF RHODE ISLAND 246 PRAIRIE AVENUE PROVIDENCE, RI 02905	05-0258939	501(C)(3)	6,259.				SEE PART IV

2 Enter total number of section 501(c)(3) and government organizations

3 Enter total number of other organizations

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

Schedule I (Form 990) (2010)

**SCHEDULE I
(Form 990)**

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

OMB No. 1545-0047

2010

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Employer identification number

13-1840489

NATIONAL URBAN LEAGUE, INC.

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Yes No

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	URBAN LEAGUE OF GREATER RICHMOND, INC. 511 WEST GRACE STREET RICHMOND, VA 23220	54-0505944	501(C)(3)	18,396.				SEE PART IV
(2)	URBAN LEAGUE OF ROCHESTER 265 N CLINTON AVE ROCHESTER, NY 14605	16-0906150	501(C)(3)	157,463.				SEE PART IV
(3)	URBAN LEAGUE OF SPRINGFIELD 765 STATE STREET SPRINGFIELD, MA 01109	37-0765550	501(C)(3)	61,978.				SEE PART IV
(4)	GREATER WASHINGTON URBAN LEAGUE 2901 14TH STREET N W WASHINGTON, DC 20009	53-0208981	501(C)(3)	189,069.				SEE PART IV
(5)	URBAN LEAGUE OF HUDSON COUNTY 253 M LUTHER KING DR JERSEY CITY, NJ 07305	22-1917127	501(C)(3)	50,000.				SEE PART IV
(6)	URBAN LEAGUE OF LONG ISLAND 219 CARLETON AVENUE CENTRAL ISLIP, NY 11722	23-7423001	501(C)(3)	320,532.				SEE PART IV
(7)	URBAN LEAGUE OF HAMPTON ROADS 3225 HIGH STREET PORTSMOUTH, VA 23707	54-1083985	501(C)(3)	362,796.				SEE PART IV
(8)	URBAN LEAGUE OF GREATER MIAMI 8500 NW 25TH AVENUE MIAMI, FL 33147	59-0699445	501(C)(3)	19,000.				SEE PART IV
(9)	ATLANTA URBAN LEAGUE 100 EDGEWOOD AVENUE NE ATLANTA, GA 30303	58-0593386	501(C)(3)	420,218.				SEE PART IV
(10)	URBAN LEAGUE OF MIDDLE TENNESSEE 2550 METRO CENTER BOULEVARD	62-0795167	501(C)(3)	49,250.				SEE PART IV
(11)	BIRMINGHAM URBAN LEAGUE 1229 3RD AVENUE NORTH BIRMINGHAM, AL 35203	63-0516655	501(C)(3)	228,640.				SEE PART IV
(12)	COLUMBIA URBAN LEAGUE 1400 BARNWELL STREET COLUMBIA, SC 29250	57-0482767	501(C)(3)	67,000.				SEE PART IV

2 Enter total number of section 501(c)(3) and government organizations

3 Enter total number of other organizations

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

Schedule I (Form 990) (2010)

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

OMB No. 1545-0047

2010

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization

NATIONAL URBAN LEAGUE, INC.

