Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

► Do not enter social security numbers on this form as it may be made public. Go to www irs aov/Form990 for instructions and the latest information. ► Go to www irs gov/Form990 for instructions and the latest information.

OMP No 1545-0047
(2017)
Opento Publica
Inspection

A	For the 2017 (calendar year, or tax year beginning 10/01/17, and ending 09/30/18	10	
B C	heck if applicable	C Name of organization	D Employ	er identification number
A	ddress change	GREATER WASHINGTON URBAN LEAGUE INC	_	
X	lame change	Doing business as		208981
\equiv	-	Number and street (or P O box if mail is not delivered to street address) Room/suite 2901 14TH STREET NW	E Telephor	ne number 265-8200
	nitial return inal return/	City or town, state or province, country, and ZIP or foreign postal code	1202	203 0200
	erminated	WASHINGTON DC 20009	C C	ceipts\$ 4,279,861
A	mended retum	F Name and address of principal officer	G Gross re	
$ \bigcap A $	application pending	GEORGE H. LAMBERT JR.	roup return for	subordinates Yes X No
לא ח		2901 14TH STREET NW H(b) Are all st	bordinates in	cluded? Yes No
\mathcal{L}			," attach a list	(see instructions)
\\\\-\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Tax-exempt status			
		IWW . GWUL . ORG	emotion numi	ner D
	orm of organization			M State of legal domicile DC
		ummary		
		escribe the organization's mission or most significant activities		
8	-	SCHEDULE O		
ian l				
Governance				
<u> </u>	2 Check th	his box 🗂 if the organization discontinued its operations or disposed of more than 25% of its ne	t assets.	
		of voting members of the governing body (Part VI, line 1a)	3	25
S	4 Number	of independent voting members of the governing body (Part VI, line 1b)	4	25
<u> </u>	, 5 Total nui	mber of individuals employed in calendar year 2017 (Part V, line 2a)	5	39
	6 Total nur	mber of volunteers (estimate if necessary)	6	500
-	7a Total uni	related business revenue from Part VIII, column (G), line 12	7a	0
DCT Activities &	b Net unre	lated business taxable income from Form 990-T, line 34-CEIVED	7b	0
		Drior V.		Current Year
Le l		tions and grants (Part VIII, line 1h) service revenue (Part VIII, line 2g) AUG 21 2019	0,486	3,188,008
SCRevenueD	9 Program		- 106	0
- €}		ent income (Part VIII, column (A), lines 3, 4, and 7d)	6,496	
က္တို		venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c) and 10c)	2,952	
\(\sigma\)		**************************************	9,934	3,868,649
		and similar amounts paid (Part IX, column (A), lines 1–3)		<u> </u>
_		paid to or for members (Part IX, column (A), line 4)	5 7/2	2 216 210
. 2010 Expenses	15 Salaries,	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	5,743	
5. E	16aProtessi		2,275	68,830
~ 2 화	b lotal tun	idraising expenses (Part IX, column (D), line 25) ▶ 0	4,046	1,870,127
Lru			2,046	
c			$\frac{2,084}{2,130}$	
급등	19 Revenue	e less expenses. Subtract line 18 from line 12 -7 Beginning of Ct		End of Year
Sets or	20 Total ass		1,951	7,822,141
Ass Bal			9,545	
Net · ·			2,406	
	- ,	gnature Block		
• —		penury, I declare that I have examined this return, including accompanying schedules and statements, and to	the best o	f my knowledge and belief, it is
		complete Declaration of preparer (other than officer) is based on all information of which preparer has any kn		
نعها ا		Thinks (16)		8/14/19
🅰 Sig	n F	Signature of officer	Date	, , , ,
Her	re 📗 _	KIMBERLY CORBIN CFO		
	T	ype or print name and title		
<u> </u>	1	pe preparer's name Preparer's signature Date	Check	∟
Paid	1110141		1/19 self-en	nployed
•	parer Firm's na		Firm's EIN	
Use	Only	4828 LOOP CENTRAL DR STE 1000		840 666 465
	Firm's ad		Phone no	713-968-1600
		ss this return with the preparer shown above? (see instructions)		Yes No
For F	Paperwork Red	luction Act Notice, see the separate instructions.	ally	Form 990 (2017)

	n 990 (2017) GREATER WASHINGTON URBAN LEAGUE INC53-0208981		P	age
IP.	artilivi Checklist of Required Schedules			
	1		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	١,		
_	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2_	^	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	3		х
	candidates for public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	3		^
4	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	-		^
3	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	 		
•	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9	X	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more	l		٠,
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			v
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
a	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	11d		Х
_	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	116		
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," <i>complete</i>	<u> </u>		
	Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	, in	X
I4a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			_
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	1	,,	
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	Х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on		. ,	
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	X	

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?

