

**Return of Organization Exempt From Income Tax**

**2012**

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

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 2012 calendar year, or tax year beginning** , 2012, and ending , 20

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization NATIONAL URBAN LEAGUE, INC. Doing Business As		<b>D</b> Employer identification number 13-1840489
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 120 WALL STREET 8TH FL		<b>E</b> Telephone number (212) 558-5300
	City, town or post office, state, and ZIP code NEW YORK, NY 10005		<b>G</b> Gross receipts \$ 49,405,147.
	<b>F</b> Name and address of principal officer: MARC H. MORIAL 120 WALL STREET, 8TH FL NEW YORK, NY 10005		<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
	<b>I</b> 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		<b>H(c)</b> Group exemption number
<b>J</b> Website: WWW.NUL.ORG			
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other			<b>L</b> Year of formation: 1910 <b>M</b> State of legal domicile: NY

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: ENABLE AFRICAN-AMERICAN AND OTHER EMERGING URBAN COMMUNITIES TO SECURE ECONOMIC SELF-RELIANCE, PARITY, POWER AND CIVIL RIGHTS.		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	3	42.
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	4	41.
	<b>5</b> Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5	143.
	<b>6</b> Total number of volunteers (estimate if necessary)	6	40.
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	7b	0	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	<b>9</b> Program service revenue (Part VIII, line 2g)	37,128,976.	40,203,017.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	7,192,753.	7,262,062.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	514,573.	173,468.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	45,765,203.	48,161,685.
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	19,465,400.	18,587,829.
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	13,213,317.	13,166,835.
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	375,626.	468,402.
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25)	3,159,370.	
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	14,994,949.	15,034,453.
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	48,049,292.	47,257,519.
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	-2,284,089.	904,166.	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	<b>21</b> Total liabilities (Part X, line 26)	45,425,678.	46,644,943.
	<b>22</b> Net assets or fund balances Subtract line 21 from line 20.	16,865,523.	16,397,353.
		28,560,155.	30,247,590.

**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: *Paul Wycisk* Date: 10/31/13  
 Type or print name and title: Paul Wycisk CFO

**Paid Preparer Use Only**  
 Print/Type preparer's name: FREDERICK DAVIS Preparer's signature: *[Signature]* Date: 10/31/13  
 Check  if self-employed PTIN: P00446023  
 Firm's name: MITCHELL & TITUS, LLP Firm's EIN: 13-2781641  
 Firm's address: ONE BATTERY PARK PLAZA NEW YORK, NY 10004 Phone no.: 212-709-4500

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

**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 organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations 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 \$ 20,605,164. including grants of \$ 15,912,491. ) (Revenue \$ 540,195. )  
ECONOMIC EMPOWERMENT INVESTS IN THE FINANCIAL LITERACY AND EMPLOYABILITY OF ADULTS THROUGH JOB TRAINING, HOME OWNERSHIP COUNSELING AND ENTREPRENEURSHIP SUPPORT.

4b (Code: ) (Expenses \$ 6,103,492. including grants of \$ 2,073,360. ) (Revenue \$ 1,244,349. )  
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 \$ 8,951,503. including grants of \$ 260,765. ) (Revenue \$ 4,842,763. )  
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 \$ 3,081,119. including grants of \$ 341,213. ) (Revenue \$ 1,150,734. )

4e Total program service expenses ▶ 38,741,278.

**Part IV Checklist of Required Schedules**

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

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

		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i>	X	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III.</i>	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i>	X	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25.</i>		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25 a	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i>		X
b	is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I.</i>		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II.</i>		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III.</i>		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV Instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		X
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV.</i>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i>		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.</i>		X
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b	if "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI.</i>		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	X	



**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. . . . .		
1a	159		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. . . . .		
1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	X	
1c			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . . . . .		
2a	143		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions). . . . .	X	
2b			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .		X
3a			
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O . . . . .		
3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .		X
4a			
b	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .		X
5a			
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . . . .		X
5b			
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? . . . . .		
5c			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . . . .		X
6a			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .		
6b			
7	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .	X	
7a			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .	X	
7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .		X
7c			
d	If "Yes," indicate the number of Forms 8282 filed during the year . . . . .		
7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .		X
7e			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .		X
7f			
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .		
7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .		
7h			
8	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? . . . . .		
8			
9	<b>Sponsoring organizations maintaining donor advised funds.</b>		
a	Did the organization make any taxable distributions under section 4966? . . . . .		
9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person? . . . . .		
9b			
10	<b>Section 501(c)(7) organizations.</b> Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12 . . . . .	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . .	10b	
11	<b>Section 501(c)(12) organizations.</b> Enter:		
a	Gross income from members or shareholders . . . . .	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . .	11b	
12a	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? . . . . .	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . . . .	12b	
13	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
a	Is the organization licensed to issue qualified health plans in more than one state? . . . . . <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans . . . . .	13b	
c	Enter the amount of reserves on hand . . . . .	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year? . . . . .	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .	14b	

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 columns for question number, description, and Yes/No checkboxes. Includes questions 1a-1b, 2, 3, 4, 5, 6, 7a-7b, 8a-8b, and 9.

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

Table with columns for question number, description, and Yes/No checkboxes. Includes questions 10a-10b, 11a-11b, 12a-12c, 13, 14, 15a-15b, 16a-16b.

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 (Section 501(c)(3)s only) available for public inspection.
19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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) THE HONORABLE ALEXIS M HERMAN VICE CHAIR	1.00	X		X				0	0	0
(4) PAUL MCKINNON SECRETARY	1.00	X		X				0	0	0
(5) JON R CAMPBELL TREASURER	1.00	X		X				0	0	0
(6) MARC H MORIAL PRESIDENT AND CEO	40.00	X		X			600,000.	0	131,880.	
(7) CRYSTAL ASHBY TRUSTEE	1.00	X						0	0	0
(8) KENDRICK F ASHTON TRUSTEE	1.00	X						0	0	0
(9) KHARY P BARNES TRUSTEE	1.00	X						0	0	0
(10) FRANKIE M BROWN 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) VICTOR L CRAWFORD 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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
15) DAVID C DARNELL TRUSTEE	1.00	X						0	0	0
16) TRACY FAULKNER TRUSTEE	1.00	X						0	0	0
17) MYRON GRAY TRUSTEE	1.00	X						0	0	0
18) EFFENUS HENDERSON TRUSTEE	1.00	X						0	0	0
19) THERESA HOPKINS-STATEN, ESQ TRUSTEE	1.00	X						0	0	0
20) SAMUEL H HOWARD TRUSTEE	1.00	X						0	0	0
21) HARRY E JOHNSON, SR TRUSTEE	1.00	X						0	0	0
22) LAWRENCE S JONES TRUSTEE	1.00	X						0	0	0
23) GALE V KING TRUSTEE	1.00	X						0	0	0
24) DR. KASE LUKMAN LAWAL TRUSTEE	1.00	X						0	0	0
25) WARREN E LOGAN TRUSTEE	1.00	X						0	0	0
<b>1b Sub-total</b>								600,000.	0	131,880.
<b>c Total from continuation sheets to Part VII, Section A</b>								1,145,703.	0	334,976.
<b>d Total (add lines 1b and 1c)</b>								1,745,703.	0	466,856.

