

Form **990**

**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

**2021**

Department of the Treasury  
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Open to Public Inspection

**A** For the **2021** calendar year, or tax year beginning and ending

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>NATIONAL URBAN LEAGUE, INC.</b>		<b>D</b> Employer identification number <b>13-1840489</b>
	Doing business as		<b>E</b> Telephone number <b>(212) 558-5300</b>
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	<b>80 PINE STREET, 9TH FLOOR</b>		<b>G</b> Gross receipts \$ <b>194,795,389.</b>
	City or town, state or province, country, and ZIP or foreign postal code <b>NEW YORK, NY 10005</b>		
<b>F</b> Name and address of principal officer: <b>MARC H. MORIAL</b> <b>SAME AS C ABOVE</b>		<b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions <b>H(c)</b> Group exemption number ▶	

**I** Tax-exempt status:  501(c)(3)  501(c) ( ) ◀ (insert no.)  4947(a)(1) or  527

**J** Website: ▶ **WWW.NUL.ORG**

**K** Form of organization:  Corporation  Trust  Association  Other ▶ **L** Year of formation: **1910** **M** 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: <b>ENABLE AFRICAN-AMERICAN AND OTHER UNDERSERVED URBAN RESIDENTS TO SECURE ECONOMIC SELF-RELIANCE,</b>		
	<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)	<b>3</b>	<b>48</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>47</b>
	<b>5</b> Total number of individuals employed in calendar year 2021 (Part V, line 2a)	<b>5</b>	<b>123</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>48</b>
	<b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>0.</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>246,649,737.</b>	<b>97,048,790.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>873,909.</b>	<b>4,974,960.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>3,147,097.</b>	<b>4,940,951.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>417,496.</b>	<b>464,501.</b>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>251,088,239.</b>	<b>107,429,202.</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	<b>21,395,583.</b>	<b>26,450,038.</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>0.</b>	<b>0.</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	<b>13,400,829.</b>	<b>16,777,638.</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>5,062,570.</b>	<b>470,057.</b>	<b>627,180.</b>
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>16,977,534.</b>	<b>21,529,527.</b>
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>52,244,003.</b>	<b>65,384,383.</b>
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>198,844,236.</b>	<b>42,044,819.</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>287,490,750.</b>	<b>361,235,155.</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>47,244,420.</b>	<b>71,392,670.</b>
		<b>240,246,330.</b>	<b>289,842,485.</b>

**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.

<b>Sign Here</b>	Signature of officer	<b>8/17/22</b>			
	<b>MARC H. MORIAL, PRESIDENT AND CEO</b> Type or print name and title	Date			
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>FREDERICK E. DAVIS JR.</b>	Preparer's signature <b>CPA</b>	Date <b>08/26/22</b>	Check if self-employed <input type="checkbox"/>	PTIN <b>P00446023</b>
	Firm's name ▶ <b>MITCHELL &amp; TITUS, LLP</b>	Firm's EIN ▶ <b>13-2781641</b>	Phone no. <b>(212) 709-4500</b>		
Firm's address ▶ <b>80 PINE STREET</b> <b>NEW YORK, NY 10005</b>					

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 or note to any line in this Part III [X]

1 Briefly describe the 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

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 [X] 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 [X] 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 \$ 26,371,166. including grants of \$ 21,488,697. ) (Revenue \$ 719,470. ) ECONOMIC EMPOWERMENT INVESTS IN THE FINANCIAL LITERACY AND EMPLOYABILITY OF ADULTS THROUGH JOB TRAINING, HOMEOWNERSHIP COUNSELING AND ENTREPRENEURSHIP SUPPORT.

4b (Code: ) (Expenses \$ 7,936,917. including grants of \$ 32,400. ) (Revenue \$ 3,543,490. ) CIVIC ENGAGEMENT AND LEADERSHIP EMPOWERMENT ENCOURAGE ALL PEOPLE TO TAKE AN ACTIVE ROLE TO IMPROVE QUALITY OF LIFE THROUGH PARTICIPATION IN COMMUNITY SERVICE PROJECTS AND PUBLIC POLICY INITIATIVES.

4c (Code: ) (Expenses \$ 7,141,656. including grants of \$ 1,596,630. ) (Revenue \$ 0. ) HEALTH AND QUALITY OF LIFE EMPOWERMENT ENCOURAGES ALL PEOPLE TO TAKE AN ACTIVE ROLE IN IMPROVING THEIR WELLNESS AND QUALITY OF LIFE THROUGH PARTICIPATION IN PREVENTATIVE MEASURES, HEALTH LITERACY PROGRAMS, COMMUNITY SERVICE PROJECTS, AND PUBLIC POLICY INITIATIVES.

4d Other program services (Describe on Schedule O.) (Expenses \$ 9,819,847. including grants of \$ 3,332,311. ) (Revenue \$ 990,336. )

4e Total program service expenses 51,269,586.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and schedules A through I.

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

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

**Note:** All Form 990 filers are required to complete Schedule O

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

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

	Yes	No
<b>1a</b> Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable .....	<b>1a</b> 260	
<b>b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable .....	<b>1b</b> 0	
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....	<b>1c</b> X	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 17 regarding employee counts, tax filings, and organizational compliance.

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 on Schedule O. See instructions.

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 48; 1b Enter the number of voting members included... 47; 2 Did any officer, director, trustee, or key employee have a family relationship... X; 3 Did the organization delegate control over management duties... X; 4 Did the organization make any significant changes to its governing documents... X; 5 Did the organization become aware during the year of a significant diversion of the organization's assets... X; 6 Did the organization have members or stockholders... X; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body... X; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body... X; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? X; b Each committee with authority to act on behalf of the governing body? X; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O... X

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

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

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed AL, AK, AR, CA, CO, CT, FL, GA, HI, IL, KS, KY
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [ ] Another's website [X] Upon request [ ] Other (explain on Schedule O)
19 Describe on 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, address, and telephone number of the person who possesses the organization's books and records MARC H. MORIAL - 212-558-5300 80 PINE STREET, SUITE 900, NEW YORK, NY 10005

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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. See the instructions for the order in which to list the persons above.

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 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) MARC H MORIAL PRESIDENT AND CEO	40.00 2.00	X		X				1,139,194.	0.	56,608.
(2) DENNIS SERRETTE SVP OF DEVELOPMENT	40.00 0.00					X		329,093.	0.	56,608.
(3) WANDA JACKSON SVP OF TALENT MANAGEMENT	40.00 0.00					X		260,799.	0.	79,825.
(4) RHONDA SPEARS BELL SVP OF MARKETING/COMMUNICATIONS	40.00 0.00					X		274,839.	0.	55,762.
(5) DONALD R. CRAVINS EVP/COO	40.00 1.00					X		291,416.	0.	17,510.
(6) HERMAN LESSARD SVP OF AFFILIATE SERVICES	40.00 0.00					X		261,607.	0.	42,329.
(7) TIM MURPHY CHAIR	1.00 0.00	X		X				0.	0.	0.
(8) THE HONORABLE ALEXIS M HERMAN SENIOR VICE CHAIR	1.00 0.00	X		X				0.	0.	0.
(9) KHARY P. BARNES TREASURER	1.00 1.00	X		X				0.	0.	0.
(10) DONNA EPPS SECRETARY	1.00 0.00	X		X				0.	0.	0.
(11) ROBERT J BROWN VICE CHAIR	1.00 0.00	X		X				0.	0.	0.
(12) KENDRICK F. ASHTON TRUSTEE	1.00 0.00	X						0.	0.	0.
(13) JON BANNER TRUSTEE	1.00 0.00	X						0.	0.	0.
(14) D. STEVE BOLAND TRUSTEE	1.00 0.00	X						0.	0.	0.
(15) BRETT BIGGS TRUSTEE	1.00 0.00	X						0.	0.	0.
(16) JIM CASSELBERRY TRUSTEE	1.00 0.00	X						0.	0.	0.
(17) DAVID G. CLUNIE TRUSTEE	1.00 0.00	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 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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			
(18) DAVID L COHEN TRUSTEE	1.00 0.00	X						0.	0.	0.
(19) PIONNE CORBIN TRUSTEE	1.00 0.00	X						0.	0.	0.
(20) VICTOR L. CRAWFORD TRUSTEE	1.00 0.00	X						0.	0.	0.
(21) GARY DOUGLAS TRUSTEE	1.00 0.00	X						0.	0.	0.
(22) DAVID ELLEN TRUSTEE	1.00 0.00	X						0.	0.	0.
(23) KRISTY FERCHO TRUSTEE	1.00 0.00	X						0.	0.	0.
(24) JOI ERNST TRUSTEE	1.00 0.00	X						0.	0.	0.
(25) KALA GIBSON TRUSTEE	1.00 0.00	X						0.	0.	0.
(26) DARRIL A. GEORGE TRUSTEE	1.00 0.00	X						0.	0.	0.
<b>1b Subtotal</b>								2,556,948.	0.	308,642.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								2,556,948.	0.	308,642.