Form **990** (2017)

If "Yes," complete Schedule G, Part III

23 F4 C	divisiva Checklist of Required Schedules (continued)		Yes	NI.
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	res	X
zua b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	1202		 -
۷,	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	 		
	Part IX, column (A), line 2° If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	Х	ĺ
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			<u> </u>
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
_	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			1
	disqualified persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			İ
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,		羅	
	Part IV instructions for applicable filing thresholds, conditions, and exceptions).	72.25		
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	X	
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			1
	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			1
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			۱
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			37
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			37
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,		v	
	or IV, and Part V, line 1	34	X	v
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	356		
20	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	26		X
27	related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,	37		X
38	Part VI Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	31		
30	19? Note. All Form 990 filers are required to complete Schedule O	38	x	
	10 - 1494947 m 1 OHH OOD HIGH GIC LOQUINGS TO COHIDIGIO COHIDIGIO C	,		

COR. SML	Check if Schedule O contains a response or note to any line in this Pa	nt V					
						Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	112		1	**************************************	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		**************************************		7 7
С	Did the organization comply with backup withholding rules for reportable payments to vendors an	d				***	
	reportable gaming (gambling) winnings to prize winners?				1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax					~ 1	
	Statements, filed for the calendar year ending with or within the year covered by this return	2a	39		1 7 July 2011	4	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax	returns	s?		2b	_X	<u>.</u>
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruc	tions)				- '- '- '- '- '- '- '- '- '- '- '- '- '-	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?				3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in School	lule O			3b		<u></u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or ot	her au	uthority				
	over, a financial account in a foreign country (such as a bank account, securities account, or other	r finar	ncial				
	account)?				4a	-	X
b	If "Yes," enter the name of the foreign country					7 E	
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Finance	al Ac	counts				·
	(FBAR).				. <u> </u>	la.	
5a					5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter tra	nsacti	on?		5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?				5c		,
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and d	id the					
	organization solicit any contributions that were not tax deductible as charitable contributions?			-	6a	-	<u>X</u>
b	If "Yes," did the organization include with every solicitation an express statement that such contrib	oution	s or				
	gifts were not tax deductible?			-	6b		
7	Organizations that may receive deductible contributions under section 170(c).	_	_		7.4	1,247.2	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly	for go	ods			لمست	لتسن
	and services provided to the payor?			-	7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			-	7b	X	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which	it was		,	٦.		v
	required to file Form 8282?	ايرسا	I	-	7c		<u>X</u>
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	troot?		7e		X
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of			-	7f		$\frac{\Lambda}{X}$
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit of			equired?	7g		X
g	if the organization received a contribution of qualified intellectual property, did the organization file if the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization				79 7h		X
h 8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maint			1111 1030-0	1,21,1	_ 14£	1
0	sponsoring organizations maintaining donor advised ratios. Did a donor advised ratio responsoring organization have excess business holdings at any time during the year?	airieu	by the	-	8		لتست
9	Sponsoring organizations maintaining donor advised funds.				., Ş.,	į.	- , i
a	Did the sponsoring organization make any taxable distributions under section 4966?				9a		Browner
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			ľ	9b		
10	Section 501(c)(7) organizations. Enter			ľ	e. '-	- (=	- 1
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			4 A.		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			,		- · . 🖫
11	Section 501(c)(12) organizations. Enter			•	7 4	4	
а	Gross income from members or shareholders	11a					′ ′ .
b	Gross income from other sources (Do not net amounts due or paid to other sources					, , , , , , , , , , , , , , , , , , ,	
	against amounts due or received from them.)	11b			Mary and		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of f	orm 1	1041?	-	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			7 7 40 1 4 74 40 1		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.						
а	Is the organization licensed to issue qualified health plans in more than one state?				13a]	
	Note. See the instructions for additional information the organization must report on Schedule O				7 - 3 - 3 - 5-		
b	Enter the amount of reserves the organization is required to maintain by the states in which						
	the organization is licensed to issue qualified health plans	13b			,	' 무도	4
С	Enter the amount of reserves on hand	13c			. 14 <u>4</u> 2.	- 1394.dq	
14a	Did the organization receive any payments for indoor tanning services during the tax year?				14a		<u>X</u>
<u>b</u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Sche	dule (0		14b		
DAA					Form	₁ 990	(2017)

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a. 8b. or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI X Section A. Governing Body and Management Yes No 25 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. 25 Enter the number of voting members included in line 1a, above, who are independent 1b Did any officer, director, trustee, or key employee have a family relationship or a business relationship with X 2 any other officer, director, trustee, or key employee? 3 Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors, or trustees, or key employees to a management company or other person? 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 6 6 Did the organization have members or stockholders? 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint 7a one or more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, X stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X The governing body? 8a X Each committee with authority to act on behalf of the governing body? 8b h Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at X the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code No Yes 10a 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? X 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a X Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," X 12c describe in Schedule O how this was done X 13 13 Did the organization have a written whistleblower policy? X 14 Did the organization have a written document retention and destruction policy? 14 Did the process for determining compensation of the following persons include a review and approval by 15 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X 15a The organization's CEO, Executive Director, or top management official X Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement X 16a with a taxable entity during the year? b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the 16b organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ DC , MD Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year 20 State the name, address, and telephone number of the person who possesses the organization's books and records GREATER WASHINGTON URBAN LEAGUE INC2901 14TH STREET NW 202-265-8200 DC 20009 WASHINGTON