Employer identification number

13-1840489

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Yes No

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	GREATER DALLAS & NORTH CENTRAL TEXAS 4315 SOUTH LANCASTER 700 DALLAS, TX 75216	74-1590488	501(C)(3)	490,724.				SEE PART IV
(2)	HOUSTON AREA URBAN LEAGUE 1301 TEXAS AVENUE HOUSTON, TX 77002	74-1611455	501(C)(3)	177,981.				SEE PART IV
(3)	URBAN LEAGUE OF GREATER JACKSON 2310 HIGHWAY 80 JACKSON, MS 39204	64-0440074	501(C)(3)	26,688.				SEE PART IV
(4)	JACKSONVILLE URBAN LEAGUE 903 WEST UNION STREET	59-0637865	501(C)(3)	186,084.				SEE PART IV
(5)	KNOXVILLE AREA URBAN LEAGUE 1514 E 5TH AVENUE KNOXVILLE, TN 37917	62-0797293	501(C)(3)	109,890.				SEE PART IV
(6)	LOUISVILLE URBAN LEAGUE 1535 WEST BROADWAY LOUISVILLE, KY 40203	61-0444771	501(C)(3)	150,944.				SEE PART IV
(7)	URBAN LEAGUE OF GREATER NEW ORLEANS 2322 CANAL STREET NEW ORLEANS, LA 70119	72-0423627	501(C)(3)	137,413.				SEE PART IV
(8)	METROPOLITAN TULSA URBAN LEAGUE 240 EAST APACHE STREET TULSA, OK 74106	73-0610288	501(C)(3)	61,837.				SEE PART IV
(9)	THE URBAN LEAGUE OF THE UPSTATE 15 REGENCY HILL DRIVE GREENVILLE, SC 29607	57-0541039	501(C)(3)	153,169.				SEE PART IV
(10)	URBAN LEAGUE OF PALM BEACH COUNTY INC 1700 AUSTRALIAN AVE W PALM BEACH, FL 33407	59-1533710	501(C)(3)	170,689.				SEE PART IV
(11)	URBAN LEAGUE OF GREATER COLUMBUS INC 802 FIRST AVENUE COLUMBUS, GA 31901	58-1123741	501(C)(3)	127,270.				SEE PART IV
(12)	URBAN LEAGUE OF BROWARD COUNTY 11 NW 36TH AVENUE FORT LAUDERDALE, FL 33311	59-1564384	501(C)(3)	535,796.				SEE PART IV

2 Enter total number of section 501(c)(3) and government organizations

3 Enter total number of other organizations

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

Schedule I (Form 990) (2010)

**SCHEDULE I
(Form 990)**

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

OMB No. 1545-0047

2010

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization

NATIONAL URBAN LEAGUE, INC.

Employer identification number

13-1840489

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Yes No

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	METROPOLITAN ORLANDO URBAN LEAGUE 2804 BELCO DRIVE ORLANDO, FL 32808	59-1766368	501(C)(3)	81,027.				SEE PART IV
(2)	URBAN LEAGUE OF CENTRAL CAROLINAS, INC 740 WEST 5TH STREET CHARLOTTE, NC 28202	56-1218704	501(C)(3)	51,965.				SEE PART IV
(3)	LOS ANGELES URBAN LEAGUE 3450 MOUNT VERNON DRIVE	95-1691288	501(C)(3)	261,591.				SEE PART IV
(4)	GREATER PHOENIX URBAN LEAGUE 1402 SOUTH SEVENTH AVENUE PHOENIX, AZ 85007	86-0124189	501(C)(3)	37,114.				SEE PART IV
(5)	GREATER SACRAMENTO URBAN LEAGUE 3725 MARYSVILLE BOULEVARD	94-1686314	501(C)(3)	92,472.				SEE PART IV
(6)	URBAN LEAGUE OF METROPOLITAN SEATTLE 105 14TH AVENUE SEATTLE, WA 98122	91-0575954	501(C)(3)	291,649.				SEE PART IV
(7)	URBAN LEAGUE OF SAN DIEGO COUNTY 720 GATEWAY CENTER DRIVE	95-1772854	501(C)(3)	185,871.				SEE PART IV
(8)	TUCSON URBAN LEAGUE 2305 SOUTH PARK AVENUE TUCSON, AZ 85713	23-7063141	501(C)(3)	25,004.				SEE PART IV
(9)	CHICAGO URBAN LEAGUE 4510 S MICHIGAN AVE CHICAGO, IL 60653	36-2225483	501(C)(3)	595,087.				SEE PART IV
(10)	URBAN LEAGUE OF GREATER CLEVELAND 2930 PROSPECT AVENUE CLEVELAND, OH 44115	34-0720563	501(C)(3)	86,250.				SEE PART IV
(11)	COLUMBUS URBAN LEAGUE 788 MOUNT VERNON AVENUE COLUMBUS, OH 43203	31-4379453	501(C)(3)	230,535.				SEE PART IV
(12)	DAYTON URBAN LEAGUE 907 WEST FIFTH STREET DAYTON, OH 45402	31-0537503	501(C)(3)	1,542,375.				SEE PART IV

2 Enter total number of section 501(c)(3) and government organizations

3 Enter total number of other organizations

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

Schedule I (Form 990) (2010)