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 **37**

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3	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	4	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	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
COMMUNITY COUNSELING SERVICE CO LLC, P.O. BOX 824885, PHILADELPHIA, PA 19182-4885	FUNDRAISING SERVICES	924,041.
ARG REALTY CONSULTANTS LTD 114 EAST 72ND STREET, NEW YORK, NY 10021	REALTOR	700,000.
FAIRCOM NEW YORK, INC., 12 W. 27TH STREET 13TH FLOOR, NEW YORK, NY 10001	FUNDRAISING SERVICES	454,351.
DABAR DEVELOPMENT PARTNERS, 315 MADISON AVE, 3RD FLOOR, NEW YORK, NY 10019	REAL ESTATE	366,145.
NOELLE-ELAINE MEDIA, INC, 420 LEXINGTON AVENUE, #300, NEW YORK, NY 10170	MARKETING	342,030.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **32**

SEE PART VII, SECTION A CONTINUATION SHEETS



**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 line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) WILLIAM HANSEN TRUSTEE	1.00 0.00	X						0.	0.	0.
(28) JOHN D. HOFMEISTER TRUSTEE - UNTIL MAY 2021	1.00 0.00	X						0.	0.	0.
(29) SHALONDAN HOLLINGSHEAD TRUSTEE	1.00 0.00	X						0.	0.	0.
(30) SANDRA DAVIS HOUSTON TRUSTEE	1.00 0.00	X						0.	0.	0.
(31) DAVID S. HUNTLEY TRUSTEE	1.00 0.00	X						0.	0.	0.
(32) HARRY E JOHNSON, SR TRUSTEE	1.00 0.00	X						0.	0.	0.
(33) BRIAN LAMB TRUSTEE	1.00 0.00	X						0.	0.	0.
(34) PATRICK LINDSEY TRUSTEE	1.00 0.00	X						0.	0.	0.
(35) LOUIS B. LYNN, PH.D. TRUSTEE	1.00 0.00	X						0.	0.	0.
(36) BARRY C. MCCARTHY TRUSTEE	1.00 0.00	X						0.	0.	0.
(37) CATHERINE M. MCEVILLY TRUSTEE	1.00 0.00	X						0.	0.	0.
(38) LAMELL MCMORRIS TRUSTEE	1.00 0.00	X						0.	0.	0.
(39) STACEY MILLS TRUSTEE	1.00 0.00	X						0.	0.	0.
(40) DONNA MORRIS TRUSTEE	1.00 0.00	X						0.	0.	0.
(41) CYNTHIA MULLINS TRUSTEE	1.00 0.00	X						0.	0.	0.
(42) J. BRANDON NEAL TRUSTEE	1.00 0.00	X						0.	0.	0.
(43) MICHAEL F. NEIDORFF TRUSTEE	1.00 0.00	X						0.	0.	0.
(44) MARVIN ODUM TRUSTEE	1.00 0.00	X						0.	0.	0.
(45) NICHOLAS PERKINS TRUSTEE	1.00 0.00	X						0.	0.	0.
(46) WILLIAM F. PICKARD, PH.D TRUSTEE	1.00 0.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c .....										

**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 line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(47) THOMAS REID TRUSTEE	1.00 0.00	X						0.	0.	0.
(48) GLENN ROSS TRUSTEE	1.00 0.00	X						0.	0.	0.
(49) RAY SHACKELFORD TRUSTEE	1.00 0.00	X						0.	0.	0.
(50) THE HONORABLE RODNEY E. SLATER TRUSTEE	1.00 0.00	X						0.	0.	0.
(51) SEAN SUGGS TRUSTEE	1.00 0.00	X						0.	0.	0.
(52) CHARLENE THOMAS TRUSTEE	1.00 0.00	X						0.	0.	0.
(53) GRETCHEN WATKINS TRUSTEE	1.00 0.00	X						0.	0.	0.
(54) GLENN T. WRIGHT TRUSTEE	1.00 0.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c .....										

**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b>	1,451,350.				
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>	25,204,111.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	70,393,329.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$				
	<b>h Total.</b> Add lines 1a-1f			97,048,790.			
Program Service Revenue	<b>2 a</b> SPONSORSHIP INCOME	<b>Business Code</b>					
		900099	4,209,929.	4,209,929.			
	<b>b</b> MEMBERSHIP FEES	900099	384,500.	384,500.			
	<b>c</b> FRANCHISE FEE	900099	202,000.	202,000.			
	<b>d</b> EXHIBITOR INCOME	900099	178,531.	178,531.			
	<b>e</b>						
	<b>f</b> All other program service revenue						
<b>g Total.</b> Add lines 2a-2f			4,974,960.				
Other Revenue	<b>3</b> Investment income (including dividends, interest, and other similar amounts)		2,459,110.			2459110.	
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties						
	<b>6 a</b> Gross rents	<b>6a</b>	(i) Real	135,000.			
			(ii) Personal				
	<b>b</b> Less: rental expenses	<b>6b</b>	0.				
	<b>c</b> Rental income or (loss)	<b>6c</b>	135,000.				
	<b>d</b> Net rental income or (loss)			135,000.		135,000.	
	<b>7 a</b> Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities	89,805,498.			
			(ii) Other				
	<b>b</b> Less: cost or other basis and sales expenses	<b>7b</b>	87,323,657.				
	<b>c</b> Gain or (loss)	<b>7c</b>	2,481,841.				
<b>d</b> Net gain or (loss)			2,481,841.		2481841.		
<b>8 a</b> Gross income from fundraising events (not including \$ 1,451,350. of contributions reported on line 1c). See Part IV, line 18	<b>8a</b>		93,695.				
			42,530.				
<b>b</b> Less: direct expenses	<b>8b</b>						
<b>c</b> Net income or (loss) from fundraising events			51,165.		51,165.		
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19	<b>9a</b>						
<b>b</b> Less: direct expenses	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities							
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>						
<b>b</b> Less: cost of goods sold	<b>10b</b>						
<b>c</b> Net income or (loss) from sales of inventory							
Miscellaneous Revenue	<b>11 a</b> STONEHENGE EARNED	<b>Business Code</b>					
		900099	189,647.	189,647.			
	<b>b</b> 2021 ANNUAL FEES	900099	50,000.	50,000.			
	<b>c</b> PROFESSIONAL DIVERSITY NETWORK	900099	30,114.	30,114.			
	<b>d</b> All other revenue	900099	8,575.	8,575.			
<b>e Total.</b> Add lines 11a-11d			278,336.				
<b>12 Total revenue.</b> See instructions			107429202.	5,253,296.	0.	5127116.	

**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 or note to any line in this Part IX  X

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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	26,343,181.	26,343,181.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22	106,857.	106,857.		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	1,380,024.	828,014.	552,010.	
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	12,180,486.	7,093,911.	3,483,645.	1,602,930.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	740,608.	431,330.	211,815.	97,463.
<b>9</b> Other employee benefits	1,692,815.	993,898.	458,310.	240,607.
<b>10</b> Payroll taxes	783,705.	457,620.	231,850.	94,235.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management				
<b>b</b> Legal	104,188.	104,188.		
<b>c</b> Accounting	258,100.	150,827.	76,272.	31,001.
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17	627,180.			627,180.
<b>f</b> Investment management fees	583,300.		583,300.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	13,223,321.	10,561,892.	1,132,983.	1,528,446.
<b>12</b> Advertising and promotion	48,358.	48,358.		
<b>13</b> Office expenses	1,200,356.	733,595.	343,810.	122,951.
<b>14</b> Information technology				
<b>15</b> Royalties				
<b>16</b> Occupancy	1,559,422.	868,971.	422,092.	268,359.
<b>17</b> Travel	740,506.	404,139.	305,962.	30,405.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	29,197.	29,197.		
<b>20</b> Interest	320,910.	111,860.	57,917.	151,133.
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	1,726,419.	1,082,543.	454,941.	188,935.
<b>23</b> Insurance	177,602.	103,582.	51,746.	22,274.
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
<b>a</b> SUBSCRIPTIONS/PUBLICATI	366,239.	297,405.	32,983.	35,851.
<b>b</b> BAD DEBTS	200,000.		200,000.	
<b>c</b> IN-HOUSE TRAINING EXP	13,687.	13,687.	0.	0.
<b>d</b>				
<b>e</b> All other expenses	977,922.	504,531.	452,591.	20,800.
<b>25</b> Total functional expenses. Add lines 1 through 24e	65,384,383.	51,269,586.	9,052,227.	5,062,570.
<b>26</b> 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)				

**Part X Balance Sheet**

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

		(A)		(B)
		Beginning of year		End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	13,250,930.	<b>1</b>	13,399,318.
	<b>2</b> Savings and temporary cash investments .....	18,335,166.	<b>2</b>	46,906,147.
	<b>3</b> Pledges and grants receivable, net .....	32,203,222.	<b>3</b>	47,644,478.
	<b>4</b> Accounts receivable, net .....	0.	<b>4</b>	59,000.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....	3,633,250.	<b>7</b>	13,031,450.
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	111,411.	<b>9</b>	341,791.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 41,812,984.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 7,904,850.	15,101,250.	<b>10c</b> 33,908,134.
	<b>11</b> Investments - publicly traded securities .....	147,756,331.	<b>11</b>	153,656,775.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	1,484,349.	<b>12</b>	4,319,788.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	55,614,841.	<b>15</b>	47,968,274.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	287,490,750.	<b>16</b>	361,235,155.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	4,820,670.	<b>17</b>	8,419,523.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....	344,570.	<b>19</b>	1,148,823.
	<b>20</b> Tax-exempt bond liabilities .....	26,247,768.	<b>20</b>	26,127,690.
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....	0.	<b>23</b>	6,813,528.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....	4,365,857.	<b>24</b>	16,400,413.
	<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 .....	11,465,555.	<b>25</b>	12,482,693.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	47,244,420.	<b>26</b>	71,392,670.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	37,947,025.	<b>27</b>	59,451,591.
	<b>28</b> Net assets with donor restrictions .....	202,299,305.	<b>28</b>	230,390,894.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	240,246,330.	<b>32</b>	289,842,485.
<b>33</b> Total liabilities and net assets/fund balances .....	287,490,750.	<b>33</b>	361,235,155.	

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	107,429,202.
2	Total expenses (must equal Part IX, column (A), line 25)	2	65,384,383.
3	Revenue less expenses. Subtract line 2 from line 1	3	42,044,819.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	240,246,330.
5	Net unrealized gains (losses) on investments	5	5,705,678.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	1,845,658.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	289,842,485.

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response or note to any line 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 on Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
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			
b	Were the organization's financial statements audited by an independent accountant?	X	
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 type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
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	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	X	

Form 990 (2021)

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization

NATIONAL URBAN LEAGUE, INC.

Employer identification number

13-1840489

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

The organization is not a private foundation because it is: (For lines 1 through 12, 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).
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).
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).
6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7 X 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).
8 A community trust described in section 170(b)(1)(A)(vi).
9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture.
10 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.
11 An organization organized and operated exclusively to test for public safety.
12 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.
a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s).
b Type II. A supporting organization supervised or controlled in connection with its supported organization(s).
c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s).
d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated.
e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations
g Provide the following information about the supported organization(s).