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Form 990 (2017) GREATER 1	WASHINGI	'ON	ιu	IRB	AN	1 L	EA	GUE INC53-020	8981	Pa	age 7
Part VIII Compensation	of Officers	, Di	rec	tor	s, 1	rus	tee	s, Key Employees,	Highest Compensa	ted Employees	, and
· Independent C		•			•						
Check if Sched	ule O contair	ns a	re	spo	nse	e or	not	e to any line in this F	Part VII		<u></u>
Section A. Officers, Director	s, Trustees, Ke	еу Е	mple	oyee	es, a	and F	ligh	est Compensated Empl	oyees		
1a Complete this table for all perso organization's tax year.	ons required to	be lis	sted	Rep	port	com	pen	sation for the calendar yea	ar ending with or within th	e	
 List all of the organization's compensation. Enter -0- in column 	s (D), (E), and (F) if	no c	comp	oens	sation	n wa	s paid		ount of	
List all of the organization's containing											
 List the organization's five cu who received reportable compensa organization and any related organ 	ation (Box 5 of F	omp Form	ensa W-2	ated 2 and	em d/or	Box	es (7 of	other than an oπicer, direction 1099-MISC) of moi	ctor, trustee, or key emplore than \$100,000 from the	e e	
 List all of the organization's fit \$100,000 of reportable compensar 	ormer officers,	key ganı	emp zatio	loye n ar	es, nd a	and I	high	est compensated employed organizations	ees who received more th	an	
 List all of the organization's forganization, more than \$10,000 or List persons in the following order compensated employees, and form 	ormer director f reportable con individual truste ner such person	s or npen ees o	trus sate or du	stee: on fr recto	s tha om ors,	at red the d instit	ceive orgar utior	ed, in the capacity as a for nization and any related o nal trustees, officers, key o	rganizations employees; highest		
Check this box if neither the or	ganization nor a	any r	elate	ed or	rgar	nizati	on c	ompensated any current of	officer, director, or trustee	!. 	
(A) Name and Title	hours per week (list any			Pos check ess pe	erson	e than is both or/trus	h an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation	
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations	
(1) JESSIE PRICE	1.00										
BOARD CHAIRMAN	0.00	X		X				0	0		0
(2) MICHAEL AKIN											
,	1.00										
CHAIRMAN EMERITUS	0.00	X						0	0		0
(3) STEPHEN A. HORB	LITT										
. ,	1.00										
FIRST VICE CHAIR	0.00	X		X	<u>L</u>			0	0		0
(4) CRAIG M. MUCKLE											_
	1.00										
BOARD MEMBER	0.00	X					L	0	0		0
(C) A COOMM DOLDEN	1	1	ı	ı	ı	1	I	i		I	

(5) A. SCOTT BOLDEN 1.00 X X 0 0 0.00 0 GENERAL COUNSELOR (6) ROBERT MARSHALL 1.00 X 0 0 0 FINANCE COMM. CHAIR 0.00 X (7) BRIAN HENCE 1.00 0 0 0 BOARD MEMBER 0.00 X (8) BRANDI PETWAY 1.00 0 0 BOARD MEMBER 0.00 X 0 (9) JIM S. ANGLEMYER 1.00 0 0 0 BOARD MEMBER 0.00 X (10) EMMANUEL S. BAILEY 1.00 0 0 0 BOARD MEMBER 0.00 X (11) NORMA C. BARFIELD 1.00 0 SECRETARY 0.00 0

Form **990** (2017)