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

OMB No. 1545-0047

2010

**Open to Public
Inspection**

Employer identification number

13-1840489

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Yes No

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	DETROIT URBAN LEAGUE 208 MACK AVENUE DETROIT, MI 48201	38-1358487	501(C)(3)	2,733,335.				SEE PART IV
(2)	FORT WAYNE URBAN LEAGUE 2135 S HANNA STREET FORT WAYNE, IN 46803	35-0869052	501(C)(3)	41,787.				SEE PART IV
(3)	INDIANAPOLIS URBAN LEAGUE 777 INDIANA AVENUE INDIANAPOLIS, IN 46202	35-6060655	501(C)(3)	33,000.				SEE PART IV
(4)	MINNEAPOLIS URBAN LEAGUE 2100 PLYMOUTH AVE N MINNEAPOLIS, MN 55411	41-0706915	501(C)(3)	69,650.				SEE PART IV
(5)	TRI COUNTY URBAN LEAGUE 317 S MACARTHUR HIGHWAY PEORIA, IL 61605	37-0888235	501(C)(3)	212,908.				SEE PART IV
(6)	URBAN LEAGUE METROPOLITAN ST LOUIS 3701 GRANDEL SQUARE ST LOUIS, MO 63108	43-0653605	501(C)(3)	300,600.				SEE PART IV
(7)	SPRINGFIELD URBAN LEAGUE INC 100 NORTH 11TH STREET SPRINGFIELD, IL 62703	37-0765550	501(C)(3)	66,980.				SEE PART IV
(8)	URBAN LEAGUE OF KANSAS INC 1802 EAST 13TH STREET WICHITA, KS 67214	48-0602109	501(C)(3)	110,437.				SEE PART IV
(9)	QUAD COUNTY URBAN LEAGUE 808 E GALENA SUITE B AURORA, IL 60505	36-2882693	501(C)(3)	80,446.				SEE PART IV
(10)	LORAIN COUNTY URBAN LEAGUE 401 BOARD STREET ELYRIA, OH 44035	34-1263379	501(C)(3)	406,925.				SEE PART IV
(11)	UL FOR BERGEN COUNTY 440 NORTH VAN BRUNT STREET	22-1487175	501(C)(3)	37,628.				SEE PART IV
(12)	UL OF LANCASTER COUNTY 502 SOUTH DUKE STREE LANCASTER, PA 17602	23-1661344	501(C)(3)	13,000.				SEE PART IV

2 Enter total number of section 501(c)(3) and government organizations

3 Enter total number of other organizations

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

Schedule I (Form 990) (2010)

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

NATIONAL URBAN LEAGUE, INC.

Employer identification number

13-1840489

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

OMB No. 1545-0047

2010

**Open to Public
Inspection**

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Yes No

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	UL OF WESTCHESTER COUNTY 61 MITCHELL PLACE NEW YORK, NY 10022	13-1671035	501(C)(3)	1,900,954.				SEE PART IV
(2)	NORTHERN VIRGINIA URBAN LEAGUE 1315 DUKE STREET ALEXANDRIA, VA 22314	54-1530324	501(C)(3)	29,463.				SEE PART IV
(3)	METROPOLITAN WILMINGTON URBAN LEAGUE 100 WEST 10TH STREET - SUITE 710	51-0391465	501(C)(3)	10,000.				SEE PART IV
(4)	MEMPHIS URBAN LEAGUE 413 N. CLEVELAND STREET MEMPHIS, TN 38104	62-0481465	501(C)(3)	41,000.				SEE PART IV
(5)	URBAN LEAGUE GREATER CHATTANOOGA, INC. 730 MARTIN LUTHER KING BOULEVARD	58-1436933	501(C)(3)	18,375.				SEE PART IV
(6)	AKRON COMMUNITY SERVICE CENTER AND URBAN LE 440 VERNON ODOM BLVD AKRON, OH 44307	34-0714520	501(C)(3)	15,000.				SEE PART IV
(7)	URBAN LEAGUE OF GREATER CINCINNATI 3458 READING ROAD CINCINNATI, OH 45229	31-0565428	501(C)(3)	222,697.				SEE PART IV
(8)								
(9)								
(10)								
(11)								
(12)								

2 Enter total number of section 501(c)(3) and government organizations 67

3 Enter total number of other organizations 0

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule I (Form 990) (2010)

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

1	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
2.	WHITNEY M. YOUNG AWARD	2.	6,000.			
5.	VENDORS TO BUY/GIVE AWARDS	5.	15,079.			
139.	STIPENDS ETC FOR BEEP STUDENTS	139.	20,850.			
2.	ANN TANNEYHILL	2.	2,000.			