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

	Yes	No
<b>3</b> Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	X	
<b>4</b> 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? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	X	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .		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. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 4		

**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 **▶ 12**



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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
26) JOHN W MACK ----- TRUSTEE	1.00	X						0	0	0
27) THOMAS A MARS ----- TRUSTEE	1.00	X						0	0	0
28) MURRAY D MARTIN ----- TRUSTEE	1.00	X						0	0	0
29) MICHAEL F NEIDORFF ----- TRUSTEE	1.00	X						0	0	0
30) WILLIAM F PICKARD, PH.D ----- TRUSTEE	1.00	X						0	0	0
31) BRANDI RICHARD ----- TRUSTEES	1.00	X						0	0	0
32) RYNTHIA ROST ----- TRUSTEE	1.00	X						0	0	0
33) JACOULYN SHROPSHIRE ----- TRUSTEE	1.00	X						0	0	0
34) THE HONORABLE RODNEY E SLATER ----- TRUSTEE	1.00	X						0	0	0
35) DENNIS WELCH ----- TRUSTEE	1.00	X						0	0	0
36) RAYFORD WILKINS, JR ----- TRUSTEE	1.00	X						0	0	0
<b>1b Sub-total</b> . . . . .										
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .										
<b>d Total (add lines 1b and 1c)</b> . . . . .										

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

	Yes	No
<b>3</b> Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	X	
<b>4</b> 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? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	X	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .		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. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
37) HOWARD E WOOLLEY TRUSTEE	1.00	X						0	0	0
38) REGINALD K BRACK JR HONORARY TRUSTEE	1.00	X						0	0	0
39) M ANTHONY BURNS HONORARY TRUSTEE	1.00	X						0	0	0
40) MICHAEL CRITELLI HONORARY TRUSTEE	1.00	X						0	0	0
41) KENNETH D LEWIS HONORARY TRUSTEE	1.00	X						0	0	0
42) JONATHAN S LINEN HONORARY TRUSTEE	1.00	X						0	0	0
43) MICHAEL MILLER SVP OF PROGRAM SERVICES	40.00					X		229,795.	0	65,940.
44) DONALD BOWEN SVP OF PROGRAM SERVICES	40.00					X		228,604.	0	68,578.
45) DENNIS SERRETTE SVP OF DEVELOPMENT	40.00					X		221,104.	0	68,578.
46) CHANELLE HARDY EXECUTIVE DIRECTOR	40.00					X		212,600.	0	65,940.
47) PAUL WYCISK SVP OF FINANCE/CFO	40.00					X		212,600.	0	65,940.
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

	Yes	No
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	X	
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
48) JOHN JACOB FORMER PRESIDENT & CEO	0						X	41,000.	0	0
<b>1b Sub-total</b> . . . . .										
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .										
<b>d Total (add lines 1b and 1c)</b> . . . . .										

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of 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. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

**Part VIII Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	1a	Federated campaigns . . . . .	1a 9,671.			
	b	Membership dues . . . . .	1b			
	c	Fundraising events . . . . .	1c 1,570,600.			
	d	Related organizations . . . . .	1d			
	e	Government grants (contributions) . . . . .	1e 15,687,663.			
	f	All other contributions, gifts, grants, and similar amounts not included above . . . . .	1f 22,935,083.			
	g	Noncash contributions included in lines 1a-1f: \$ . . . . .				
	h	<b>Total. Add lines 1a-1f . . . . .</b>		40,203,017.		
<b>Program Service Revenue</b>	2a	FRANCHISE FEES . . . . .	Business Code 900099	981,500.	981,500.	
	b	CONFERENCE . . . . .	900099	666,317.	666,317.	
	c	EXHIBITOR INCOME . . . . .	900099	498,324.	498,324.	
	d	MEMBERSHIP FEES . . . . .	900099	47,311.	47,311.	
	e	SPONSORSHIP INCOME . . . . .	900099	5,068,610.	5,068,610.	
	f	All other program service revenue . . . . .				
	g	<b>Total. Add lines 2a-2f . . . . .</b>		7,262,062.		
<b>Other Revenue</b>	3	Investment income (including dividends, interest, and other similar amounts). ATTACHMENT 5 . . . . .		454,946.		454,946.
	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	763,893.		
	b	Less: cost or other basis and sales expenses . . . . .		1,045,371.		
	c	Gain or (loss) . . . . .		-281,478.		
	d	Net gain or (loss) . . . . .		-281,478.		-281,478.
	8a	Gross income from fundraising events (not including \$ 1,570,600. of contributions reported on line 1c). See Part IV, line 18 . . . . . a	ATTACH 6	205,250.		
	b	Less: direct expenses . . . . . b		198,091.		
	c	Net income or (loss) from fundraising events . . . . .		7,159.		7,159.
	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					
c	Net income or (loss) from sales of inventory . . . . .		0			
Miscellaneous Revenue			Business Code			
11a	PUBLICATION OF SALE . . . . .	900099	38,157.	38,157.		
b	STONEHENGE EARNED DEALS . . . . .	900099	283,050.	283,050.		
c	REBATES/COMMISSION . . . . .	900099	151,843.	151,843.		
d	All other revenue . . . . .	900099	42,929.	42,929.		
e	<b>Total. Add lines 11a-11d . . . . .</b>		515,979.			
12	<b>Total revenue. See Instructions . . . . .</b>		48,161,685.	7,778,041.		180,627.