DAA

Part VII Section A. Office	ers, Directors, T	rust	ees,	Key	Em	ploy	ees	s, and Highest Compens	ated Employees (continu	ied)
(A)' Name and title	(B) Average hours per week (list any hours for	(C) Position (do not check more than or box, unless person is both officer and a director/truste						(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)		organization and related organizations
(12) MARC K. BAT	1.00									•
BOARD MEMBER (13) JACKIE BRAD	0.00	X	├					0	0	0
(13) JACKIE BRAD	1.00									
BOARD MEMBER	0.00	x						0	0	0
(14) STACY BURNE										
	1.00									0
SECOND VICE CHAIR (15) TODD E. HEA	0.00 VNER	X	├	X		-		0	0	0
(15) TODD E. REA	1.00									
BOARD MEMBER	0.00	x						0	0	0
(16) KATELYN J.	JACKSON									* · ·
	1.00	l								0
BOARD MEMBER (17) GAIL JOHNSO	0.00	X	 	_	ļ. —			0	0	0
(17) GAIL JOHNSO	1.00									
BOARD MEMBER	0.00	x						0	0	0
(18) TONYA VIDAL	KINLOW									
	1.00									0
BOARD MEMBER	0.00 ONE	X			-	<u> </u>		0	0	0
(19) ROGER A. KR	1.00							:		
BOARD MEMBER	0.00	x						0	0	0
1b Sub-total							<u> </u>			
c Total from continuation s d Total (add lines 1b and 10		l, Se	ctio	n A			>	283,334 283,334		20,948 20,948
Total number of individuals reportable compensation from the	(including but no	t lim	ited •2	to th	ose	liste	d ab	oove) who received more t	han \$100,000 of	
3 Did the organization list any	/ former officer,	direc	tor,	or tru	uste	e, ke	y er	nployee, or highest compe	ensated	Yes No
employee on line 1a? If "Ye For any individual listed on organization and related or	line 1a, is the su	m of	repo	ortab	le c	ompe	ensa	ation and other compensa	tion from the	
 individual Did any person listed on lin for services rendered to the 	e 1a receive or a	ccru	e co	mpe	nsat	ion f	rom	any unrelated organization	on or individual	4 X 5 X
Section B. Independent Contra			<u>, , , , , , , , , , , , , , , , , , , </u>	<u> </u>						
Complete this table for you compensation from the org	anızatıon. Report	npen con	sate npen	d ind	depe	nder	nt co	endar year ending with or	within the organization's	tax year
Name a	(A) nd business address							Descrip	(B) tion of services	(C) Compensation
										
	.								- -	
2 Total number of independe received more than \$100,0									0	
DAA			-					·		Form 990 (2017)

Part VII Section A. Officer	s, Directors, T	rust	ees,	Key	Em	ploy	/ees	, and Highest Compens	ated Employees (continu	ued)
(A) Name and title	(B) Average hours per week (list any hours for	bo: off	o not o k, unle	Pos check ess pe	rson Irecto	s both	an ee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)		organization and related organizations
(20) CHARITA R. M	ARINER 1.00									
BOARD MEMBER	0.00	X						0	0	0
(21) ROBIN MCCLAI	N 1.00									
BOARD MEMBER	0.00	x						o	o	0
(22) WILLA HALL S	MITH	===								
BOARD MEMBER	1.00	x						o	o	0
(23) AMANDA TALBE		1								
	1.00							,		
BOARD MEMBER	0.00	X						0	0	0
(24) HERBERT R. T	ILLERY	Ì						•		
BOARD MEMBER	1.00	x						o	o	0
	TLEY									
	1.00									
BOARD MEMBER	0.00	X						0	0	0
(26) GEORGE H. LA	MBERT JE 40.00	K .								
PRESIDENT	0.00			х				147,084	0	6,609
(27) KIMBERLY COR										
	40.00									
CFO	0.00		<u> </u>	X				136,250	0	<u>14,339</u> 20,948
1b Sub-total c Total from continuation sho	eets to Part VII	, Se	ctior	n A				283,334		20,948
d Total (add lines 1b and 1c) 2 Total number of individuals (i	ıncludına but no	t lım	ıted '	to th	ose	liste	<u></u> d ab	ove) who received more t	than \$100.000 of	
reportable compensation from										Yes No
3 Did the organization list any t									ensated	
employee on line 1a? If "Yes For any individual listed on lii	ne 1a, is the sui	n of	repo	rtab	le co	ompe	ensa	ition and other compensa	tion from the	3
organization and related orga	anizations great	er tn	an ֆ	150	,uuu	<i>'</i> 11	res	, complete Schedule J IC	or sucri	4
5 Did any person listed on line									on or individual	
for services rendered to the c Section B. Independent Contract		"Yes	s, <u>"</u> cc	отрі	ete .	Scne	auie	e J for such person		5
1 Complete this table for your f	five highest com	pen	sate	d inc	lepe	nder	nt co	ontractors that received m	ore than \$100,000 of	tov voos
compensation from the organ	(A) business address	COII	ipeni	Sauc)II 1O	ruie	Can		(B) stion of services	(C) Compensation
Name and	business address						_	Descrip	ntion of services	Compensation
							_			
							<u> </u>			
2 Total number of independent received more than \$100,000										
DAA								· - ·		Form 990 (2017)

Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (D) Revenue excluded from tax (A) Total revenue (B) Related or (C) Unrelated exempt function business under sections 512-514 revenue 1a Federated campaigns ìa. 16,120 1b b Membership dues 1c c Fundraising events d Related organizations 1d 2,816,420 1e e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above 355,468 1f q Noncash contributions included in lines 1a-1f Program Service Revenue 3,188,008 h Total. Add lines 1a-1f Busn. Code 2a b f All other program service revenue Total. Add lines 2a-2f Investment income (including dividends, interest, -7,767 -7,767 and other similar amounts) Income from investment of tax-exempt bond proceed Royalties (ı) Real (ii) Personal 332,521 6a Gross rents b Less rental exps 332,521 Rental inc or (loss 332,521 332.521 d Net rental income or (loss) 7a Gross amount from (i) Secunties (II) Other sales of assets other than invento h Less cost or other basis & sales exps c Gain or (loss) d Net gain or (loss) 8a Gross income from fundraising events Other Revenue (not including \$ of contributions reported on line 1c) 621,371See Part IV, line 18 411. 212 b Less direct expenses 210,159 210,159 c Net income or (loss) from fundraising events 9a Gross income from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Busn. Code 900099 145,728 145,728 11a OTHER h All other revenue 145,728 Total. Add lines 11a-11d 542,680 Total revenue. See instructions 3,868,649 137,961

Form **990** (2017)

DAA

	ion 501(c)(3) and 501(c)(4) organizations mus	t complete all columns A	ll other organizations mus	st complete column (A)	
	Check if Schedule O contains a res		in this Part IX		X
	ot include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals See Part IV, line 22			TE BY THE PROPERTY	
3	Grants and other assistance to foreign			The constraint	
	organizations, foreign governments, and foreign				Lagranda agranda de la companyon de la company
	ındıviduals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	336,628	150,203	186,425	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and			1	
	persons described in section 4958(c)(3)(B)	4 050 500	1 404 500	205 000	
7	Other salaries and wages	1,879,590	1,494,508	385,082	
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)	,			
9	Other employee benefits	·			
10	Payroll taxes				
11	Fees for services (non-employees)		,		
a	Management				
b	Legal				*
C	Accounting				
d	Lobbying Professional fundraising services See Part IV, line 1	7 68,830			68,830
e f	Investment management fees	, 00,030		Salar de character de la constitución de la constit	
g	Other (If line 11g amount exceeds 10% of line 25, column				
9	(A) amount, list line 11g expenses on Schedule O)	472,890	255,623	217,267	
12	Advertising and promotion	5,223	3,854	1,369	
13	Office expenses	74,419	36,569	37,850	
14	Information technology				
15	Royalties				
16	Occupancy	490,445	281,103	209,342	
17	Travel	31,947	13,434	18,513	-
18	Payments of travel or entertainment expense	s			
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	9,335	5,280	4,055	
20	Interest	294,331	109,500	184,831	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	202,190		202,190	
23	Insurance				/
24	Other expenses Itemize expenses not covered			Participant of the second of t	
	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O)				
а	OTHER EXPENSES	81,558	28,357	53,201	
b	COMMUNICATION & COMMUTING		31,024	25,850	
C	SCHOLARSHIP	54,121	54,121	04 202	
d	SUPPLIES	42,391	18,068	24,323	
е	All other expenses	54,403	420,792	-297,559	-68,830
25	Total functional expenses. Add lines 1 through 24e	4,155,175	2,902,436	1,252,739	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ if following SOP 98-2 (ASC 958-720)				

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (B) (A) End of year Beginning of year 127.14475,226 Cash—non-interest bearing Savings and temporary cash investments 494,165 3,409,923 Pledges and grants receivable, net 261,903 313,093 Accounts receivable, net 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L 7 Notes and loans receivable, net 8 Inventories for sale or use 31,113 14,823 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or 6,758,173 other basis Complete Part VI of Schedule D 3,721,673 3,521,865 3,236,308 10b 10c b Less, accumulated depreciation 11 11 Investments—publicly traded securities 12 12 Investments—other securities See Part IV, line 11 78,08585,852 Investments—program-related. See Part IV, line 11 13 13 14 14 Intangible assets 292,551 256,676 15 15 Other assets See Part IV, line 11 7,861,951 7,822,141 16 16 Total assets. Add lines 1 through 15 (must equal line 34) 309,337 1,145,309 17 Accounts payable and accrued expenses 17 18 Grants payable 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, 22 Liabilities trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 2,910,273 2,982,348 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 2,311,888 <u>3,466,656</u> of Schedule D 6,439,545 6,686,266 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here ►X and Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 829,599 629,639 Unrestricted net assets 27 27 592,807 28 506,236 28 Temporarily restricted net assets Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 31 31 Paid-in or capital surplus, or land, building, or equipment fund 32 32 Retained earnings, endowment, accumulated income, or other funds 1,422,406 33 1,135,875 Total net assets or fund balances 7,861,951 7,822,141 Total liabilities and net assets/fund balances