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

FORM 990, SCHEDULE I
 DESCRIPTION OF ORGANIZATION'S PROCEDURES FOR MONITORING THE USE OF GRANTS
 NATIONAL URBAN LEAGUE MONITORS THE USE OF THE GRANT FUNDS BY COMPARING
 THE ACTUAL TO THE APPROVED BUDGET BY THE RESPECTIVE FUNDER.

FORM 990, SCHEDULE I, PART II, LINE 1, COLUMN H
 SUBCONTRACT PAYMENTS TO AFFILIATES ARE FOR PROGRAM SERVICES THAT INCLUDE
 ECONOMIC EMPOWERMENT, EDUCATION AND YOUTH EMPOWERMENT, CIVIC ENGAGEMENT
 AND LEADERSHIP EMPOWERMENT, AND HEALTH AND QUALITY OF LIFE EMPOWERMENT.

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
 Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

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

FORM 990, SCHEDULE I, PART III
 WHITNEY M. YOUNG AWARD - AWARD FOR EXEMPLARY WORK
 STIPENDS ETC. FOR BEEP STUDENTS - STIPENDS FOR TRAVEL GIVEN TO COLLEGE
 STUDENTS WHO ATTENDED THE BLACK EXECUTIVE EXCHANGE PROGRAM CONFERENCE
 ANN TANNEYHILL - AWARD FOR EXEMPLARY WORK

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2010

Open to Public Inspection

Name of the organization
NATIONAL URBAN LEAGUE, INC.

Employer identification number
13-1840489

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input checked="" type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input checked="" type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

- | | |
|--|---|
| <input checked="" type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment from the organization or a related organization? . . .
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" to line 5a or 5b, describe in Part III.

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" to line 6a or 6b, describe in Part III.

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b	X	
2	X	
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2010

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Use duplicate copies if additional space is needed.

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

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

	(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1	MARC H MORIAL	(i) 400,000. (ii) 0.	190,000. 0.	0. 0.	0. 0.	142,800. 0.	732,800. 0.	734,181. 0.
2	DONALD BOWEN	(i) 208,000. (ii) 0.	0. 0.	0. 0.	0. 0.	74,256. 0.	282,256. 0.	295,674. 0.
3	DENNIS SERRETTE	(i) 208,000. (ii) 0.	0. 0.	0. 0.	0. 0.	74,256. 0.	282,256. 0.	289,174. 0.
4	HERMAN LESSARD	(i) 200,000. (ii) 0.	0. 0.	0. 0.	0. 0.	71,400. 0.	271,400. 0.	279,590. 0.
5	RHONDA SPEARS BELL	(i) 200,000. (ii) 0.	0. 0.	0. 0.	0. 0.	71,400. 0.	271,400. 0.	279,590. 0.
6	STELLA ANNELLE LEWIS	(i) 200,000. (ii) 0.	0. 0.	0. 0.	0. 0.	71,400. 0.	271,400. 0.	278,090. 0.
7	PAUL WYCISK	(i) 182,000. (ii) 0.	0. 0.	0. 0.	0. 0.	64,974. 0.	246,974. 0.	0. 0.
8		(i) --- (ii) ---	---	---	---	---	---	---
9		(i) --- (ii) ---	---	---	---	---	---	---
10		(i) --- (ii) ---	---	---	---	---	---	---
11		(i) --- (ii) ---	---	---	---	---	---	---
12		(i) --- (ii) ---	---	---	---	---	---	---
13		(i) --- (ii) ---	---	---	---	---	---	---
14		(i) --- (ii) ---	---	---	---	---	---	---
15		(i) --- (ii) ---	---	---	---	---	---	---
16		(i) --- (ii) ---	---	---	---	---	---	---

Part III Supplemental Information

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

QUESTIONS REGARDING COMPENSATION

SCHEDULE J, PART I, LINE 1A

THE SPOUSE OF CEO HAS TRAVELED FIRST-CLASS FOR ANY OF THE LEAGUE'S
OUT-OF-TOWN EVENTS. THE FIRST CLASS TRAVEL FOR THE CEO'S SPOUSE WAS NOT
INCLUDED AS TAXABLE INCOME.