Table with 6 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization listed in your governing document?, (v) Amount of monetary support, (vi) Amount of other support.

Total

**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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	49816959.	39953082.	41980982.	246649737	97048790.	475449550
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	49816959.	39953082.	41980982.	246649737	97048790.	475449550
<b>5</b> 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) .....						103213722
<b>6 Public support.</b> Subtract line 5 from line 4.						372235828

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>7</b> Amounts from line 4 .....	49816959.	39953082.	41980982.	246649737	97048790.	475449550
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	654,633.	860,801.	706,110.	740,620.	2594110.	5556274.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	486,836.	700,474.	323,927.	149,386.	278,336.	1938959.
<b>11 Total support.</b> Add lines 7 through 10						482944783
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	28,232,533.
<b>13 First 5 years.</b> 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 <b>stop here</b> .....						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	77.08 %
<b>15</b> Public support percentage from 2020 Schedule A, Part II, line 14 .....	<b>15</b>	73.98 %
<b>16a 33 1/3% support test - 2021.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2020.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2021.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2020.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> 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 10 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

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 13 Total support.

14 First 5 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

Table with 2 columns: Line number, Percentage. Row 15: Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2020 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 2 columns: Line number, Percentage. Row 17: Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2020 Schedule A, Part III, line 17 18 %

19a 33 1/3% support tests - 2021. 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 - 2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

**Part IV Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? Row 2: Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? Row 2: Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? Row 3: By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year?

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. Sub-rows a, b.

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 ( explain in Part VI). See instructions.  
All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** (continued)

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	<b>Total annual distributions.</b> Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2021 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2021 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2021		
a	From 2016		
b	From 2017		
c	From 2018		
d	From 2019		
e	From 2020		
f	<b>Total</b> of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2021 distributable amount		
i	Carryover from 2016 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2021 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2021 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	<b>Excess distributions carryover to 2022.</b> Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2017		
b	Excess from 2018		
c	Excess from 2019		
d	Excess from 2020		
e	Excess from 2021		

Schedule A (Form 990) 2021

**Part VI**

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

Multiple horizontal lines for supplemental information.

**Schedule B**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990 or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

Name of the organization

**NATIONAL URBAN LEAGUE, INC.**

Employer identification number

**13-1840489**

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... ▶ \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization  <b>NATIONAL URBAN LEAGUE, INC.</b>	Employer identification number  <b>13-1840489</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>	 <hr/> <hr/> <hr/>	\$ <u>3,175,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>	 <hr/> <hr/> <hr/>	\$ <u>4,050,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u>	 <hr/> <hr/> <hr/>	\$ <u>2,500,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>4</u>	 <hr/> <hr/> <hr/>	\$ <u>3,000,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>5</u>	 <hr/> <hr/> <hr/>	\$ <u>5,500,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>6</u>	 <hr/> <hr/> <hr/>	\$ <u>5,000,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization  <b>NATIONAL URBAN LEAGUE, INC.</b>	Employer identification number  <b>13-1840489</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	_____ _____ _____	\$ <u>5,575,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	_____ _____ _____	\$ <u>3,000,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	_____ _____ _____	\$ <u>14,212,245.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	_____ _____ _____	\$ <u>6,196,868.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	_____ _____ _____	\$ <u>2,547,253.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>NATIONAL URBAN LEAGUE, INC.</b>	Employer identification number  <b>13-1840489</b>
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____

Name of organization  <b>NATIONAL URBAN LEAGUE, INC.</b>	Employer identification number  <b>13-1840489</b>
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

**SCHEDULE C**  
**(Form 990)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2021**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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.**  
 ▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

**If the organization answered "Yes," on 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," on 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," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), 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 campaign activity expenditures ..... ▶ \$ \_\_\_\_\_
- 3 Volunteer hours for political campaign activities ..... \_\_\_\_\_

**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-.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990) 2021

**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.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b>	Total lobbying expenditures to influence public opinion (grassroots lobbying) .....	52,610.													
<b>b</b>	Total lobbying expenditures to influence a legislative body (direct lobbying) .....	47,206.													
<b>c</b>	Total lobbying expenditures (add lines 1a and 1b) .....	99,816.													
<b>d</b>	Other exempt purpose expenditures .....	65,284,567.													
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d) .....	65,384,383.													
<b>f</b>	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000.													
<table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">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.													
<b>i</b>	Subtract line 1f from line 1c. If zero or less, enter -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 separate instructions for lines 2a through 2f.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) Total
<b>2a</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	153,081.	51,482.	26,365.	99,816.	330,744.
<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	41,452.	25,091.	10,548.	52,610.	129,701.

**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 on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
<b>1</b> 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:			
<b>a</b> Volunteers?			
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
<b>c</b> Media advertisements?			
<b>d</b> Mailings to members, legislators, or the public?			
<b>e</b> Publications, or published or broadcast statements?			
<b>f</b> Grants to other organizations for lobbying purposes?			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
<b>i</b> Other activities?			
<b>j</b> Total. Add lines 1c through 1i			
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> 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
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members?	1	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
<b>3</b> Did the organization agree to carry over lobbying and political campaign activity 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."**

<b>1</b> Dues, assessments and similar amounts from members	1
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	
<b>a</b> Current year	2a
<b>b</b> Carryover from last year	2b
<b>c</b> Total	2c
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3
<b>4</b> 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
<b>5</b> Taxable amount of lobbying and political expenditures. See instructions	5

**Part IV Supplemental Information**

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

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SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2021

Open to Public Inspection

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" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two Yes/No questions regarding donor property and grant fund usage.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose(s) of conservation easements, a table for lines 2a-2d (Total number, acreage, certified historic structures, and acquired after 7/25/06), and questions about monitoring, staff hours, expenses, and reporting requirements.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting requirements for art and historical treasures, and a table for revenue and assets included in Form 990.

**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 make 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 program
  - 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" on 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             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

**Part V Endowment Funds.** Complete if the organization answered "Yes" on 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	48,827,707.	22,981,077.	20,437,000.	22,385,260.	20,565,904.
b Contributions	11,658,541.	25,000,000.			
c Net investment earnings, gains, and losses	8,097,239.	2,430,540.	3,616,955.	-681,561.	2,824,119.
d Grants or scholarships					
e Other expenditures for facilities and programs	1,054,084.	1,583,910.	1,072,878.	1,266,699.	1,004,763.
f Administrative expenses					
g End of year balance	67,529,403.	48,827,707.	22,981,077.	20,437,000.	22,385,260.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  60.7140 %
  - b Permanent endowment  29.6140 %
  - c Term endowment  9.6720 %
- The percentages on 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:
- |   | Yes | No |
|---|-----|----|
| (i) Unrelated organizations   |     | X  |
| (ii) Related organizations  |     | X  |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b  |    |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. 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		4,109,068.	453,716.	3,655,352.
c Leasehold improvements		4,122,728.	4,093,980.	28,748.
d Equipment		901,620.	739,633.	161,987.
e Other		32,679,568.	2,617,521.	30,062,047.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				33,908,134.



**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. 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)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) INTEREST RECEIVABLE	271,998.
(2) INTEREST RATE SWAP AGREEMENT	125,913.
(3) OPERATING LEASE RIGHT OF USE ASSETS	14,929,436.
(4) DEPOSITS	386,404.
(5) RESTRICTED CASH DEPOSIT HELD IN ESCROW	30,303,779.
(6) FUNDS HELD IN ESCROW BY OTHERS	1,950,744.
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	47,968,274.

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ACCRUED PENSION BENEFIT COSTS	3,930,721.
(3) OPERATING LEASE LIABILITY	7,227,602.
(4) ACCRUED PAYROLL & VACATION	
(5) BENEFITS	846,870.
(6) ACCRUED DEFINED CONTRIBUTION COSTS	477,500.
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	12,482,693.

2. Liability for uncertain tax positions. 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 FASB 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.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements		<b>1</b>	121,368,661.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	5,705,678.	
<b>b</b>	Donated services and use of facilities	<b>2b</b>	8,697,586.	
<b>c</b>	Recoveries of prior year grants	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	119,495.	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>		14,522,759.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	106,845,902.
<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>	583,300.	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>		583,300.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)		<b>5</b>	107,429,202.

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements		<b>1</b>	73,541,330.
<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>	8,697,586.	
<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>	131.	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>		8,697,717.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	64,843,613.
<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>	583,300.	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	-42,530.	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>		540,770.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)		<b>5</b>	65,384,383.

**Part XIII Supplemental Information.**

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.

**PART V, LINE 4:**

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

**PART X, LINE 2:**

MANAGEMENT HAS ANALYZED THE TAX POSITIONS TAKEN BY THE LEAGUE AND HAS CONCLUDED THAT AS OF DECEMBER 31, 2021 AND 2020, THERE ARE NO UNCERTAIN TAX POSITIONS TAKEN OR ARE TO BE TAKEN. ACCORDINGLY, NO INTEREST OR PENALTIES RELATED TO UNCERTAIN TAX POSITIONS HAVE BEEN ACCRUED IN THE ACCOMPANYING CONSOLIDATED FINANCIAL STATEMENTS.

**PART XI, LINE 2D - OTHER ADJUSTMENTS:**

**Part XIII** Supplemental Information *(continued)*

SPECIAL EVENTS DIRECT EXPENSES 42,530.

INTEREST INCOME-NMTC - ULEC LEVERAGE INC 76,965.

TOTAL TO SCHEDULE D, PART XI, LINE 2D 119,495.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

BANK FEES - ULEC LEVERAGE INC 131.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

SPECIAL EVENTS DIRECT EXPENSES -42,530.

**SCHEDULE G  
(Form 990)**

**Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No. 1545-0047

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

**2021**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

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

**Part I Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

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

2 a 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 10 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			
INEZ WEINSTEN SPECIAL EVENTS - 215 PARK AVE S #2014, NEW FAIRCOM NEW YORK, INC. - 12 WEST 27TH STREET, 13TH FLOOR,	SPECIAL EVENTS		X	1,545,045.	82,500.	1,462,545.
	DIRECT MAIL		X	443,846.	95,940.	347,906.
<b>Total</b>				1,988,891.	178,440.	1,810,451.