**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).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21 . . . . .	18,448,626.	18,448,626.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22 . . . . .	139,203.	139,203.		
3 Grants and other assistance to governments, organizations, and individuals outside the United States. 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 . . . . .	1,013,729.	447,039.	566,690.	
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 . . . . .	9,101,537.	6,181,519.	1,798,801.	1,121,217.
8 Pension plan accruals and contributions (Include section 401(k) and 403(b) employer contributions) . . . . .	1,092,184.	741,782.	215,856.	134,546.
9 Other employee benefits . . . . .	1,365,231.	927,228.	269,820.	168,183.
10 Payroll taxes . . . . .	594,154.	403,533.	117,406.	73,215.
11 Fees for services (non-employees):				
a Management . . . . .	0			
b Legal . . . . .	686,671.	519,933.	73,080.	93,658.
c Accounting . . . . .	132,356.	100,203.	14,093.	18,060.
d Lobbying . . . . .	0			
e Professional fundraising services. See Part IV, line 17 . . . . .	468,402.			468,402.
f Investment management fees . . . . .	0			
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . . . .	5,870,593.	4,825,394.	678,063.	367,136.
12 Advertising and promotion . . . . .	0			
13 Office expenses . . . . .	1,309,611.	946,078.	248,486.	115,047.
14 Information technology . . . . .	0			
15 Royalties . . . . .	0			
16 Occupancy . . . . .	2,028,851.	1,334,938.	460,631.	233,282.
17 Travel . . . . .	2,129,747.	1,439,023.	500,043.	190,681.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	0			
19 Conferences, conventions, and meetings . . . . .	1,448,315.	1,448,315.		
20 Interest . . . . .	0			
21 Payments to affiliates . . . . .	0			
22 Depreciation, depletion, and amortization . . . . .	393,576.	277,218.	67,913.	48,445.
23 Insurance . . . . .	151,175.	100,309.	33,338.	17,528.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a SUBSCRIPTIONS / PUBLICATIONS	181,989.	123,285.	31,137.	27,567.
b BAD DEBTS	236,587.	103,242.	123,345.	10,000.
c AWARD AND GRANT	7,014.		3,309.	3,705.
d MISCELLANEOUS	457,968.	234,410.	154,860.	68,698.
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	47,257,519.	38,741,278.	5,356,871.	3,159,370.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . .	0			



**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing	7,924,365.	<b>1</b>	8,039,052.
	<b>2</b> Savings and temporary cash investments	5,030,035.	<b>2</b>	5,194,727.
	<b>3</b> Pledges and grants receivable, net	11,425,322.	<b>3</b>	9,858,451.
	<b>4</b> Accounts receivable, net	592,819.	<b>4</b>	698,155.
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		<b>5</b>	0
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see Instructions). Complete Part II of Schedule L		<b>6</b>	0
	<b>7</b> Notes and loans receivable, net		<b>7</b>	0
	<b>8</b> Inventories for sale or use		<b>8</b>	0
	<b>9</b> Prepaid expenses and deferred charges	114,876.	<b>9</b>	423,402.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> 5,689,220.		
	<b>b</b> Less: accumulated depreciation	<b>10b</b> 3,853,939.	<b>10c</b>	1,835,281.
	<b>11</b> Investments - publicly traded securities	18,833,273.	<b>11</b>	20,368,924.
	<b>12</b> Investments - other securities. See Part IV, line 11		<b>12</b>	0
	<b>13</b> Investments - program-related. See Part IV, line 11		<b>13</b>	0
	<b>14</b> Intangible assets		<b>14</b>	0
	<b>15</b> Other assets. See Part IV, line 11	229,863.	<b>15</b>	226,951.
<b>16</b> Total assets. Add lines 1 through 15 (must equal line 34)	45,425,678.	<b>16</b>	46,644,943.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses	4,280,304.	<b>17</b>	4,794,817.
	<b>18</b> Grants payable		<b>18</b>	0
	<b>19</b> Deferred revenue	3,497,024.	<b>19</b>	2,247,769.
	<b>20</b> Tax-exempt bond liabilities		<b>20</b>	0
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D		<b>21</b>	0
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		<b>22</b>	0
	<b>23</b> Secured mortgages and notes payable to unrelated third parties		<b>23</b>	0
	<b>24</b> Unsecured notes and loans payable to unrelated third parties		<b>24</b>	0
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	9,088,195.	<b>25</b>	9,354,767.
	<b>26</b> Total liabilities. Add lines 17 through 25	16,865,523.	<b>26</b>	16,397,353.
<b>Net Assets or Fund Balances</b>	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	<b>27</b> Unrestricted net assets	-4,705,308.	<b>27</b>	-4,395,009.
	<b>28</b> Temporarily restricted net assets	13,243,398.	<b>28</b>	14,620,534.
	<b>29</b> Permanently restricted net assets	20,022,065.	<b>29</b>	20,022,065.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	<b>30</b> Capital stock or trust principal, or current funds		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds		<b>32</b>	
<b>33</b> Total net assets or fund balances	28,560,155.	<b>33</b>	30,247,590.	
<b>34</b> Total liabilities and net assets/fund balances	45,425,678.	<b>34</b>	46,644,943.	

**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	48,161,685.
2	Total expenses (must equal Part IX, column (A), line 25)	2	47,257,519.
3	Revenue less expenses. Subtract line 2 from line 1	3	904,166.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	28,560,155.
5	Net unrealized gains (losses) on investments	5	1,831,579.
6	Donated services and use of facilities	6	0
7	Investment expenses	7	0
8	Prior period adjustments	8	0
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-1,048,310.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	30,247,590.

**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? . . . . . If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? . . . . . If "Yes," check a box below to indicate whether the financial statements for the year were audited 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	X	
2c	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.	X	
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? . . . . .	X	
3b	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	X	

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

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2012**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

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

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

**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-Non-functionally integrated
- 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?
 

	Yes	No
(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? .....	11g(i)	
(ii) A family member of a person described in (i) above? .....	11g(ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above? .....	11g(iii)	
- h Provide the following information about the supported organization(s).

(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 monetary support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
<b>Total</b>									

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

Schedule A (Form 990 or 990-EZ) 2012

**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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	35,064,904.	37,159,307.	41,611,245.	37,128,976.	40,203,017.	191,167,449.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						0
4 Total. Add lines 1 through 3 . . . . .	35,064,904.	37,159,307.	41,611,245.	37,128,976.	40,203,017.	191,167,449.
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). . . . .						1,966,187.
6 Public support. Subtract line 5 from line 4.						189,201,262.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4 . . . . .	35,064,904.	37,159,307.	41,611,245.	37,128,976.	40,203,017.	191,167,449.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .	895,874.	486,743.	381,899.	547,515.	454,946.	2,766,977.
9 Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .	4,756,387.	4,901,201.	803,182.	1,015,296.	515,979.	11,992,045.
11 Total support. Add lines 7 through 10 . . . . .						205,926,471.
12 Gross receipts from related activities, etc. (see instructions) . . . . .					12	26,017,122.
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 2012 (line 6, column (f) divided by line 11, column (f)) . . . . .	14	91.88 %
15 Public support percentage from 2011 Schedule A, Part II, line 14 . . . . .	15	88.91 %
16a 33 1/3 % support test - 2012. 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 - 2011. 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 - 2012. 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 - 2011. 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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6. . . . .						
10a 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 2012 (line 8, column (f) divided by line 13, column (f)). . . . .	15	%
16 Public support percentage from 2011 Schedule A, Part III, line 15. . . . .	16	%