LIST OF BOARD MEMBERS

FORM 990, PART VII, SCHEDULE J-2

THIS REPRESENTS THE 2009-2010 BOARD TERM LISTING.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

NATIONAL URBAN LEAGUE, INC.

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2010

**Open to Public
Inspection**

Employer identification number

13-1840489

FORM 990, PART III, LINE 4E

(1) NATIONAL URBAN LEAGUE (NUL) AFFILIATES OFFER SERVICES IN 36 STATES AND THE DISTRICT OF COLUMBIA, TO OVER 350 COMMUNITIES ACROSS THE COUNTRY. THESE PROFESSIONALLY STAFFED OFFICES ARE WHERE NUL SERVICES COME TO LIFE: WHERE PEOPLE AND THEIR NEIGHBORHOODS GROW, CHANGE, AND ARE STRENGTHENED. THE LEAGUE'S AFFILIATE SERVICES DEPARTMENT GOAL IS TO PROVIDE INFORMATION AND TRAINING TO AFFILIATE CEOS, BOARDS, STAFFS, AND VOLUNTEERS TO INCREASE THEIR UNDERSTANDING OF THE LEAGUE'S MISSION, AND TO ENHANCE THEIR PROFESSIONAL SKILLS AND EFFECTIVENESS.

(2) HEALTH AND QUALITY OF LIFE EMPOWERMENT PROMOTES COMMUNITY WELLNESS THROUGH A FOCUS ON PREVENTION, INCLUDING FITNESS, HEALTHY EATING AND ACCESS TO AFFORDABLE HEALTH CARE.

(3) CIVIL RIGHTS AND RACIAL JUSTICE EMPOWERMENT GUARANTEES EQUAL PARTICIPATION IN ALL FACETS OF AMERICAN SOCIETY THROUGH PROACTIVE PUBLIC POLICIES AND COMMUNITY-BASED PROGRAMS.

(4) CENTENNIAL CELEBRATION - DURING 2010, NATIONAL URBAN LEAGUE DEVELOPED THE "I AM EMPOWERED" CAMPAIGN AROUND FOUR EMPOWERMENT GOALS FOR EQUITABLE EDUCATION, EMPLOYMENT, HOUSING AND HEALTH CARE. THE LEAGUE CREATED AND LAUNCHED A "I AM EMPOWERED" SOCIAL MOBILIZATION WEBSITE. THROUGH A ROBUST NATIONAL MULTI-MEDIA CAMPAIGN INDIVIDUALS, COMMUNITIES, CORPORATIONS AND GOVERNMENT AGENCIES WERE ENGAGED IN AN ONGOING CAMPAIGN TO IMPROVE THE

Name of the organization NATIONAL URBAN LEAGUE, INC.	Employer identification number 13-1840489
---	--

STATE OF AMERICA AND ACHIEVE THE EMPOWERMENT GOALS BY 2025. THE LEAGUE ALSO CREATED A MUSEUM-QUALITY EXHIBIT OF ITS HISTORY AND HELD A RECORD SETTING ANNUAL CONFERENCE IN JULY 2010 IN WASHINGTON, DC.

FORM 990, PART VI, LINE 11A

THE LEAGUE'S 990 WILL BE REVIEWED BY THE SENIOR VICE PRESIDENTS, LEGAL COUNSEL, AND AUDIT COMMITTEE. THEREAFTER IN THE FALL, THE BOARD WILL BE PROVIDED WITH THE FORM 990 FOR THEIR REVIEW PROCESS.

FORM 990, PART VI, LINE 12C

ANNUALLY, HUMAN RESOURCES REQUESTS THAT EACH EMPLOYEE REVIEW AND SIGN THE POLICY. IN ADDITION, SELF-DISCLOSURE AND THE REVIEW OF CONTRACTS BEFORE APPROVAL HELPS MONITOR AND ENFORCE THE POLICY.