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

**Part II Fundraising Events.** Complete if the organization answered "Yes" on 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 (add col. (a) through col. (c))
		EQUAL OPPR. DINNER (event type)	(event type)	NONE (total number)	
Revenue	1	Gross receipts	1,545,045.		1,545,045.
	2	Less: Contributions	1,451,350.		1,451,350.
	3	Gross income (line 1 minus line 2)	93,695.		93,695.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	42,530.		42,530.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			42,530.
11	Net income summary. Subtract line 10 from line 3, column (d)			51,165.	

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

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

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

a Is the organization licensed to conduct gaming activities in each of these states?  Yes  No

b If "No," explain: \_\_\_\_\_

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

b If "Yes," explain: \_\_\_\_\_

- 11 Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13 Indicate the percentage of gaming activity conducted in:
 

a The organization's facility	13a	%
b An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_
- c If "Yes," enter name and address of the third party:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

16 Gaming manager information:

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**Part IV Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

**SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:**

(I) NAME OF FUNDRAISER: INEZ WEINSTEN SPECIAL EVENTS

(I) ADDRESS OF FUNDRAISER: 215 PARK AVE S #2014, NEW YORK, NY 10003

(I) NAME OF FUNDRAISER: FAIRCOM NEW YORK, INC.

(I) ADDRESS OF FUNDRAISER:

12 WEST 27TH STREET, 13TH FLOOR, NEW YORK, NY 10001

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

Multiple horizontal lines for supplemental information.

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

OMB No. 1545-0047

**2021**

**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.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
URBAN LEAGUE OF ESSEX COUNTY 508 CENTRAL AVENUE NEWARK, NJ 07107	22-1554540	501(C)(3)	2,323,903.	0.			SEE PART IV
GREATER BALTIMORE URBAN LEAGUE 512 ORCHARD STREET BALTIMORE, MD 21201	52-0591585	501(C)(3)	265,771.	0.			SEE PART IV
URBAN LEAGUE OF EASTERN MASSACHUSETTS - 88 WARREN STREET - ROXBURY, MA 02119	23-7349132	501(C)(3)	37,500.	0.			SEE PART IV
BUFFALO URBAN LEAGUE 15 EAST GENESEE STREET BUFFALO, NY 14203	16-0743940	501(C)(3)	112,473.	0.			SEE PART IV
URBAN LEAGUE OF UNION COUNTY 288 NORTH BROAD STREET ELIZABETH, NJ 07208	22-1487366	501(C)(3)	93,014.	0.			SEE PART IV
SHENANGO VALLEY URBAN LEAGUE 601 INDIANA AVENUE FARRELL, PA 16121	25-1193018	501(C)(3)	37,587.	0.			SEE PART IV

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **65.**
- 3** Enter total number of other organizations listed in the line 1 table **96.**

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

Schedule I (Form 990) 2021



**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
URBAN LEAGUE OF GREATER HARTFORD 140 WOODLAND AVENUE P.O. BOX 320590 HARTFORD, CT 06105	06-6066491	501(C)(3)	244,813.	0.			SEE PART IV
NEW YORK URBAN LEAGUE 204 WEST 136TH STREET NEW YORK, NY 10030	13-1671035	501(C)(3)	182,500.	0.			SEE PART IV
URBAN LEAGUE OF PHILADELPHIA 121 S. BROAD STREET 9TH FLOOR PHILADELPHIA, PA 19107	23-1429810	501(C)(3)	598,683.	0.			SEE PART IV
URBAN LEAGUE OF GREATER PITTSBURGH 610 WOOD STREET PITTSBURGH, PA 15222	25-0985592	501(C)(3)	1,514,605.	0.			SEE PART IV
URBAN LEAGUE OF ROCHESTER 265 NORTH CLINTON AVENUE ROCHESTER, NY 14605	16-0906150	501(C)(3)	165,358.	0.			SEE PART IV
SPRINGFIELD URBAN LEAGUE INC ONE FEDERAL STREET, BUILDING 111-3 SPRINGFIELD, MA 01105	37-0765550	501(C)(3)	55,250.	0.			SEE PART IV
GREATER WASHINGTON URBAN LEAGUE 2901 14TH STREET, N.W. WASHINGTON, WA 20009	53-0208981	501(C)(3)	466,926.	0.			SEE PART IV
URBAN LEAGUE OF WESTCHESTER 61 MITCHELL PLACE WHITE PLAINS, NY 10601	13-1740054	501(C)(3)	2,414,583.	0.			SEE PART IV
URBAN LEAGUE OF HUDSON COUNTY 253 MARTIN LUTHER KING DRIVE JERSEY CITY, NJ 07305	22-1917127	501(C)(3)	18,126.	0.			SEE PART IV

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
URBAN LEAGUE OF HAMPTON ROADS 5700 THURSTON AVE. STE. 101 VIRGINIA BEACH, VA 23455	54-1083985	501(C)(3)	143,704.	0.			SEE PART IV
URBAN LEAGUE OF GREATER ATLANTA 229 PEACHTREE STREET NE, SUITE 300 ATLANTA, GA 30303	58-0593386	501(C)(3)	838,872.	0.			SEE PART IV
URBAN LEAGUE OF MIDDLE TENNESSEE 50 VANTAGE WAY, SUITE 201 NASHVILLE, TN 37228	62-0795167	501(C)(3)	58,000.	0.			SEE PART IV
BIRMINGHAM URBAN LEAGUE 1229 3RD AVENUE, NORTH BIRMINGHAM, AL 35203	63-0516655	501(C)(3)	142,271.	0.			SEE PART IV
COLUMBIA URBAN LEAGUE 1400 BARNWELL STREET P.O. BOX 50125 COLUMBIA, SC 29201	57-0482767	501(C)(3)	83,925.	0.			SEE PART IV
HOUSTON AREA URBAN LEAGUE 1301 TEXAS AVENUE HOUSTON, TX 77002	74-1611455	501(C)(3)	597,168.	0.			SEE PART IV
MISSISSIPPI URBAN LEAGUE 2548 LIVINGSTON ROAD, SUITE 1 JACKSON, MS 39213	27-4272183	501(C)(3)	85,000.	0.			SEE PART IV
JACKSONVILLE URBAN LEAGUE 903 WEST UNION STREET JACKSONVILLE, FL 32204	59-0637865	501(C)(3)	299,019.	0.			SEE PART IV
KNOXVILLE AREA URBAN LEAGUE 1514 E. 5TH AVE, PO BOX 1911 KNOXVILLE, TN 37917	62-0797293	501(C)(3)	161,345.	0.			SEE PART IV

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
URBAN LEAGUE OF LEXINGTON - FAYETTE COUNTY - 148 DEWEESE STREET - LEXINGTON, KY 40507	61-6054655	501(C)(3)	7,500.	0.			SEE PART IV
LOUISVILLE URBAN LEAGUE 1535 WEST BROADWAY LOUISVILLE, KY 40203	61-0444771	501(C)(3)	1,531,083.	0.			SEE PART IV
URBAN LEAGUE OF GREATER NEW ORLEANS - 4640 S. CARROLLTON AVE. SUITE 2010 - NEW ORLEANS, LA 70119	72-0423627	501(C)(3)	973,509.	0.			SEE PART IV
URBAN LEAGUE OF GREATER OKLAHOMA CITY - 3900 N. MARTIN LUTHER KING AVENUE - OKLAHOMA CITY, OK 73111	73-0590037	501(C)(3)	107,918.	0.			SEE PART IV
THE URBAN LEAGUE OF THE UPSTATE 15 REGENCY HILL DRIVE GREENVILLE, SC 29607	57-0541039	501(C)(3)	155,408.	0.			SEE PART IV
URBAN LEAGUE OF PALM BEACH COUNTY INC - 1700 AUSTRALIAN AVENUE - WEST PALM BEACH, FL 33407	59-1533710	501(C)(3)	2,161,029.	0.			SEE PART IV
URBAN LEAGUE OF HILLSBOROUGH COUNTY INC. - 1250 RAY CHARLES BLVD - TAMPA, FL 33602	83-3231683	501(C)(3)	20,000.	0.			SEE PART IV
URBAN LEAGUE OF GREATER COLUMBUS, INC. - 802 FIRST AVENUE - COLUMBUS, GA 31901	58-1123741	501(C)(3)	73,262.	0.			SEE PART IV
URBAN LEAGUE OF BROWARD COUNTY 560 NORTHWEST 27TH AVENUE FORT LAUDERDALE, FL 33311	59-1564384	501(C)(3)	243,252.	0.			SEE PART IV

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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AUSTIN AREA URBAN LEAGUE INC 8011 CAMERON ROAD - BUILDING A - 10 AUSTIN, TX 78754	74-1890518	501(C)(3)	177,717.	0.			SEE PART IV
PINELLAS COUNTY URBAN LEAGUE 333 31ST STREET NORTH ST. PETERSBURG, FL 33713	59-1665523	501(C)(3)	1,624,939.	0.			SEE PART IV
URBAN LEAGUE OF CENTRAL CAROLINAS INC - WEST FIFTH STREET - P.O. BOX 34686 - CHARLOTTE, NC 28202	56-1218704	501(C)(3)	74,926.	0.			SEE PART IV
URBAN LEAGUE GREATER CHATTANOOGA, INC. - 730 MARTIN LUTHER KING BOULEVARD - CHATTANOOGA, TN 37403	58-1436933	501(C)(3)	111,000.	0.			SEE PART IV
LOS ANGELES URBAN LEAGUE 3450 MOUNT VERNON DRIVE LOS ANGELES, CA 90008	95-1691288	501(C)(3)	445,078.	0.			SEE PART IV
GREATER PHOENIX URBAN LEAGUE 1402 SOUTH SEVENTH AVENUE PHOENIX, AZ 85007	86-0124189	501(C)(3)	122,064.	0.			SEE PART IV
URBAN LEAGUE OF PORTLAND 10 NORTH RUSSELL STREET PORTLAND, OR 97227	93-0395590	501(C)(3)	70,750.	0.			SEE PART IV
GREATER SACRAMENTO URBAN LEAGUE 3725 MARYSVILLE BOULEVARD SACRAMENTO, CA 95838	94-1686314	501(C)(3)	89,600.	0.			SEE PART IV
URBAN LEAGUE OF METROPOLITAN SEATTLE - 105-14TH AVENUE - SEATTLE, WA 98122	91-0575954	501(C)(3)	389,988.	0.			SEE PART IV