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

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f)) . . . . .	17	%
18 Investment income percentage from 2011 Schedule A, Part III, line 17 . . . . .	18	%

19a 33 1/3% support tests - 2012. 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 - 2011. 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 ▶



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

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**Political Campaign and Lobbying Activities**

**2012**

**Open to Public Inspection**

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

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

▶ **See separate instructions.**

Department of the Treasury  
Internal Revenue Service

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, 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 35c (Proxy Tax), then

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

Name of organization <b>NATIONAL URBAN LEAGUE, INC.</b>	Employer identification number <b>13-1840489</b>
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**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 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 the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) 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)	-----			

**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 (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).  
**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												
<b>1 a</b>	Total lobbying expenditures to influence public opinion (grass roots lobbying) . . . . .	27,278.													
<b>b</b>	Total lobbying expenditures to influence a legislative body (direct lobbying) . . . . .	149,670.													
<b>c</b>	Total lobbying expenditures (add lines 1a and 1b) . . . . .	176,948.													
<b>d</b>	Other exempt purpose expenditures . . . . .	47,080,571.													
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d) . . . . .	47,257,519.													
<b>f</b>	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.		
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.														
<b>g</b>	Grassroots nontaxable amount (enter 25% of line 1f) . . . . .	250,000.													
<b>h</b>	Subtract line 1g from line 1a. If zero or less, enter -0- . . . . .	0	0												
<b>i</b>	Subtract line 1f from line 1c. If zero or less, enter -0- . . . . .	0	0												
<b>j</b>	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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) Total
<b>2 a</b> Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					6,000,000.
<b>c</b> Total lobbying expenditures	308,133.	240,530.	217,793.	176,948.	943,404.
<b>d</b> Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
<b>f</b> Grassroots lobbying expenditures	16,130.	29,635.	30,468.	27,278.	103,511.

**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)).**

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

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities?			
j Total. Add lines 1c through 1i			
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).**

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?	3	

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

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	

**Part IV Supplemental Information**

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, line 2; and Part II-B, line 1. Also, complete this part for any additional information.

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**Part IV** Supplemental Information *(continued)*

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**SCHEDULE D  
(Form 990)**

**Supplemental Financial Statements**

OMB No. 1545-0047

**2012**

**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, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**  
▶ **Attach to Form 990. ▶ See separate instructions.**

Name of the organization  
**NATIONAL URBAN LEAGUE, INC.**

Employer identification number  
**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.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year . . . . .		
2 Aggregate contributions to (during year) . . . . .		
3 Aggregate grants from (during year) . . . . .		
4 Aggregate value at end of year . . . . .		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No	

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

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

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

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

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

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? . . . . .  Yes  No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

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

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

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

- 1a if the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.
- b if the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
- (i) Revenues included in Form 990, Part VIII, line 1 . . . . . ▶ \$ \_\_\_\_\_
- (ii) Assets included in Form 990, Part X . . . . . ▶ \$ \_\_\_\_\_
- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:
- a Revenues included in Form 990, Part VIII, line 1 . . . . . ▶ \$ \_\_\_\_\_
- b Assets included in Form 990, Part X . . . . . ▶ \$ \_\_\_\_\_

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

Schedule D (Form 990) 2012

**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 XIII.

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

**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 XIII and complete the following table:

	Amount
c Beginning balance . . . . .	<b>1c</b>
d Additions during the year . . . . .	<b>1d</b>
e Distributions during the year . . . . .	<b>1e</b>
f Ending balance . . . . .	<b>1f</b>

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

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII. . . . .  Yes  No

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance . . . . .	19,118,514.	19,914,098.	18,657,339.	15,919,014.	20,351,678.
b Contributions . . . . .				57,000.	
c Net investment earnings, gains, and losses . . . . .	2,020,197.	-159,489.	2,315,047.	2,829,887.	-3,273,673.
d Grants or scholarships . . . . .					
e Other expenditures for facilities and programs . . . . .	765,789.	636,095.	1,058,288.	148,562.	1,158,991.
f Administrative expenses . . . . .					
g End of year balance . . . . .	20,372,922.	19,118,514.	19,914,098.	18,657,339.	15,919,014.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment ▶ 1.7220 %
- b Permanent endowment ▶ 98.2780 %
- c Temporarily restricted endowment ▶ \_\_\_\_\_ %

The percentages in lines 2a, 2b, and 2c should equal 100%.

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 XIII the intended uses of the organization's endowment funds.

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

Description of property	(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 . . . . .		2,406,711.	1,792,714.	613,997.
d Equipment . . . . .		953,638.	659,644.	293,994.
e Other . . . . .		2,328,871.	1,401,581.	927,290.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . . .				1,835,281.

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

(a) Description of security or category (Including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives . . . . .		
(2) Closely-held equity interests . . . . .		
(3) Other _____		
(A) _____		
(B) _____		
(C) _____		
(D) _____		
(E) _____		
(F) _____		
(G) _____		
(H) _____		
(I) _____		
<b>Total.</b> (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)		
<b>Total.</b> (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)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) . . . . . ▶	

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ACCRUED PENSION BENEFIT COST	7,728,819.
(3) DEFERRED RENT CREDIT	263,020.
(4) ACCRUED PAYROLL AND VACATION	794,323.
(5) ACCRUED DEFINED CONTRIBUTION COSTS	568,605.
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	9,354,767.

2. FIN 48 (ASC 740) Footnote. In Part XIII, 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). Check here if the text of the footnote has been provided in Part XIII, . . . . .

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	67,323,703.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains on investments	<b>2a</b>	1,831,579.
<b>b</b>	Donated services and use of facilities	<b>2b</b>	17,132,348.
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	198,091.
<b>e</b>	Add lines 2a through 2d	<b>2e</b>	19,162,018.
<b>3</b>	Subtract line 2e from line 1	<b>3</b>	48,161,685.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines 4a and 4b	<b>4c</b>	
<b>5</b>	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	<b>5</b>	48,161,685.

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	64,587,958.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	17,132,348.
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	198,091.
<b>e</b>	Add lines 2a through 2d	<b>2e</b>	17,330,439.
<b>3</b>	Subtract line 2e from line 1	<b>3</b>	47,257,519.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines 4a and 4b	<b>4c</b>	
<b>5</b>	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	<b>5</b>	47,257,519.