FORM 990, PART VI, LINE 15A & 15B

THE CEO'S COMPENSATION IS APPROVED BY THE BOARD COMPENSATION COMMITTEE. STAFF MEMBERS' COMPENSATIONS ARE REVIEWED AND APPROVED BY HUMAN RESOURCES AND THE CEO. THE LEAGUE DOES NOT HAVE ANY OFFICERS OR KEY EMPLOYEES THAT ARE COMPENSATED. THE CEO IS THE ONLY STAFF PERSON WHO HOLDS A POSITION ON THE BOARD. ALTHOUGH THE OTHER HIGH LEVEL STAFF MEMBERS LISTED ARE NOT KEY EMPLOYEES, THEY LEAD AND MANAGE THE LEAGUE'S DEPARTMENTS BUT DO NOT HAVE OVERALL ORGANIZATIONAL RESPONSIBILITIES, POWERS OR INFLUENCE OVER THE ORGANIZATION THAT CEO AND THE TRUSTEES HAVE.

FORM 990, PART IV, LINE 19

GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE PER

Name of the organization NATIONAL URBAN LEAGUE, INC.	Employer identification number 13-1840489
---	--

REQUEST. FINANCIAL STATEMENTS ARE AVAILABLE ON THE WEBSITE, IN ANNUAL REPORT, AND PER REQUEST.

ATTACHMENT 1

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

THE URBAN LEAGUE IS A NONPARTISAN, CIVIL RIGHTS AND COMMUNITY-BASED MOVEMENT THAT SERVES OVER TWO MILLION PEOPLE EACH YEAR, PROVIDING DIRECT SERVICES, RESEARCH, AND POLICY ADVOCACY TO HELP INDIVIDUALS AND COMMUNITIES REACH THEIR FULLEST POTENTIAL. PRIMARILY WORKING WITH AFRICAN-AMERICANS AND OTHER EMERGING ETHNIC COMMUNITIES, THE LEAGUE'S NETWORK OF OVER 100 PROFESSIONALLY STAFFED AFFILIATES IN OVER 36 STATES AND THE DISTRICT OF COLUMBIA ACROSS THE NATION WORKS TO CLOSE EQUALITY GAPS FOR PEOPLE AT ALL ECONOMIC LEVELS AND STAGES OF LIFE, AND GIVES CITIZENS A CHANCE TO GIVE BACK AS VOLUNTEERS.

ATTACHMENT 2

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES

<u>DESCRIPTION</u>	<u>GRANTS</u>	<u>EXPENSES</u>	<u>REVENUE</u>
NATIONAL URBAN LEAGUE AFFILIATES	6,012.	1,855,053.	1,048,153.
HEALTH AND QUALITY OF LIFE EMPOWERMENT	391,319.	1,075,181.	
CIVIL RIGHTS AND RACIAL JUSTICE EMPOWERMENT	12.	287,666.	
CENTENNIAL CELEBRATION		5,657,003.	2,132,725.
TOTALS	<u>397,343.</u>	<u>8,874,903.</u>	<u>3,180,878.</u>

ATTACHMENT 3

FORM 990, PART VI, LINE 17 - STATES

AL, AK, AZ, AR, CA, CO, CT,
DC, FL, GA, IL, KS, KY, LA, ME, MD, MA, MI,

Name of the organization NATIONAL URBAN LEAGUE, INC.	Employer identification number 13-1840489
---	--

ATTACHMENT 3 (CONT'D)