Schedule I (Form 990)

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URBAN LEAGUE OF SAN DIEGO COUNTY 720 GATEWAY CENTER DRIVE SAN DIEGO, CA 92102	95-1772854	501(C)(3)	167,002.	0.			SEE PART IV
LAS VEGAS - CLARK COUNTY URBAN LEAGUE CAA - 3575 W. CHEYENNE AVENUE, STE. 101 - LAS VEGAS, NV 89032	20-0873314	501(C)(3)	93,600.	0.			SEE PART IV
AKRON COMMUNITY SERVICE CENTER & URBAN LEAGUE - 440 VERNON ODOM BLVD - AKRON, OH 44307	34-0714520	501(C)(3)	25,000.	0.			SEE PART IV
CHICAGO URBAN LEAGUE 4510 SOUTH MICHIGAN AVENUE CHICAGO, IL 60653	36-2225483	501(C)(3)	729,455.	0.			SEE PART IV
URBAN LEAGUE OF GREATER CINCINNATI 3458 READING ROAD CINCINNATI, OH 45229	31-0565428	501(C)(3)	338,146.	0.			SEE PART IV
URBAN LEAGUE OF GREATER CLEVELAND 2930 PROSPECT AVENUE CLEVELAND, OH 44115	34-0720563	501(C)(3)	415,100.	0.			SEE PART IV
COLUMBUS URBAN LEAGUE 788 MOUNT VERNON AVENUE COLUMBUS, OH 43203	31-4379453	501(C)(3)	84,549.	0.			SEE PART IV
DETROIT URBAN LEAGUE 208 MACK AVENUE DETROIT, MI 48201	38-1358487	501(C)(3)	1,998,242.	0.			SEE PART IV
FORT WAYNE URBAN LEAGUE 2135 S. HANNA STREET FORT WAYNE, IN 46803	35-0869052	501(C)(3)	22,500.	0.			SEE PART IV

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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URBAN LEAGUE OF NORTHWEST INDIANA INC. - 3101 BROADWAY - GARY, IN 46409	35-1178594	501(C)(3)	250,000.	0.			SEE PART IV
GRAND RAPIDS URBAN LEAGUE INC. 745 EASTERN AVENUE, S.E. GRAND RAPIDS, MI 49503	38-1359259	501(C)(3)	30,000.	0.			SEE PART IV
INDIANAPOLIS URBAN LEAGUE 777 INDIANA AVENUE INDIANAPOLIS, IN 46202	35-6060655	501(C)(3)	468,695.	0.			SEE PART IV
URBAN LEAGUE OF KANSAS CITY 1710 PASEO BOULEVARD KANSAS CITY, KS 64108	44-0546273	501(C)(3)	95,000.	0.			SEE PART IV
URBAN LEAGUE OF GREATER MADISON 2222 S. PARK STREET MADISON, WI 53713	39-1098146	501(C)(3)	78,000.	0.			SEE PART IV
MILWAUKEE URBAN LEAGUE 435 WEST NORTH AVENUE MILWAUKEE, WI 53212	39-0826861	501(C)(3)	100,500.	0.			SEE PART IV
MINNEAPOLIS URBAN LEAGUE 2100 PLYMOUTH AVENUE NORTH MINNEAPOLIS, MN 55411	41-0706915	501(C)(3)	114,586.	0.			SEE PART IV
URBAN LEAGUE OF NEBRASKA, INC. 3040 LAKE STREET OMAHA, NE 68111	47-0384575	501(C)(3)	90,000.	0.			SEE PART IV
TRI-COUNTY URBAN LEAGUE 317 SOUTH MACARTHUR HIGHWAY PEORIA, IL 61605	37-0888235	501(C)(3)	44,318.	0.			SEE PART IV

Schedule I (Form 990)

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URBAN LEAGUE OF RACINE & KENOSHA INC. - 718-22 NORTH MEMORIAL DRIVE - RACINE, WI 53404	39-1042332	501(C)(3)	10,000.	0.			SEE PART IV
URBAN LEAGUE METROPOLITAN ST LOUIS 3701 GRANDEL SQUARE ST. LOUIS, MO 63108	43-0653605	501(C)(3)	344,613.	0.			SEE PART IV
SPRINGFIELD URBAN LEAGUE INC 100 NORTH 11TH STREET SPRINGFIELD, IL 01105	37-0765550	501(C)(3)	85,216.	0.			SEE PART IV
QUAD COUNTY URBAN LEAGUE INC. 1685 N. FARNSWORTH AVENUE AURORA, IL 60505	36-2882693	501(C)(3)	132,500.	0.			SEE PART IV
LORAIN COUNTY URBAN LEAGUE 1530 WEST RIVER ROAD, SUITE 300 ELYRIA, OH 44035	34-1263379	501(C)(3)	82,855.	0.			SEE PART IV
ODOM'S KITCHEN, LLC 10028 SAVANNAH JANE LANE BATON ROUGE, LA 70817	84-2311528		10,000.	0.			DIRECT GRANTS TO THE SMALL BUSINESSES
THE AVENUE GRILL 2717 HENRIETTA ST JACKSONVILLE, FL 32209	46-1812232		10,000.	0.			DIRECT GRANTS TO THE SMALL BUSINESSES
TASTE T LOVE BABY FOOD 5950 TIMBERGATE TRAIL DAYTON, OH 45424	82-4606140		10,000.	0.			DIRECT GRANTS TO THE SMALL BUSINESSES
RICH TASTE CATERING SERVICE, LLC 225 N LUDLOW ST DAYTON, OH 45402	81-4690552		10,000.	0.			DIRECT GRANTS TO THE SMALL BUSINESSES

Schedule I (Form 990)

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DE'LISH 1329 KUMLER AVE DAYTON, OH 45406	27-3174364		10,000.	0.			DIRECT GRANTS TO THE SMALL BUSINESSES
FAT BOYZ BBQ LLC 608 YALE AVE DAYTON, OH 45402	84-4117651		10,000.	0.			DIRECT GRANTS TO THE SMALL BUSINESSES
SOUTHERN GRACE CINCY LLC 1719 ELM ST CINCINNATI, OH 45205	82-2008075		10,000.	0.			DIRECT GRANTS TO THE SMALL BUSINESSES
BAKED BY ANITA CATERING, LLC 6N MAIN ST DAYTON, OH 45402	31-1476269		10,000.	0.			DIRECT GRANTS TO THE SMALL BUSINESSES
EDIBLES-N-SUCH 6008 WOOSTER PIKE CINCINNATI, OH 45227	31-1579069		10,000.	0.			DIRECT GRANTS TO THE SMALL BUSINESSES
ARTISTIC SOUL CATERING 656 CHEVIOT DR DECATUR, GA 30032	47-4241204		10,000.	0.			DIRECT GRANTS TO THE SMALL BUSINESSES
CAPO STEAKS, INC 11332 EUCLID AVE CLEVELAND, OH 44106	47-3625112		10,000.	0.			DIRECT GRANTS TO THE SMALL BUSINESSES
VR360 LLC 383 MARIETTA STREET ATLANTA, GA 30313	85-3103581		10,000.	0.			DIRECT GRANTS TO THE SMALL BUSINESSES
215 FLAVORS INC 524 LAUREL ROAD YEADON, PA 19050	46-2423894		10,000.	0.			DIRECT GRANTS TO THE SMALL BUSINESSES

Schedule I (Form 990)



**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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ROCKSOLID CREATIVE FOOD GROUP, LLC 2700 NEABSCO COMMON PLACE SUITE #101 MSC 3117 - WOODBRIDGE, VA 22191	47-4799851		10,000.	0.			DIRECT GRANTS TO THE SMALL BUSINESSES
SCOTT'S HOMESTYLE COOKING AND CATERING - PO BOX 46181 - CINCINNATI, OH 45246	46-3925110		10,000.	0.			DIRECT GRANTS TO THE SMALL BUSINESSES
ROADMAP TO HOLISTIC HEALTH 1629 K ST, NW SUITE #300 WASHINGTON, DC 20006	46-3269382		10,000.	0.			DIRECT GRANTS TO THE SMALL BUSINESSES
MR. EVERYTHING SUPER DELI LLC 899 MARTIN LUTHER KING JR. DR. ATLANTA, GA 30314	41-2218079		10,000.	0.			DIRECT GRANTS TO THE SMALL BUSINESSES
ADDIS AUTHENTIC ETHIOPIAN CUISINE AND CULTURAL HUB - 424 SOUTH BROAD AVE - NEW ORLEANS, LA 70019	83-2979907		10,000.	0.			DIRECT GRANTS TO THE SMALL BUSINESSES
BEAUCOUP EATS LLC 2323 CANAL ST NEW ORLEANS, LA 70119	82-4137014		10,000.	0.			DIRECT GRANTS TO THE SMALL BUSINESSES
TASTE AND SEE 3439 KABEL DRIVE SUITE #6 NEW ORLEANS, LA 70131	26-1771114		10,000.	0.			DIRECT GRANTS TO THE SMALL BUSINESSES
MDM LLC T/A TAKOMA STATION TAVERN 6914 4TH ST NW WASHINGTON, DC 20012	52-2090790		10,000.	0.			DIRECT GRANTS TO THE SMALL BUSINESSES
B C EXPRESS CONNECTIONS LLC 2788 DEFOORS FERRY RD, NW SUITE #28 ATLANTA, GA 30318	46-1552989		10,000.	0.			DIRECT GRANTS TO THE SMALL BUSINESSES

Schedule I (Form 990)