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

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 SEE PAGE 5  
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**Part XIII Supplemental Information (continued)**

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FORM 990, SCHEDULE D, PART V, LINE 4

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

FIN 48 (ASC 740) FOOTNOTES

FORM 990, SCHEDULE D, PART X, LINE 2

MANAGEMENT HAS ANALYZED THE TAX POSITIONS TAKEN BY THE LEAGUE AND HAS CONCLUDED THAT AS OF DECEMBER 31, 2012 AND 2011, THERE ARE NO UNCERTAIN TAX POSITIONS TAKEN OR ARE TO BE TAKEN. ACCORDINGLY, NO INTEREST OR PENALTIES RELATED TO UNCERTAIN TAX POSITIONS HAVE BEEN ACCRUED IN THE ACCOMPANYING FINANCIAL STATEMENTS.

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

SPECIAL EVENTS DIRECT EXPENSES: \$198,091.

**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 8a.  
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

**2012**

Open to Public  
Inspection

Name of the organization  
**NATIONAL URBAN LEAGUE, INC.**

Employer identification number  
**13-1840489**

**Part I Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. 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 FAIRCOM NEW YORK, INC.	DIRECT MAIL		X	283,288.	296,629.	-13,341.
2 SUSAN ULIN	SPECIAL EVENTS		X	1,620,850.	63,053.	1,557,797.
3 SANKY COMMUNICATIONS	ONLINE DONATIONS		X	61,775.	108,720.	-46,945.
4						
5						
6						
7						
8						
9						
10						
<b>Total</b>				<b>1,965,913.</b>	<b>468,402.</b>	<b>1,497,511.</b>

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
		EQUAL OPPORTUNI (event type)	BENEFIT CONCER (event type)	(total number)	(add col. (a) through col. (c))
Revenue	1	Gross receipts . . . . .	1,620,850.	155,000.	1,775,850.
	2	Less: Contributions . . . . .	1,415,600.	155,000.	1,570,600.
	3	Gross income (line 1 minus line 2). . . . .	205,250.		205,250.
Direct Expenses	4	Cash prizes . . . . .			
	5	Noncash prizes . . . . .			
	6	Rent/facility costs . . . . .			
	7	Food and beverages . . . . .			
	8	Entertainment . . . . .			
	9	Other direct expenses . . . . .	198,091.		198,091.
	10	Direct expense summary. Add lines 4 through 9 in column (d) . . . . .			( 198,091.)
	11	Net income summary. Combine line 3, column (d), and line 10 . . . . .			7,159.

**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 . . . . .	Yes _____ % No	Yes _____ % No	Yes _____ % 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: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

OMB No. 1545-0047

**2012**

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.

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. . . . .

**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. 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)	1,194,448.				SEE PART IV
(2)	URBAN LEAGUE OF EASTERN MASSACHUSETTS 88 WARREN STREET ROXBURY, MA 02119	23-7349132	501(C)(3)	1,003,049.				SEE PART IV
(3)	BUFFALO URBAN LEAGUE 15 EAST GENESEE STREET BUFFALO, NY 14203	16-0743990	501(C)(3)	136,429.				SEE PART IV
(4)	URBAN LEAGUE OF UNION COUNTY 272 NORTH BROAD STREET ELIZABETH, NJ 07207	22-1487366	501(C)(3)	324,015.				SEE PART IV
(5)	URBAN LEAGUE OF SHENANGO VALLEY 601 INDIANA AVENUE FARELL, PA 16121	25-1193018	501(C)(3)	64,240.				SEE PART IV
(6)	URBAN LEAGUE OF GREATER HARTFORD 140 WOODLAND AVE HARTFORD, CT 06105	06-6056491	501(C)(3)	25,326.				SEE PART IV
(7)	MORRIS COUNTY URBAN LEAGUE 300 MADISON AVE MORRISTOWN, NJ 07960	22-1449251	501(C)(3)	74,446.				SEE PART IV
(8)	NEW YORK URBAN LEAGUE 204 WEST 136TH STREET NEW YORK, NY 10030	13-1671035	501(C)(3)	47,916.				SEE PART IV
(9)	URBAN LEAGUE OF PHILADELPHIA 121 S BROAD STREET PHILADELPHIA, PA 19107	23-1429810	501(C)(3)	535,304.				SEE PART IV
(10)	URBAN LEAGUE OF GREATER PITTSBURGH 610 WOOD STREET PITTSBURGH, PA 15222	25-0985592	501(C)(3)	1,202,134.				SEE PART IV
(11)	URBAN LEAGUE OF RHODE ISLAND 246 PRAIRIE AVENUE PROVIDENCE, RI 02905	05-0258939	501(C)(3)	32,756.				SEE PART IV
(12)	URBAN LEAGUE OF ROCHESTER 265 N CLINTON AVE ROCHESTER, NY 14605	16-0906150	501(C)(3)	211,181.				SEE PART IV

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . .
- 3 Enter total number of other organizations listed in the line 1 table . . . . .

Schedule I (Form 990) (2012)

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service  
Name of the organization

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

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

OMB No. 1545-0047

**2012**

Open to Public  
Inspection

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. 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 SPRINGFIELD ONE FEDERAL STREET, BUILDING 111-3	37-0765550	501(C)(3)	130,916.				SEE PART IV
(2)	GREATER WASHINGTON URBAN LEAGUE 2901 14TH STREET N W WASHINGTON, DC 20009	53-0208981	501(C)(3)	89,202.				SEE PART IV
(3)	URBAN LEAGUE OF HUDSON COUNTY 253 N LUTHER KING DR JERSEY CITY, NJ 07305	22-1917127	501(C)(3)	86,302.				SEE PART IV
(4)	URBAN LEAGUE OF LONG ISLAND 219 CARLETON AVENUE CENTRAL ISLIP, NY 11722	23-7423001	501(C)(3)	17,916.				SEE PART IV
(5)	URBAN LEAGUE OF HAMPTON ROADS 3225 HIGH STREET PORTSMOUTH, VA 23707	54-1083985	501(C)(3)	411,121.				SEE PART IV
(6)	URBAN LEAGUE OF GREATER ATLANTA 100 EDGEWOOD AVENUE NE ATLANTA, GA 30303	58-0593386	501(C)(3)	490,968.				SEE PART IV
(7)	URBAN LEAGUE OF MIDDLE TENNESSEE 2550 METRO CENTER BOULEVARD BIRMINGHAM URBAN LEAGUE	62-0795167	501(C)(3)	51,500.				SEE PART IV
(8)	1229 3RD AVENUE NORTH BIRMINGHAM, AL 35203	63-0516655	501(C)(3)	109,384.				SEE PART IV
(9)	COLUMBIA URBAN LEAGUE 1400 HANWELL STREET COLUMBIA, SC 29250	57-0482767	501(C)(3)	212,116.				SEE PART IV
(10)	URBAN LEAGUE OF GREATER DALLAS & NORTH CENTRAL TEXAS 4315 SOUTH LANCASTER 700 DALLAS, TX 75216	74-1590488	501(C)(3)	557,583.				SEE PART IV
(11)	HOUSTON AREA URBAN LEAGUE 1301 TEXAS AVENUE HOUSTON, TX 77002	74-1611455	501(C)(3)	355,091.				SEE PART IV
(12)	URBAN LEAGUE OF GREATER JACKSON 2310 HIGHWAY 80 JACKSON, MS 39204	64-0440074	501(C)(3)	35,000.				SEE PART IV