	1 990 (2017) GREATER WASHINGTON URBAN LEAGUE INC3-0208981			Pag	ge 12
Pa	Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				للل
1	Total revenue (must equal Part VIII, column (A), line 12)	1		368,6	
2	Total expenses (must equal Part IX, column (A), line 25)	2		.55,1	
3	Revenue less expenses. Subtract line 2 from line 1	3		<u> 286,5</u>	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4_	1,4	122 <i>,</i> 4	<u> 106</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			<u>-5</u>
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10	1,1	<u>.35,8</u>	<u> 375</u>
Ŗā	irtXII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				لل
			(Richard and	Yes	No
1	Accounting method used to prepare the Form 990. Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	1 222	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				
	Separate basis Consolidated basis Both consolidated and separate basis				7.3
b	Were the organization's financial statements audited by an independent accountant?		2h) X	TEECONONI
	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				
	Separate basis X Consolidated basis 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?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in				
	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?		3a	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		3b	<u> </u>	

Form **990** (2017)

SCHEDULE A (Form 990 or 990-EZ)

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

OMB No 1545-0047 **2017**

> Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization

2

► Attach to Form 990 or Form 990-EZ.

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**. A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)

A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).

GREATER WASHINGTON URBAN LEAGUE INC 53-0208981

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

4		A medical re	search organization operat	ted in conjunction with a hospi	ıtal descri	bed in se	ction 170(b)(1)(A)(iii). Enter	the hospital's n	ame,			
		city, and stat										
5	Ш	•	tion operated for the benefi (b)(1)(A)(iv). (Complete Pa	t of a college or university owi art II)	ned or op	erated by	a governmental unit describe	ed in				
6				governmental unit described	ın sectio	n 170(b)(I)(A)(v).					
7	X		tion that normally receives section 170(b)(1)(A)(vi).	a substantial part of its suppor	rt from a (jovernme	ntal unit or from the general p	public				
8				170(b)(1)(A)(vi). (Complete I	Part II)							
9				escribed in section 170(b)(1)(e of agriculture (see instruction								
10 11		An organization receipts from support from acquired by	n activities related to its exe i gross investment income the organization after June	(1) more than 33 1/3% of its sempt functions—subject to cer and unrelated business taxables 30, 1975. See section 509(and exclusively to test for public	tain exce le income)(2). (Cor	ptions, an (less sec nplete Pa	d (2) no more than 33 1/3% of tion 511 tax) from businesse rt III.)	of its				
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 described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.											
	a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.											
	b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.											
	Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.											
	d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.											
	е			eceived a written determination on-functionally integrated sup				H				
	f	Enter the nu	mber of supported organiza	ations			•					
	g	Provide the f	following information about	the supported organization(s)) <u>. </u>							
(1)		e of supported janization	(II) EIN	(III) Type of organization (described on lines 1–10 above (see instructions))	listed in yo	organization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amoun other suppor instruction	t (see			
				, "	Yes	No	·		,			
(A)								" "				
(B)												
(C)									·			
(D)												
(E)					1							
ota			3		,							
		rwork Reducti	on Act Notice, see the Instru	uctions for Form 990 or 990-EZ.	•	· · · · · · · · · · · · · · · · · · ·	Schedule A	(Form 990 or 99	D-EZ) 2017			

Schedule A (Form 990 or 990-EZ) 2017

Partil Support Schedu 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.)

	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	3,329,282	4,799,189	4,161,019	4,460,486	3,188,008	19,937,984
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf					į	· · · · · · · · · · · · · · · · · · ·
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	3,329,282	4,799,189	4,161,019	4,460,486	3,188,008	19,937,984
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support Subtract line 5 from line 4				A CONTRACTOR OF THE PARTY OF TH		19,937,984
	tion B. Total Support	WARREN WARREN TO A CONTRACT OF THE PARTY OF	ር ተመሰው የተመሰው የተመሰው ነው። ተመሰው ተመሰው የተመሰው የተ	No sing and the standard management of	M. minimum desiring 17.5 (17.50)	amianminimen e Seiterline	13,331,3114
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4	3,329,282	4,799,189		`	3,188,008	19,937,984
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources		-,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	303,630		332,521	958,528
9	Net income from unrelated business activities, whether or not the business is regularly carried on	25,002	6,556			209,159	240,717
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)	238,749					805,969
11					at the state of the		127,943,198
12	Gross receipts from related activities, etc					12	137,961
13	First five years. If the Form 990 is for th	-	irst, second, third	, fourth, or fifth tax	c year as a section	1 501(c)(3)	. □
500	organization, check this box and stop he tion C. Computation of Public S		entage				
14	Public support percentage for 2017 (line			luma (f))		14	90.86%
15	Public support percentage for 2017 (fine Public support percentage from 2016 Sc			idiiii (1))		15	91.90%
	33 1/3% support test—2017. If the orga			ine 13, and line 14	4 is 33 1/3% or me		32.30 70
104	box and stop here . The organization qu				7 10 00 170 70 01 111	5.0, 0.,00, 0	▶ `X
b	33 1/3% support test—2016. If the organization was box and stop here. The organization	anization did not c	heck a box on line	e 13 or 16a, and l	ne 15 is 33 1/3%	or more, check	▶ □
17a	10%-facts-and-circumstances test—2			_	3. 16a. or 16b. an	d line 14 is	
	10% or more, and if the organization me Part VI how the organization meets the "	ets the "facts-and	-cırcumstances" t	est, check this bo	x and stop here .	Explain in	
	organization			-	·		▶ 🗌
b	10%-facts-and-circumstances test—2 15 is 10% or more, and if the organization Explain in Part VI how the organization r	on meets the "fact	s-and-circumstan	ces" test, check th	nis box and stop l	here.	
	supported organization						▶ ∐
18	Private foundation. If the organization of instructions	did not check a bo	ox on line 13, 16a	, 16b, 17a, or 17b	, check this box a	nd see	• [