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LOCAL GREEN ATLANTA LLC 3050 MLK JR DR V ATLANTA, GA 30314	82-2992760		10,000.	0.			DIRECT GRANTS TO THE SMALL BUSINESSES
EATIBLE DELIGHTS CATERING LLC 2338 RIDGE AVE PHILADELPHIA, PA 19121	46-4965753		10,000.	0.			DIRECT GRANTS TO THE SMALL BUSINESSES
CHEF'S OF THE STREET 9523 SNEAD CT LAUREL, MD 20708	82-2215092		10,000.	0.			DIRECT GRANTS TO THE SMALL BUSINESSES
VICTORIA'S KITCHEN LLC 7304 OGONTZ AVE PHILADELPHIA, PA 19138	20-4772062		10,000.	0.			DIRECT GRANTS TO THE SMALL BUSINESSES
TASTE OF THE TAYLOR BLENDS LLC 7031 PLAINFIELD ROAD CINCINNATI, OH 45246	46-5063603		10,000.	0.			DIRECT GRANTS TO THE SMALL BUSINESSES
CULTURE COFFEE TOO LLC 300 RIGGS ROAD NE WASHINGTON, DC 20011	81-4927631		10,000.	0.			DIRECT GRANTS TO THE SMALL BUSINESSES
EDC3, LLC 2771-29 MONUMENT ROAD, #77 JACKSONVILLE, FL 32225	66-0781932		15,555.	0.			DIRECT GRANTS TO THE SMALL BUSINESSES
MAGNOLIA BLOSSOMS CATERING AND EVENTS - 5576 EAST BONIWOOD TURN - CLINTON, MD 20735	87-1640326		10,000.	0.			DIRECT GRANTS TO THE SMALL BUSINESSES
J.R DEXTER INC DBA FORKS ON THE LEFT CATERING - 13245 ATLANTIC BLVD, SUITE 4-341 - JACKSONVILLE, FL 32225	27-4373133		10,000.	0.			DIRECT GRANTS TO THE SMALL BUSINESSES

Schedule I (Form 990)

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BRAXTON RESTAURANT AND BAR LLC DBA MR. BRAXTON BAR & KITCHEN - 3632 GEORGIA AVE NW - WASHINGTON, DC 20010	83-4036641		10,000.	0.			DIRECT GRANTS TO THE SMALL BUSINESSES
SLUTTY VEGAN ATL 1542 RALPH DAVID ABERNATHY BLVD ATLANTA, GA 30310	83-2480216		10,000.	0.			DIRECT GRANTS TO THE SMALL BUSINESSES
MIMI RESTAURANT LLC 2523 PENNSYLVANIA AVE SE WASHINGTON, DC 20020	85-1883801		10,000.	0.			DIRECT GRANTS TO THE SMALL BUSINESSES
MS DANW'S KITCHEN AND CAFE LLC 141 I ROUTE 130 SOUTH #328 CINNAMINSON, NJ 08077	46-3122519		10,000.	0.			DIRECT GRANTS TO THE SMALL BUSINESSES
MULTI MILLIONAIRE GROUP 3692 LIGHTVIEW LANE JACKSONVILLE, FL 32225	82-5088477		10,000.	0.			DIRECT GRANTS TO THE SMALL BUSINESSES
LOQUACIOUS CULINARY EVENTS INC 3120 W CARROLL CHICAGO, IL 60612	47-2852849		10,000.	0.			DIRECT GRANTS TO THE SMALL BUSINESSES
AFRICA KITCHEN DBA OPEN CRUMB 1243 GOOD HOPE RD, SE WASHINGTON, DC 20020	81-5178705		10,000.	0.			DIRECT GRANTS TO THE SMALL BUSINESSES
DESIGNSTYLES FOR LIV-N 6450 EVANS DRIVE, UNIT 912 REX, GA 30273	46-1025882		10,555.	0.			DIRECT GRANTS TO THE SMALL BUSINESSES
LAVIE SCRUBS LLC 5280 10TH AV N STE F GREENACRES, FL 33437	84-2859058		10,000.	0.			DIRECT GRANTS TO THE SMALL BUSINESSES

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SAGE CLEANING SERVICES LLC 2988 GENOA PL WEST PALM BEACH, FL 33406	84-4663037		10,000.	0.			DIRECT GRANTS TO THE SMALL BUSINESSES
CODETTA BAKE SHOP LLC 1801 BELT ST BALTIMORE, MD 21230	83-3035233		10,000.	0.			DIRECT GRANTS TO THE SMALL BUSINESSES
SUGA & SPICE INC 6636 SOUTH VERNON AVE CHICAGO, IL 60643	82-2869490		10,000.	0.			DIRECT GRANTS TO THE SMALL BUSINESSES
SOUL FITNESS STUDIO HEALTH & WELLNESS CENTER LLC - 1125-5 CESERY BOULEVARD - JACKSONVILLE, FL 32211	27-3118099		10,000.	0.			DIRECT GRANTS TO THE SMALL BUSINESSES
WILL HARDOMAR CORPORATION 5400 FEDERAL PLAZA SUITE 2400 HAMMOND, IN 46320	81-4120256		10,000.	0.			DIRECT GRANTS TO THE SMALL BUSINESSES
MASTERMIND QUIZINE, LLC 4323 FLINT HILL DR 304 OWINGS MILLS, MD 21117	85-2210226		10,000.	0.			DIRECT GRANTS TO THE SMALL BUSINESSES
THE URBAN OYSTER 3300 CLIPPER MILL ROAD BALTIMORE, MD 21211	82-0968253		10,000.	0.			DIRECT GRANTS TO THE SMALL BUSINESSES
THE HAMILTON LLC THE HAMILTON SPORTS BAR & GRILL - 5506 HARFORD ROAD - BALTIMORE, MD 21214	86-3024586		10,000.	0.			DIRECT GRANTS TO THE SMALL BUSINESSES
LONNIE'S BOY SOUL COOKIN 2800 EUCLID AVE CLEVELAND, OH 44115	85-0497965		10,000.	0.			DIRECT GRANTS TO THE SMALL BUSINESSES

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SQUASH THE BEEF LLC 901 LANCEWOOD DRIVE MACEDONIA, OH 44056	83-3726610		10,000.	0.			DIRECT GRANTS TO THE SMALL BUSINESSES
ATIR CATERING AND EVENT PLANNING LLC - 11410 EDGE PARK DRIVE - GARFIELD HEIGHTS, OH 44125	30-0728191		10,000.	0.			DIRECT GRANTS TO THE SMALL BUSINESSES
NDDCALLC 1728 E. NORTHERN PARKWAY BALTIMORE, MD 21239	84-3545231		10,000.	0.			DIRECT GRANTS TO THE SMALL BUSINESSES
ARLENE'S CATERING LLC 1060 OXFORD ROAD CLEVELAND HEIGHTS, OH 44121	46-2159947		10,000.	0.			DIRECT GRANTS TO THE SMALL BUSINESSES
CYNTON HOLDINGS 9306 COLUMBIA AVENUE CLEVELAND, OH 44108	45-2957208		10,000.	0.			DIRECT GRANTS TO THE SMALL BUSINESSES
EXQUISITE CATERING & EVENTS LLC 6116 S. RHODES AVE CHICAGO, IL 60637	82-2169734		10,000.	0.			DIRECT GRANTS TO THE SMALL BUSINESSES
YO MAMAS KITCHEN LLC 1459 NORTH 52ND ST PHILADELPHIA, PA 19131	82-1777709		10,000.	0.			DIRECT GRANTS TO THE SMALL BUSINESSES
KB CULINARY CREATIONS 250 E 270TH ST EUCLID, OH 44132	85-0689388		10,000.	0.			DIRECT GRANTS TO THE SMALL BUSINESSES
BOOGIES'S CHICAGO STYLE BBQ LLC 1767 TEXAS PKWY MISSOURI CITY, TX 77489	81-2499993		10,000.	0.			DIRECT GRANTS TO THE SMALL BUSINESSES

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TROPICAL VYBES RESTAURANT 1902 CEDRIC ROAD BALTIMORE, MD 21216	84-2047467		10,000.	0.			DIRECT GRANTS TO THE SMALL BUSINESSES
SS CAFE LLC 2110 E MONUMENT ST BALTIMORE, MD 21205	83-3380594		10,000.	0.			DIRECT GRANTS TO THE SMALL BUSINESSES
LIZZIE RESTAURANT LLC 8436 TOM DR BATON ROUGE, LA 70815	81-4612120		10,000.	0.			DIRECT GRANTS TO THE SMALL BUSINESSES
NUKSY'S FINE CATERING LLC PO BOX 1463 MISSOURI CITY, TX 77459	45-4709356		10,000.	0.			DIRECT GRANTS TO THE SMALL BUSINESSES
THE CLEVELAND FISH AND SEAFOOD COMPANY LLC - 3929 EAST 120TH ST - CLEVELAND, OH 44105	83-2818492		10,000.	0.			DIRECT GRANTS TO THE SMALL BUSINESSES
TOASTERS HOUSTON LLC 5101 ALMEDA RD HOUSTON, TX 77004	47-4427669		10,000.	0.			DIRECT GRANTS TO THE SMALL BUSINESSES
MARTHA'S KITCHEN, LLC 723 OAK LANE AVE PHILADELPHIA, PA 19126	47-4480338		10,000.	0.			DIRECT GRANTS TO THE SMALL BUSINESSES
MY FISH STOP LLC 14843 BURBANK BLVD, BUILDING ONE HA SHERMAN OAKS, CA 91411	83-1499348		10,000.	0.			DIRECT GRANTS TO THE SMALL BUSINESSES
SHERMAN OAKS 3835 WEST 59TH PLACE LOS ANGELES, CA 90043	86-2311487		10,000.	0.			DIRECT GRANTS TO THE SMALL BUSINESSES