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
- 3 Enter total number of other organizations listed in the line 1 table

Schedule I (Form 990) (2012)

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service  
Name of the organization

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

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

OMB No. 1545-0047

**2012**

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. 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)	JACKSONVILLE URBAN LEAGUE 903 WEST UNION STREET	59-0637865	501(C)(3)	166,279.				SEE PART IV
(2)	KNOXVILLE AREA URBAN LEAGUE 1514 E 5TH AVENUE KNOXVILLE, TN 37917	62-0797293	501(C)(3)	170,630.				SEE PART IV
(3)	LOUISVILLE URBAN LEAGUE 1535 WEST BROADWAY LOUISVILLE, KY 40203	61-0444771	501(C)(3)	411,138.				SEE PART IV
(4)	URBAN LEAGUE OF GREATER NEW ORLEANS 2322 CANAL STREET NEW ORLEANS, LA 70119	72-0423627	501(C)(3)	186,010.				SEE PART IV
(5)	METROPOLITAN TULSA URBAN LEAGUE 240 EAST APACHE STREET TULSA, OK 74106	73-0610288	501(C)(3)	111,901.				SEE PART IV
(6)	THE URBAN LEAGUE OF THE UPSTATE 15 REGENCY HILL DRIVE GREENVILLE, SC 29607	57-0541039	501(C)(3)	164,129.				SEE PART IV
(7)	URBAN LEAGUE OF PALM BEACH COUNTY INC 1700 AUSTRALIAN AVE W PALM BEACH, FL 33407	59-1533710	501(C)(3)	220,386.				SEE PART IV
(8)	URBAN LEAGUE OF BROWARD COUNTY 11 NW 36TH AVENUE FORT LAUDERDALE, FL 33311	59-1564384	501(C)(3)	279,233.				SEE PART IV
(9)	METROPOLITAN ORLANDO URBAN LEAGUE 2804 BELCO DRIVE ORLANDO, FL 32808	59-1766368	501(C)(3)	261,848.				SEE PART IV
(10)	URBAN LEAGUE OF CENTRAL CAROLINAS INC 740 WEST 5TH STREET CHARLOTTE, NC 28202	56-1218704	501(C)(3)	58,308.				SEE PART IV
(11)	LOS ANGELES URBAN LEAGUE 3450 MOUNT VERNON DRIVE	95-1691288	501(C)(3)	256,326.				SEE PART IV
(12)	GREATER PHOENIX URBAN LEAGUE 1402 SOUTH SEVENTH AVENUE PHOENIX, AZ 85007	86-0124189	501(C)(3)	208,930.				SEE PART IV

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
- 3 Enter total number of other organizations listed in the line 1 table

Schedule I (Form 990) (2012)

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

OMB No. 1545-0047

**2012**

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.

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. . . . .

**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. 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 SACRAMENTO URBAN LEAGUE 3725 MARYSVILLE BOULEVARD	94-1686314	501(C)(3)	542,672.				SEE PART IV
(2)	URBAN LEAGUE OF METROPOLITAN SEATTLE 105 14TH AVENUE SEATTLE, WA 98122	91-0575954	501(C)(3)	363,108.				SEE PART IV
(3)	URBAN LEAGUE OF SAN DIEGO COUNTY 720 GATEWAY CENTER DRIVE	95-1772854	501(C)(3)	288,617.				SEE PART IV
(4)	TUCSON URBAN LEAGUE 2305 SOUTH PARK AVENUE TUCSON, AZ 85713	23-7063141	501(C)(3)	30,044.				SEE PART IV
(5)	CHICAGO URBAN LEAGUE 4510 S MICHIGAN AVE CHICAGO, IL 60653	36-2225483	501(C)(3)	992,453.				SEE PART IV
(6)	URBAN LEAGUE OF GREATER CLEVELAND 2930 PROSPECT AVENUE CLEVELAND, OH 44115	34-0720563	501(C)(3)	257,646.				SEE PART IV
(7)	COLUMBUS URBAN LEAGUE 788 MOUNT VERNON AVENUE COLUMBUS, OH 43203	31-4379453	501(C)(3)	236,852.				SEE PART IV
(8)	DAYTON URBAN LEAGUE 907 WEST FIFTH STREET DAYTON, OH 45402	31-0537503	501(C)(3)	25,227.				SEE PART IV
(9)	DETROIT URBAN LEAGUE 208 MACK AVENUE DETROIT, MI 48201	38-1358487	501(C)(3)	1,514,899.				SEE PART IV
(10)	FORT WAYNE URBAN LEAGUE 2135 S HAMNA STREET FORT WAYNE, IN 46803	35-0869052	501(C)(3)	131,940.				SEE PART IV
(11)	INDIANAPOLIS URBAN LEAGUE 777 INDIANA AVENUE INDIANAPOLIS, IN 46202	35-6060655	501(C)(3)	38,000.				SEE PART IV
(12)	MINNEAPOLIS URBAN LEAGUE 2100 PLYMOUTH AVE N MINNEAPOLIS, MN 55411	41-0706915	501(C)(3)	54,816.				SEE PART IV

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . .
- 3 Enter total number of other organizations listed in the line 1 table . . . . .

Schedule I (Form 990) (2012)

JSA

516087 F253

2E1288 1.000

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service  
Name of the organization