		EATER WAS				<u>-0208981</u>	Page
P	art III Support Schedule for C						
	(Complete only if you ch						under Part II,
	If the organization fails to	o qualify under	the tests liste	ed below, plea	se complete F	art II.)	
	tion A. Public Support	r				1 1	
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")				ļ		/
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						<u> </u>
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf				/		
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year		-				
С	Add lines 7a and 7b			/			
8	Public support. (Subtract line 7c from line 6.)	-	,	/	-	-	
	tion B. Total Support			·-		, <u>-</u>	
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 201,4	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975		<i>,</i> 				
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	/					
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for the organization, check this box and stop he		irst, second, third	, fourth, or fifth ta	x year as a sectio	n 501(c)(3)	▶ [
Sec	tion C. Computation of Public		entage				
15	Public support percentage for 2017 (line			olumn (f))	<u> </u>	15	%
16	Public support percentage from 2016 Sc		•	(.,,,		16	%
	tion D. Computation of Investm						
17	Investment income percentage for 2017			e 13, column (f))		17	%
18	Investment income percentage from 201			```		18	%
19a	33 1/3% support tests—2017. If the org			line 14, and line	15 is more than 3	3 1/3%, and line	
	17 is not more than 33 1/3%, check this	•					▶
b	33 1/3% support tests—2016. If the org						nd
	line 18 is not more than 33 1/3%, check						▶ <u> </u>
20	Private foundation. If the organization of	did not check a bo	x on line 14, 19a	, or 19b, check th	is box and see ins	structions	▶ [

Part V Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? 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
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- 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)? If "Yes," describe in **Part VI** when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes." and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 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? If "Yes," provide detail in **Part VI**.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?
 If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 9a 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))? If "Yes," provide detail in **Part VI**.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI**.
- 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)? If "Yes," answer 10b below
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)

	Yes	l No
Trans.	******	W. C.A
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10a		
10a		

- of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement
- Parent of Supported Organizations Answer (a) and (b) below.
- Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.
- Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard

	Yes	No
22		
_2a		
		The second secon
2b		
		THE COLUMN TO SERVICE OF THE SERVICE OF THE COLUMN TO SERVICE OF THE SE
3a		
3b		
Form 000	A= 000	EZ) 2017

5	Income tax imposed in prior year	5	The state of the s
6	Distributable Amount. Subtract line 5 from line 4, unless subject to		The state of the s
em	nergency temporary reduction (see instructions).	6	Total of the second of the sec
7	Check here if the current year is the organization's first as a non-functionally integrat	ed Ty	pe III supporting organization (see
	instructions)		

e Excess from 2017

Schedule A (Form 990 or 990-EZ) 2017 GREATER WASHINGTON URBAN LEAGUE INC53-0208981

Page 8

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.)