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MISS VICKI'S SOUTHERN KITCHEN LLC 8207 HARRY DR BATON ROUGE, LA 70806	83-1364496		10,000.	0.			DIRECT GRANTS TO THE SMALL BUSINESSES
LOUISIANA CREOLE CREATIONS LLC 2490 DELTA ST BATON ROUGE, LA 70808	83-1960712		10,000.	0.			DIRECT GRANTS TO THE SMALL BUSINESSES
BUTTERLY FOODS LLC 254 RICHARDSON RD ATLANTA, GA 30314	84-2093639		10,000.	0.			DIRECT GRANTS TO THE SMALL BUSINESSES
27TH STREET BAKERY INC 2700 S. CENTRAL AVE LOS ANGELES, CA 90011	80-0268510		10,000.	0.			DIRECT GRANTS TO THE SMALL BUSINESSES
CARR'S BBQ 232 ADDY LN STOCKBRIDGE, GA 30281	82-4584112		10,000.	0.			DIRECT GRANTS TO THE SMALL BUSINESSES
FLAVORS OF THE ISLE 1174 MADELEINE CIR CINCINNATI, OH 45231	47-1293899		10,000.	0.			DIRECT GRANTS TO THE SMALL BUSINESSES
DVTOGO MOBILE CATERING 8714 CAPITAL AVE CLEVELAND, OH 44104	83-3542791		10,000.	0.			DIRECT GRANTS TO THE SMALL BUSINESSES
931 SPRING INC WIN WIN COFFEE BAR 931 SPRING GARDEN STREET PHILADELPHIA, PA 19123	46-0760457		50,000.	0.			DIRECT GRANTS TO THE SMALL BUSINESSES
THE KAFE 6710 ST. CLAIR AVE CLEVELAND, OH 44103	85-0738077		10,000.	0.			DIRECT GRANTS TO THE SMALL BUSINESSES

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MAAS SOLUTIONS GROUP LLC 2850 WEST HORIZON RIDGE PARKWAY STE HENDERSON, NV 89052	86-2883938		5,555.	0.			DIRECT GRANTS TO THE SMALL BUSINESSES
B&R BURGERS INC 3512 W. ROSECRANS AVE HAWTHORNE, CA 90250	82-4037578		10,000.	0.			DIRECT GRANTS TO THE SMALL BUSINESSES
BYPASSLINES 2051 CATON ST 8196 NEW ORLEANS, LA 70122	32-0586220		5,555.	0.			DIRECT GRANTS TO THE SMALL BUSINESSES
ISLAND TROPICS RESTAURANT INC 2527 N MAIN ST JACKSONVILLE, FL 32206	65-1232025		10,000.	0.			DIRECT GRANTS TO THE SMALL BUSINESSES
BREAKFAST BOWLS & BURRITOS LLC 962 ST JOHNS BLUFF RD N JACKSONVILLE, FL 32225	83-3996374		10,000.	0.			DIRECT GRANTS TO THE SMALL BUSINESSES
MY SEASON CHICKEN AND RIBS INC 10952 SAWTOOTH OAK CT JACKSONVILLE, FL 32218	81-1365247		10,000.	0.			DIRECT GRANTS TO THE SMALL BUSINESSES
BELLANOLA LIFESTYLE MGMT LLC 6030 BRIGHTON PL NEW ORLEANS, LA 70131	27-4549938		10,000.	0.			DIRECT GRANTS TO THE SMALL BUSINESSES
GOOD AS BURGERS LLC 800 FORREST ST NW ATLANTA, GA 30318	85-1252310		10,000.	0.			DIRECT GRANTS TO THE SMALL BUSINESSES
DECOR INTERIOR DESIGN INC 2937 E 4TH ST LOS ANGELES, CA 90033	20-3541787		5,555.	0.			DIRECT GRANTS TO THE SMALL BUSINESSES

Schedule I (Form 990)



**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ELIJAH CAMERA ART AND MOBILE STUDIO - 2607 CAMBERWELL COURT - WINDSOR MILL, MD 21244	81-2080020		5,555.	0.			DIRECT GRANTS TO THE SMALL BUSINESSES
DAIQ'S LLC 7333 WEST SAM HOUSTON PARKWAY SOUTH HOUSTON, TX 77072	82-1015341		10,000.	0.			DIRECT GRANTS TO THE SMALL BUSINESSES
TEAGUE'S BAR-B-QUE 3307 SPRING STUEBNER RD, STE B SPRING, TX 77389	87-4012934		10,000.	0.			DIRECT GRANTS TO THE SMALL BUSINESSES
MY DADDY'S RECIPES 609 W HYDE PARK BLVD #10 INGLEWOOD, CA 90302	86-2344896		10,000.	0.			DIRECT GRANTS TO THE SMALL BUSINESSES
THE BREAKFAST KLUB INC 3711 TRAVIS ST HOUSTON, TX 77002	30-0124497		10,000.	0.			DIRECT GRANTS TO THE SMALL BUSINESSES
AUDREY MAE'S CATERING LLC 17 TENNYSON PLACE NEW ORELANS, LA 70131	47-2408907		10,000.	0.			DIRECT GRANTS TO THE SMALL BUSINESSES
SUGAR LOU'S SOUTHERN CREOLE CUISINE - 1609 PARK AVE - SHREVEPORT, LA 71103	47-4866208		10,000.	0.			DIRECT GRANTS TO THE SMALL BUSINESSES
VITIMAN KANDLE LLC 1400 E 105TH STREET CLEVELAND, OH 44106	47-3032428		5,555.	0.			DIRECT GRANTS TO THE SMALL BUSINESSES
SCRUBS TO THE RESCUE 2950 OLD SPANISH TRAIL STE #162 HOUSTON, TX 77054	61-1958970		25,000.	0.			DIRECT GRANTS TO THE SMALL BUSINESSES

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OMG SEAFOOD & DAIQUIRIS 2528 CALUMET HOUSTON, TX 77004	84-3676736		10,000.	0.			DIRECT GRANTS TO THE SMALL BUSINESSES
GALLERY GUICHARD 436 E 47TH STREET CHICAGO, IL 60653	68-0602592		75,000.	0.			DIRECT GRANTS TO THE SMALL BUSINESSES

**Part III Grants and Other Assistance to Domestic Individuals.** 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 noncash assistance
EDUCATION, EQUITY AND EXCELLENCE PROJECT	4	61,302.	0.		
FORGIVENESS OF LOAN TO SMALL BUSINESSES	5	45,555.	0.		

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

**PART I, LINE 2:**

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.

**SCHEDULE I, PART II, COLUMN H - PURPOSE OF GRANT**

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.

**Part IV** Supplemental Information

SCHEDULE I, PART II AND PART III

ACCORDING TO 2021 STATEMENT OF FUNCTIONAL EXPENSES, TOTAL GRANT AND OTHER ASSISTANCE ARE \$26,450,038 WHICH INCLUDES \$26,343,181 GOVERNMENT SUBCONTRACT PAYMENTS AND PAYMENTS TO ORGANIZATIONS, \$106,857 AWARDS/GRANTS AND FORGIVENESS OF LOANS TO SMALL BUSINESSES.

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees  
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
 ▶ Attach to Form 990.  
 ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**2021**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

Employer identification number  
**13-1840489**

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on 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 (such as 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 directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? .....

**3** Indicate which, if any, of the following the 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 on 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), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

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

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

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

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

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

**8** Were any amounts reported on 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" on 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>		

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

Schedule J (Form 990) 2021

**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 on 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 aren't 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 and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) MARC H MORIAL PRESIDENT AND CEO	(i)	589,194.	400,000.	150,000.	13,094.	43,514.	1,195,802.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) DENNIS SERRETTE SVP OF DEVELOPMENT	(i)	329,093.	0.	0.	13,094.	43,514.	385,701.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) WANDA JACKSON SVP OF TALENT MANAGEMENT	(i)	260,799.	0.	0.	11,947.	67,878.	340,624.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) RHONDA SPEARS BELL SVP OF MARKETING/COMMUNICATIONS	(i)	274,839.	0.	0.	12,248.	43,514.	330,601.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) DONALD R. CRAVINS EVP/COO	(i)	291,416.	0.	0.	13,094.	4,416.	308,926.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) HERMAN LESSARD SVP OF AFFILIATE SERVICES	(i)	261,607.	0.	0.	11,947.	30,382.	303,936.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**Part III** Supplemental Information

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.

PART I, LINE 1A:

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

**Supplemental Information on Tax-Exempt Bonds**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.**  
▶ **Attach to Form 990.** ▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

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

Employer identification number  
**13-1840489**

<b>Part I Bond Issues</b>											
<b>SEE PART VI FOR COLUMN (F) CONTINUATIONS</b>											
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No	Yes	No
<b>A</b> TRUIST NEW YORK HOUSING FINANCE	56-1074313	NONE	08/17/17	4,250,000.	TO PURCHASE A CONDO OFFICE AS W		X		X		X
<b>B</b> AGENCY ("NYHFA")	13-6019627	NONE	07/30/20	22500000.	TO FINANCE A PORTION OF ACTUAL		X		X		X
<b>C</b>											
<b>D</b>											

<b>Part II Proceeds</b>										
	<b>A</b>		<b>B</b>		<b>C</b>		<b>D</b>			
<b>1</b> Amount of bonds retired										
<b>2</b> Amount of bonds legally defeased										
<b>3</b> Total proceeds of issue	4,250,000.		22,500,000.							
<b>4</b> Gross proceeds in reserve funds										
<b>5</b> Capitalized interest from proceeds										
<b>6</b> Proceeds in refunding escrows										
<b>7</b> Issuance costs from proceeds	138,424.									
<b>8</b> Credit enhancement from proceeds										
<b>9</b> Working capital expenditures from proceeds										
<b>10</b> Capital expenditures from proceeds	4,111,576.		22,500,000.							
<b>11</b> Other spent proceeds										
<b>12</b> Other unspent proceeds										
<b>13</b> Year of substantial completion	2017		2025							
	Yes	No	Yes	No	Yes	No	Yes	No		
<b>14</b> Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?		X		X						
<b>15</b> Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?		X		X						
<b>16</b> Has the final allocation of proceeds been made?	X			X						
<b>17</b> Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X							