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

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

OMB No. 1545-0047

**2012**

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. 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)	TRI COUNTY URBAN LEAGUE 317 S MACARTHUR HIGHWAY PEORIA, IL 61605	37-0888235	501(C)(3)	14,728.				SEE PART IV
(2)	URBAN LEAGUE METROPOLITAN ST LOUIS 3701 GRANDEL SQUARE ST LOUIS, MO 63108	43-0653605	501(C)(3)	231,238.				SEE PART IV
(3)	URBAN LEAGUE OF KANSAS INC 1802 EAST 13TH STREET WICHITA, KS 67214	48-0602109	501(C)(3)	173,670.				SEE PART IV
(4)	LORAIN COUNTY URBAN LEAGUE 401 BOARD STREET ELYRIA, OH 44035	34-1263379	501(C)(3)	196,290.				SEE PART IV
(5)	MEMPHIS URBAN LEAGUE 413 N. CLEVELAND STREET MEMPHIS, TN 38104	62-0481465	501(C)(3)	30,000.				SEE PART IV
(6)	URBAN LEAGUE GREATER CHATTANOOGA, INC. 730 MARTIN LUTHER KING BOULEVARD	58-1436933	501(C)(3)	108,000.				SEE PART IV
(7)	AKRON COMMUNITY SERVICE CENTER AND URBAN LEAGUE 440 VERNON ODOM BLVD AKRON, OH 44307	34-0714520	501(C)(3)	101,250.				SEE PART IV
(8)	URBAN LEAGUE OF GREATER CINCINNATI 3458 READING ROAD CINCINNATI, OH 45229	31-0565428	501(C)(3)	919,314.				SEE PART IV
(9)	URBAN LEAGUE OF SOUTHERN CONNECTICUT 46 ATLANTIC STREET STAMFORD, CT 06901	06-0856692	501(C)(3)	15,900.				SEE PART IV
(10)	TACOMA URBAN LEAGUE 2550 SOUTH YAKIMA AVENUE TACOMA, WA 98405	91-0826302	501(C)(3)	33,000.				SEE PART IV
(11)	URBAN LEAGUE OF KANSAS CITY 1710 PASEO BOULEVARD KANSAS CITY, KS 64108	44-0546273	501(C)(3)	118,864.				SEE PART IV
(12)	MILWAUKEE URBAN LEAGUE 435 WEST NORTH AVENUE MILWAUKEE, WI 53212	39-0926861	501(C)(3)	41,250.				SEE PART IV

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ..... ▶
- 3 Enter total number of other organizations listed in the line 1 table ..... ▶

Schedule I (Form 990) (2012)



**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

OMB No. 1545-0047

**2012**

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.

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. 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 LANCASTER COUNTY 502 SOUTH DUKE STREET LANCASTER, PA 17602	23-1661344	501(C)(3)	20,000.				SEE PART IV
(2)	NEW YORK URBAN LEAGUE, INC. 61 MITCHELL PLACE NEW YORK, NY 10030	13-1671035	501(C)(3)	1,557,241.				SEE PART IV
(3)	NORTHERN VIRGINIA URBAN LEAGUE, INC. 1315 DUKE STREET ALEXANDRIA, VA 22314	54-1530324	501(C)(3)	192,959.				SEE PART IV
(4)	METROPOLITAN WILMINGTON URBAN LEAGUE 100 WEST 10TH STREET - SUITE 710	51-0391465	501(C)(3)	25,000.				SEE PART IV
(5)	URBAN LEAGUE OF GREATER OKLAHOMA CITY 3900 N. MARTIN LUTHER KING AVENUE	73-0590037	501(C)(3)	219,788.				SEE PART IV
(6)	WINSTON SALEM URBAN LEAGUE 201 WEST 5TH STREET WINSTON-SALEM, NC 27101	56-0532301	501(C)(3)	25,000.				SEE PART IV
(7)	PINELLAS COUNTY URBAN LEAGUE, INC. 333 31ST STREET ST. PETERSBURG, FL 33713	59-1665523	501(C)(3)	17,916.				SEE PART IV
(8)	GREATER STARK COUNTY URBAN LEAGUE 1400 SHERRICK ROAD, S.E. CANTON, OH 44707	20-3863189	501(C)(3)	26,850.				SEE PART IV
(9)								
(10)								
(11)								
(12)								

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ..... 68.
- 3 Enter total number of other organizations listed in the line 1 table ..... Schedule I (Form 990) (2012)

**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 STIPENDS ETC FOR BEEP STUDENTS	135.	9,450.			
2 ANN TANNEYHILL	1.	1,000.			
3 BTOP	185.	90,750.			
4 CALVIN MACKIE	1.	5,000.			
5 GO GREEN SCHOLARSHIP CONTEST	7.	60,000.			
6 STIPENDS	16.	4,800.			
7					

**Part IV** Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

FORM 990, SCHEDULE I

PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS IN THE US:

THE LEAGUE MONITORS THE USE OF THE GRANT FUNDS BY COMPARING THE ACTUAL TO THE APPROVED BUDGET BY THE RESPECTIVE FUNDER.

THE PURPOSE OR THE ULTIMATE USE OF GRANT FUNDS TO SUBCONTRACT AFFILIATES IS TO FUND DIRECT ASSISTANCE PROGRAMS IN THE AREAS OF WORKFORCE, EDUCATION, HOUSING AND HEALTH.

ACCORDING TO 2012 STATEMENT OF FUNCTIONAL EXPENSES, TOTAL GRANT AND OTHER ARE \$18,549,843 WHICH INCLUDES \$18,448,626 GOT SUBCONTRACT PAYMENTS AND \$146,217 AWARDS/GRANTS.

**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, Part III, column (b), and any other additional information.

GO GREEN SCHOLARSHIP CONTEST -STUDENTS WHO DEMONSTRATED AN EFFORT OR

INITIATIVE THAT THEY HAVE BEGUN IN THEIR COMMUNITY/SCHOOL TO IMPROVE THE ENVIRONMENT OR TACKLE POLLUTION THROUGH THE PRODUCTION OF A VIDEO.

STIPENDS FOR BEEP STUDENTS- STIPENDS FOR TRAVEL GIVEN TO COLLEGE STUDENTS WHO ATTENDED THE BLACK EXECUTIVE EXCHANGE PROGRAM CONFERENCE.

ANN TANNEYHILL- AWARD FOR EXEMPLARY WORK

BTOP -RECIPIENT MUST COMPLETE AND GRADUATE FROM DIGITAL CONNECTOR PROGRAM

**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, Part III, column (b), and any other additional information.

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.

**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

**2012**

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 filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |                                                              |                                                                                     |
|--------------------------------------------------------------|-------------------------------------------------------------------------------------|
| <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? . . . . .
- 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
<b>1b</b>	X	
<b>2</b>	X	
<b>4a</b>		X
<b>4b</b>		X
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>		X
<b>8</b>		X
<b>9</b>		