FORM 990, PART VI, LINE 17 - STATES

MN, MS, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA,

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

ATTACHMENT 4

PART VII - CONTINUATION OF OFFICERS, DIRECTORS, TRUSTEES,
KEY EMPLOYEES AND HIGHEST COMPENSATED EMPLOYEES

(1)=IND. TRUSTEE/DIR. (2)=INS. TRUSTEE (3)=OFFICER (4)=KEY EMP. (5)=HIGHEST COMP. (6)=FORMER

(A) NAME AND TITLE	(B) HOURS	(C) POSITION						COMPENSATION FROM		
		(1)	(2)	(3)	(4)	(5)	(6)	(D) ORG.	(E) REL. ORG.	(F) OTHER
29 THE HONORABLE RODNEY E SLATER TRUSTEE	1.00	X						0.	0.	0.
30 GINA STIKES TRUSTEE	1.00	X						0.	0.	0.
31 NICOLE C WHITTINGTON ESQ TRUSTEE	1.00	X						0.	0.	0.
32 RAYFORD WILKINS, JR TRUSTEE	1.00	X						0.	0.	0.
33 B MICHAEL YOUNG TRUSTEE	1.00	X						0.	0.	0.
34 REGINALD K BRACK JR HONORARY TRUSTEE	1.00	X						0.	0.	0.
35 DAVID T KEARNS HONORARY TRUSTEE	1.00	X						0.	0.	0.
36 THEODORE W KHEEL HONORARY TRUSTEE	1.00	X						0.	0.	0.
37 ROBERT C LARSON HONORARY TRUSTEE	1.00	X						0.	0.	0.
38 KENNETH D LEWIS HONORARY TRUSTEE	1.00	X						0.	0.	0.
39 JONATHAN S LINEN HONORARY TRUSTEE	1.00	X						0.	0.	0.
40 CRYSTAL . ASHBY TRUSTEE	1.00	X						0.	0.	0.
41 FRANKIE M. BROWN TRUSTEE	1.00	X						0.	0.	0.
42 JON R. CAMPBELL TRUSTEE	1.00	X						0.	0.	0.
43 MYRON GRAY TRUSTEE	1.00	X						0.	0.	0.
44 SAMUEL H. HOWARD TRUSTEE	1.00	X						0.	0.	0.
45 JANICE BRYANT HOWROYD TRUSTEE	1.00	X						0.	0.	0.
46 LAWRENCE S. JONES										

Name of the organization NATIONAL URBAN LEAGUE, INC.	Employer identification number 13-1840489
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				ATTACHMENT 4 (CONT'D)		
	TRUSTEE	1.00	X	0.	0.	0.
47	JACQULYN SHROPSHIRE					
	TRUSTEE	1.00	X	0.	0.	0.
48	BARTON TAYLOR					
	TRUSTEE	1.00	X	0.	0.	0.
49	DENNIS WELCH					
	TRUSTEE	1.00	X	0.	0.	0.
50	PAUL WYCISK					
	SVP OF FINANCE/CFO	40.00	X	182,000.	0.	64,974.
51	DONALD BOWEN					
	SVP OF PROGRAM SERVICES	40.00	X	208,000.	0.	74,256.
52	DENNIS SERRETTE					
	SVP OF DEVELOPMENT	40.00	X	208,000.	0.	74,256.
53	HERMAN LESSARD					
	SVP OF AFFILIATE SERVICES	40.00	X	200,000.	0.	71,400.
54	RHONDA SPEARS BELL					
	SVP OF MARKETING/COMMUNICATION	40.00	X	200,000.	0.	71,400.
55	STELLA ANNELLE LEWIS					
	EXEC. DIRECTOR OF CENTENNIAL	40.00	X	200,000.	0.	71,400.

ATTACHMENT 5

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
VIBRANT DESIGN GROUP, LLC 554 NORTH FREDERICK RD. STE. 101 GAITHERSBURG, MD 20877	DESIGN/CONSTRUCTION	1,183,000.
ONE ECONOMY 1220 19TH STREET NW SUITE 610 WASHINGTON, DC 20036	MARKETING SERVICES	860,000.
VISION TECHNICAL GROUP, INC. 216 BROOKE ROAD POTTSTOWN, PA 19464	AUDIO VISUAL SVCS	537,632.
HARGROVE, INC. ONE HARGROVE DRIVE LANHAM, MD 20706	DESIGNING	453,085.
CENTERPLATE 801 MOUNT VERNON PLACE, NW WASHINGTON, DC 20001	EVENT CATERING SVCS	424,390.
TOTAL COMPENSATION		<u>3,458,107.</u>

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2010

**Open to Public
Inspection**

Name of the organization

NATIONAL URBAN LEAGUE, INC.