<b>Part III Private Business Use</b>								
	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? .....		X		X				
<b>2</b> Are there any lease arrangements that may result in private business use of bond-financed property? .....		X		X				
<b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property? .....		X		X				
<b>b</b> If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
<b>c</b> Are there any research agreements that may result in private business use of bond-financed property? .....		X		X				
<b>d</b> If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property? ...								
<b>4</b> Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government .....								
<b>5</b> Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government .....								
<b>6</b> Total of lines 4 and 5 .....								
<b>7</b> Does the bond issue meet the private security or payment test? .....		X	X					
<b>8a</b> Has there been a sale or disposition of any of the bond-financed property to a non-governmental person other than a 501(c)(3) organization since the bonds were issued?		X		X				
<b>b</b> If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of .....								
<b>c</b> If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? .....								
<b>9</b> Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2? .....		X		X				

<b>Part IV Arbitrage</b>								
	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? .....		X		X				
<b>2</b> If "No" to line 1, did the following apply?								
<b>a</b> Rebate not due yet? .....		X		X				
<b>b</b> Exception to rebate? .....		X		X				
<b>c</b> No rebate due? .....		X		X				
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed .....								
<b>3</b> Is the bond issue a variable rate issue? .....	X			X				

Part IV Arbitrage (continued)	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue? .....	X		X					
b Name of provider .....	BB&T		NYHFA					
c Term of hedge .....	8.0000000		5.0000000					
d Was the hedge superintegrated? .....		X		X				
e Was the hedge terminated? .....		X		X				
5a Were gross proceeds invested in a guaranteed investment contract (GIC)? .....		X		X				
b Name of provider .....								
c Term of GIC .....								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? .....								
6 Were any gross proceeds invested beyond an available temporary period? .....		X		X				
7 Has the organization established written procedures to monitor the requirements of section 148? .....		X		X				

Part V Procedures To Undertake Corrective Action	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation isn't available under applicable regulations? .....		X		X				

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K. See instructions.

**SCHEDULE K, PART I, BOND ISSUES:**

(A) ISSUER NAME: TRUIST

(F) DESCRIPTION OF PURPOSE:  
TO PURCHASE A CONDO OFFICE AS WORKSPACE FOR THE DC OFFICE.

(A) ISSUER NAME: NEW YORK HOUSING FINANCE AGENCY ("NYHFA")

(F) DESCRIPTION OF PURPOSE:  
TO FINANCE A PORTION OF ACTUAL COSTS OF THE DEVELOPMENT PROJECT.

**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
▶ Attach to Form 990 or Form 990-EZ.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

Open to Public  
Inspection

Name of the organization

NATIONAL URBAN LEAGUE, INC.

Employer identification number

13-1840489

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

PARITY, POWER AND CIVIL RIGHTS.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

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.

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

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.

EXPENSES \$ 3,334,793. INCLUDING GRANTS OF \$ 904,672. REVENUE \$ 800,336.

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

EXPENSES \$ 6,128,261. INCL GRANTS OF \$ 2,427,639. REVENUE \$ 190,000.

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

CIVIL RIGHTS AND RACIAL JUSTICE EMPOWERMENT GUARANTEES EQUAL PARTICIPATION IN ALL FACETS OF AMERICAN SOCIETY THROUGH PROACTIVE PUBLIC POLICIES AND COMMUNITY-BASED PROGRAMS.  
EXPENSES \$ 356,793. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION B, LINE 11B:

PROCESS USED BY MANAGEMENT &/OR GOVERNING BODY TO REVIEW 990 :

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

FORM 990, PART VI, SECTION B, LINE 12C:

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

FORM 990, PART VI, SECTION B, LINE 15:

THE PROCESS FOR DETERMINING COMPENSATION FOR CEO AND OTHER KEY EMPLOYEES CEO COMPENSATION IS APPROVED BY A BOARD COMPENSATION COMMITTEE. AND THE STAFF MEMBERS' COMPENSATIONS ARE 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 VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

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

Name of the organization NATIONAL URBAN LEAGUE, INC.	Employer identification number 13-1840489
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OK, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI

FORM 990, PART VI, SECTION C, LINE 19:

AVAILABILITY OF GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND  
FINANCIAL STATEMENTS

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

FORM 990, PART IX, LINE 11G, OTHER FEES:

ORGANIZING/STREET STEAM MODEL WITH THE GOAL OF NORMALIZING VACCINES:

PROGRAM SERVICE EXPENSES	3,400,000.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	3,400,000.

OTHER FEES:

PROGRAM SERVICE EXPENSES	7,161,892.
MANAGEMENT AND GENERAL EXPENSES	1,132,983.
FUNDRAISING EXPENSES	1,528,446.
TOTAL EXPENSES	9,823,321.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	13,223,321.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

PENSION-RELATED CHANGES OTHER THAN NET PERIODIC PENSION

COSTS	1,999,492.
GAIN IN FAIR VALUE OF INTEREST RATE SWAP OBLIGATION	-153,834.

Name of the organization  
NATIONAL URBAN LEAGUE, INC.

Employer identification number  
13-1840489

TOTAL TO FORM 990, PART XI, LINE 9 1,845,658.

(This area contains horizontal lines for additional information.)

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

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

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021**

Open to Public Inspection

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

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
URBAN LEAGUE EMPOWERMENT CENTER, LLC - 46-2367585, 80 PINE STREET, NEW YORK, NY 10005	SEE PART VII	NEW YORK	16,650,000.	75,379,834.	NATIONAL URBAN LEAGUE, INC.
ULEC NUL HQ LOCAL DEVELOPMENT CORPORATION - 85-1119633, 80 PINE STREET, NEW YORK, NY 10005	GROUND LEASE HOLDER FOR OFFICE CONDOMINIUM SPACE	NEW YORK	0.	0.	NATIONAL URBAN LEAGUE, INC.
ULEC RETAIL LLC - 85-1068539 80 PINE STREET NEW YORK, NY 10005	SUBLEASE THROUGH ULEC NUL HARLEM REVITALIZE LOCAL DEVELOPMENT CORPORATION	NEW YORK	0.	0.	NATIONAL URBAN LEAGUE, INC.
ULEC NUL HARLEM REVITALIZE LOCAL DEVELOPMENT CORPORATION - 85-1105918, 80 PINE STREET, NEW YORK, NY 10005	GROUND LEASE HOLDER FOR RETAIL CONDOMINIUM SPACE	NEW YORK	0.	0.	NATIONAL URBAN LEAGUE, INC.

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
THE URBAN EMPOWERMENT FUND - 90-0853595 80 PINE STREET NEW YORK, NY 10005	SEE PART VII	NEW YORK	501(C)(3)	LINE 7	NATIONAL URBAN LEAGUE, INC.	X	
ULEC LEVERAGE INC - 85-4352949 80 PINE STREET NEW YORK, NY 10005	NMTC TRANSACTIONS	NEW YORK	501(C)(3)	LINE 12A, I	NATIONAL URBAN LEAGUE, INC.	X	
NUL CIVIC ENGAGEMENT FUND - 85-1630406 80 PINE STREET NEW YORK, NY 10005	POTENTIAL DEVELOPMENT BEYOND HQ PROJECT	DELAWARE	501(C)(4)		NATIONAL URBAN LEAGUE, INC.	X	

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

Schedule R (Form 990) 2021

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No



**Part V Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

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

**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity .....		X
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....		X
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....		X
<b>d</b> Loans or loan guarantees to or for related organization(s) .....		X
<b>e</b> Loans or loan guarantees by related organization(s) .....		X
<b>f</b> Dividends from related organization(s) .....		X
<b>g</b> Sale of assets to related organization(s) .....		X
<b>h</b> Purchase of assets from related organization(s) .....		X
<b>i</b> Exchange of assets with related organization(s) .....		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....		X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....		X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....		X
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....		X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....		X
<b>o</b> Sharing of paid employees with related organization(s) .....	X	
<b>p</b> Reimbursement paid to related organization(s) for expenses .....		X
<b>q</b> Reimbursement paid by related organization(s) for expenses .....		X
<b>r</b> Other transfer of cash or property to related organization(s) .....		X
<b>s</b> Other transfer of cash or property from related organization(s) .....		X

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

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) <small>Are all partners sec. 501(c)(3) orgs.?</small>		(f) Share of total income	(g) Share of end-of-year assets	(h) <small>Dispropor- tionate allocations?</small>		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) <small>General or managing partner?</small>		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

**Part VII** Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

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

THE URBAN LEAGUE EMPOWERMENT CENTER, LLC (ULEC) IS IN BUSINESS SOLELY TO (A) OWN A LEASEHOLD INTEREST IN THE PROPERTY LOCATED AT 121 WEST 125TH STREET, NEW YORK, NEW YORK, (B) HOLD, MANAGE, MAINTAIN, OPERATE, IMPROVE, DEVELOP, CONSTRUCT, EXCHANGE, LEASE SUBLEASE, CONVEY, ENCUMBER, SUBDIVIDE INTO CONDOMINIUM UNITS, FINANCE AND OTHERWISE USE THE LEASEHOLD INTEREST AND ITS RIGHTS IN THE UNDERLYING PROPERTY AND (C) DO ANY AND ALL OTHER ACTS THAT MAY BE NECESSARY OR INCIDENTAL TO CARRY ON THE BUSINESS OF ULEC. THE LEAGUE IS THE SOLE MANAGING MEMBER OF ULEC.

SCHEDULE R, PART II, COLUMN (B) - PRIMARY ACTIVITY

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

# Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**  
▶ **Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits).

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

<b>Type or print</b>	Name of exempt organization or other filer, see instructions. <b>NATIONAL URBAN LEAGUE, INC.</b>	Taxpayer identification number (TIN) <b>13-1840489</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. <b>80 PINE STREET, 9TH FLOOR</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>NEW YORK, NY 10005</b>	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 1

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

**CALVIN H. HARRIS JR.**

- The books are in the care of ▶ **80 PINE STREET, SUITE 900 - NEW YORK, NY 10005**

Telephone No. ▶ **212-558-5300** Fax No. ▶ \_\_\_\_\_

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

**1** I request an automatic 6-month extension of time until **NOVEMBER 15, 2022**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
▶  calendar year **2021** or  
▶  tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_.

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

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

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.