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

Schedule J (Form 990) 2012

**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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title	(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 as deferred in prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
MARC H MORIAL	(i) 400,000.	200,000.	0	0	131,880.	731,880.	0
1 PRESIDENT AND CEO	(ii) 0	0	0	0	0	0	0
JOHN JACOB	(i) 41,000.	0	0	0	0	41,000.	0
2 FORMER PRESIDENT & CEO	(ii) 0	0	0	0	0	0	0
MICHAEL MILLER	(i) 200,000.	29,795.	0	0	65,940.	295,735.	0
3 SVP OF PROGRAM SERVICES	(ii) 0	0	0	0	0	0	0
DONALD BOWEN	(i) 208,000.	20,604.	0	0	68,578.	297,182.	0
4 SVP OF PROGRAM SERVICES	(ii) 0	0	0	0	0	0	0
DENNIS SERRETTE	(i) 208,000.	13,104.	0	0	68,578.	289,682.	0
5 SVP OF DEVELOPMENT	(ii) 0	0	0	0	0	0	0
CHANELLE HARDY	(i) 200,000.	12,600.	0	0	65,940.	278,540.	0
6 EXECUTIVE DIRECTOR	(ii) 0	0	0	0	0	0	0
PAUL WYCISK	(i) 200,000.	12,600.	0	0	65,940.	278,540.	0
7 SVP OF FINANCE/CFO	(ii) 0	0	0	0	0	0	0
8	(i) 0	0	0	0	0	0	0
	(ii) 0	0	0	0	0	0	0
9	(i) 0	0	0	0	0	0	0
	(ii) 0	0	0	0	0	0	0
10	(i) 0	0	0	0	0	0	0
	(ii) 0	0	0	0	0	0	0
11	(i) 0	0	0	0	0	0	0
	(ii) 0	0	0	0	0	0	0
12	(i) 0	0	0	0	0	0	0
	(ii) 0	0	0	0	0	0	0
13	(i) 0	0	0	0	0	0	0
	(ii) 0	0	0	0	0	0	0
14	(i) 0	0	0	0	0	0	0
	(ii) 0	0	0	0	0	0	0
15	(i) 0	0	0	0	0	0	0
	(ii) 0	0	0	0	0	0	0
16	(i) 0	0	0	0	0	0	0
	(ii) 0	0	0	0	0	0	0



**Part III Supplemental Information**

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

FORM 990, SCHEDULE J, PART I, LINE 1A

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

**SCHEDULE 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

**2012**

Open to Public  
Inspection

Employer identification number

13-1840489

**OTHER PROGRAM ACTIVITIES**

FORM 990, PART III, LINE 4D

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

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

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

FORM 990, PART VI, LINE 11B

THE LEAGUE'S 990 WILL BE REVIEWED BY THE SVPS, LEGAL COUNSEL, AUDIT COMMITTEE AND THE BOARD.

FORM 990, PART VI, LINE 12C

ANNUALLY, HUMAN RESOURCES REQUESTS THAT EACH EMPLOYEE REVIEWED AND SIGNED

Name of the organization

NATIONAL URBAN LEAGUE, INC.

Employer identification number

THE POLICY. IN ADDITION, PLEASE NOTE THAT SELF-DISCLOSURE AND THE REVIEW OF CONTRACTS BEFORE APPROVAL HELPS MONITOR AND ENFORCE THE POLICY.

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

CEO COMPENSATION IS APPROVED BY A BOARD COMPENSATION COMMITTEE. AND THE STAFF MEMBERS' COMPENSATIONS ARE REVIEWED BY HR AND CEO. LASTLY, THE LEAGUE DOES NOT HAVE ANY OFFICERS OR KEY EMPLOYEES THAT ARE PAID. CEO IS THE ONLY STAFF PERSON WHO IS ON THE BOARD. THERE ARE NO OTHER KEY EMPLOYEES. THE OTHER HIGH LEVEL STAFF MEMBERS LISTED ABOVE ARE NOT KEY EMPLOYEES. HOWEVER, THEY LEAD AND MANAGE OUR DEPARTMENTS. BUT THEY DO NOT HAVE THE OVERALL ORGANIZATIONAL RESPONSIBILITIES, POWERS OR INFLUENCE OVER THE TOTAL ORGANIZATION THAT CEO AND THE TRUSTEES HAVE.

FORM 990, PART IV, LINE 19

GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE PER REQUEST. FINANCIAL STATEMENTS ARE AVAILABLE ON THE WEBSITE, IN ANNUAL REPORT, AND PER REQUEST.

FORM 990, PART XI, LINE 9

OTHER CHANGES IN NET ASSETS OR FUND BALANCES: PENSION-RELATED CHANGES OTHER THAN NET PERIODIC PENSION COSTS: (\$1,048,310)

FORM 990, PART VII, SECTION A

LIST OF BOARD MEMBERS

THIS REPRESENTS THE 2011-2012 BOARD TERM LISTING.

Name of the organization NATIONAL URBAN LEAGUE, INC.	Employer identification number
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ATTACHMENT 1FORM 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 2FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES

<u>DESCRIPTION</u>	<u>GRANTS</u>	<u>EXPENSES</u>	<u>REVENUE</u>
NATIONAL URBAN LEAGUE AFFILIATES	793.	1,808,170.	1,150,734.
HEALTH AND QUALITY OF LIFE EMPOWERMENT	340,360.	999,744.	0
CIVIL RIGHTS AND RACIAL JUSTICE EMPOWERMENT	60.	273,205.	0
TOTALS	<u>341,213.</u>	<u>3,081,119.</u>	<u>1,150,734.</u>

ATTACHMENT 3FORM 990, PART VI, LINE 17 - STATES

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,

Name of the organization NATIONAL URBAN LEAGUE, INC.	Employer identification number
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ATTACHMENT 4990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
COMMUNITY COUNSELING SERVICES CO., LLC P.O. BOX 27462 NEW YORK, NY 10002	FUNDRAISING SERVICES	398,412.
PATTERSON, BELKNAP WEBB & TYLER 1133 AVENUE OF AMERICAS NEW YORK, NY 10036	LEGAL SERVICES	399,755.
SILAS LEE 1750 ST. CHARLES AVENUE APT.# 536 NEW ORLEANS, LA 70130	CONSULTING SERVICES	327,823.
CALLAWAY TRANSPORTATION 7564 MAIN STREET 2ND FLOOR SYKESVILLE, MD 21784	TRANSPORTATION SVCS	160,153.
EVENTS BY ANDRE' WELLS 5704 SIXTEENTH ST, NW WASHINGTON, DC 20011	EVENT CATERING SVCS	135,868.

ATTACHMENT 5FORM 990, PART VIII - INVESTMENT INCOME

<u>DESCRIPTION</u>	<u>(A) TOTAL REVENUE</u>	<u>(B) RELATED OR EXEMPT REVENUE</u>	<u>(C) UNRELATED BUSINESS REV.</u>	<u>(D) EXCLUDED REVENUE</u>
INTEREST	403,865.			403,865.
DIVIDEND	51,081.			51,081.
<b>TOTALS</b>	<u>454,946.</u>			<u>454,946.</u>

ATTACHMENT 6FORM 990, PART VIII - EXCLUDED CONTRIBUTIONS

<u>DESCRIPTION</u>	<u>AMOUNT</u>
	1,570,600.
<b>TOTAL</b>	<u>1,570,600.</u>