Employer identification number

13-1840489

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) -----					
(2) -----					
(3) -----					
(4) -----					
(5) -----					
(6) -----					

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(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))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) -----							
(2) -----							
(3) -----							
(4) -----							
(5) -----							
(6) -----							
(7) -----							

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

Schedule R (Form 990) 2010

Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) ECOS-JV_208088297 120 WALL STREET NEW YORK	CONSULTING	NY	SEE PART VII	SEE PART VII				X	0.			
(2) _____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
(3) _____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
(4) _____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
(5) _____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
(6) _____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
(7) _____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1) _____	_____	_____	_____	_____	_____	_____	_____
(2) _____	_____	_____	_____	_____	_____	_____	_____
(3) _____	_____	_____	_____	_____	_____	_____	_____
(4) _____	_____	_____	_____	_____	_____	_____	_____
(5) _____	_____	_____	_____	_____	_____	_____	_____
(6) _____	_____	_____	_____	_____	_____	_____	_____
(7) _____	_____	_____	_____	_____	_____	_____	_____

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

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
- b** Gift, grant, or capital contribution to other organization(s)
- c** Gift, grant, or capital contribution from other organization(s)
- d** Loans or loan guarantees to or for other organization(s)
- e** Loans or loan guarantees by other organization(s)
- f** Sale of assets to other organization(s)
- g** Purchase of assets from other organization(s)
- h** Exchange of assets
- i** Lease of facilities, equipment, or other assets to other organization(s)
- j** Lease of facilities, equipment, or other assets from other organization(s)
- k** Performance of services or membership or fundraising solicitations for other organization(s)
- l** Performance of services or membership or fundraising solicitations by other organization(s)
- m** Sharing of facilities, equipment, mailing lists, or other assets
- n** Sharing of paid employees
- o** Reimbursement paid to other organization for expenses
- p** Reimbursement paid by other organization for expenses
- q** Other transfer of cash or property to other organization(s)
- r** Other transfer of cash or property from other organization(s)

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(1)	FCOS-JV	K	414,033.	ACCRUAL BASIS
(2)				
(3)				
(4)				
(5)				
(6)				

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.

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)		(18)		
																Yes	No	Yes	No	
(1) -----			(4) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?	(e) Share of end-of-year assets	(f) Disproportionate allocations?	(g) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?							Yes	No	Yes	No
(2) -----																				
(3) -----																				
(4) -----																				
(5) -----																				
(6) -----																				
(7) -----																				
(8) -----																				
(9) -----																				
(10) -----																				
(11) -----																				
(12) -----																				
(13) -----																				
(14) -----																				
(15) -----																				
(16) -----																				

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

FORM 990, SCHEDULE R, PART III

COLUMN (D) DIRECT CONTROLLING ENTITY - NUL IS THE MANAGING AGENT FOR THE JV.

COLUMN (E) PREDOMINANT INCOME - INCOME IS DERIVED FOR STONEHENGE DEVELOPING DEALS THROUGH NEW MARKETS CREDITS THAT ARE SOLD TO BANKS FOR LENDING TO QUALIFIED LOW INCOME AREAS. THE INCOME IS THEN USED TO FUND THE FINANCIAL COUNSELING PROGRAMS ADMINISTERED BY THE AFFILIATES WHO ARE FUNDED.

COLUMN (F) SHARE OF TOTAL INCOME - THE INCOME IS SHARED EQUALLY AMONG THE 5 PARTNERS; HOWEVER, ALL OF THE INCOME PRIMARILY SENT THE AFFILIATES FOR THE FINANCIAL COUNSELING PROGRAMS WITH A SMALL MANAGEMENT FEE PAID TO NUL.

COLUMN (G) SHARE OF END-OF-YEAR ASSETS - ALL OF THE INCOME PRIMARILY SENT THE AFFILIATES FOR THE FINANCIAL COUNSELING PROGRAMS WITH A SMALL MANAGEMENT FEE PAID TO NUL.

COLUMN (J) GENERAL OR MANAGING PARTNER - NUL IS THE MANAGING AGENT.

COLUMN (K) PERCENTAGE OWNERSHIP - SHARED EQUALLY AMONG 5 PARTNERS.