PART II, LINE 10 - OTHER INCOME DETAIL

\$ 805,969

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 Open to Public

Name of the organization

Employer identification number

G	REATER WASHINGTON URBAN LEAGUE IN	C	53-0208981
	Organizations Maintaining Donor Advised		or Accounts.
	Complete if the organization answered "Yes"	on Form 990, Part IV, line 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
-			
4	Aggregate value at end of year Did the organization inform all donors and donor advisors in writing	r that the assets held in donor advised	
5	•		☐ Yes ☐ No
_	funds are the organization's property, subject to the organization's Did the organization inform all grantees, donors, and donor advisor		
6			
	only for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpose	☐ Yes ☐ No
m n :	conferring impermissible private benefit?		res No
羅 P _a Z	Conservation Easements. Complete if the organization answered "Yes"	on Form 990 Part IV line 7	
1	Purpose(s) of conservation easements held by the organization (ch		
	Preservation of land for public use (e.g., recreation or education	_	
	Protection of natural habitat	Preservation of a certified histo	ric structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified co	onservation contribution in the form of a c	
	easement on the last day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic structure		2c
d	Number of conservation easements included in (c) acquired after 7	7/25/06, and not on a	
	historic structure listed in the National Register		2d
3	Number of conservation easements modified, transferred, released	d, extinguished, or terminated by the orga	anization during the
	tax year ▶		
4	Number of states where property subject to conservation easemen	nt is located ▶	
5	Does the organization have a written policy regarding the periodic		
	violations, and enforcement of the conservation easements it holds		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, handli		tion easements during the year
	•	-	
7	Amount of expenses incurred in monitoring, inspecting, handling of	f violations, and enforcing conservation e	easements during the year
•	▶ \$	3	3
8	Does each conservation easement reported on line 2(d) above sati	isfy the requirements of section 170(h)(4	()(B)(ı)
Ū	and section 170(h)(4)(B)(ii)?	,	Yes No
a	In Part XIII, describe how the organization reports conservation eas	sements in its revenue and expense stat	
•	balance sheet, and include, if applicable, the text of the footnote to		
	organization's accounting for conservation easements		
Pρ	Organizations Maintaining Collections of A	Art. Historical Treasures, or Otl	her Similar Assets.
	Complete if the organization answered "Yes"	on Form 990, Part IV, line 8.	
10	If the organization elected, as permitted under SFAS 116 (ASC 956)		and halance sheet
ıa	works of art, historical treasures, or other similar assets held for pu		
	public service, provide, in Part XIII, the text of the footnote to its fin-		
L.			
a	If the organization elected, as permitted under SFAS 116 (ASC 956		
	works of art, historical treasures, or other similar assets held for pu		iditiie alice oi
	public service, provide the following amounts relating to these item	IS	
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
	(ii) Assets included in Form 990, Part X	_	> \$
2	If the organization received or held works of art, historical treasures		n, provide the
	following amounts required to be reported under SFAS 116 (ASC 9	958) relating to these items	
а	Revenue included on Form 990, Part VIII, line 1		> \$
b	Assets included in Form 990, Part X		> \$

Cab.	edule D (Form 990) 2017 GREATER W	℧℞℄℧℄℄℄℄℄℄℄℄℄℄℄℄℄℄℄℄℄℄℄℄℄℄℄℄℄℄℄℄℄℄℄℄℄℄℄	וסוו ו	2 N N T E Z	CIIE IN	T/53_02	008081			Page 2
	artilli Organizations Maintaining							ar As	sets (con	
3	Using the organization's acquisition, access collection items (check all that apply)									
а	Public exhibition	d 🗍	Loan or	exchange pro	ograms					
b	Scholarly research	е 🔲	Other							
С	Preservation for future generations									
4	Provide a description of the organization's c	ollections and expl	laın hov	they further	the organiza	ation's exem	npt purpose	ın Part		
	XIII.									
5	During the year, did the organization solicit of assets to be sold to raise funds rather than to								Yes	☐ No
ĮP.a	intilV Escrow and Custodial Arr	angements.	•							
	Complete if the organization 990, Part X, line 21.	n answered "Ye	es" on	Form 990,	Part IV, I	ine 9, or	reported a	ın am	ount on F	orm
1a	Is the organization an agent, trustee, custod	ian or other interm	ediary f	or contribution	ns or other a	assets not				
	included on Form 990, Part X?								Yes	X No
þ	If "Yes," explain the arrangement in Part XIII	and complete the	followir	ng table					A	
									Amount	
	Beginning balance						1c 1d		-	
	Additions during the year						10 1e			
e	Distributions during the year Ending balance						1f			
า 2a	Did the organization include an amount on F	orm 990 Part X I	ine 21	for escrow or	custodial ac	count fiabili			Yes	X No
	If "Yes," explain the arrangement in Part XIII									Ħ
	irtiV Endowment Funds.				<u> </u>					<u> </u>
	Complete if the organization	n answered <u>"Ye</u>	es" on	Form 990,	Part IV, I	ine 10.				
		(a) Current year	(b)	Prior year	(c) Two ye	ars back	(d) Three year	s back	(e) Four ye	ars back
1a	Beginning of year balance									
þ	Contributions .									
С	Net investment earnings, gains, and									
	losses					<u> </u>				
	Grants or scholarships		-						<u> </u>	
е	Other expenditures for facilities and									
	programs Administrative expenses									
	End of year balance									
2	Provide the estimated percentage of the cur	rent vear end bala	nce (lin	e 1a. column	(a)) held as	-1				
	Board designated or quasi-endowment ▶	%	,,,,,		(=),					
	Permanent endowment ▶ %									
С	Temporarily restricted endowment ▶	%								
	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%.								
3a	Are there endowment funds not in the posse	ession of the organ	ızatıon	that are held a	and adminis	tered for the	е		_	
	organization by								Ye	s No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(ii)	_
b	If "Yes" on line 3a(ii), are the related organiz				3				3b	
<u>4</u> ■D≥	Describe in Part XIII the intended uses of the		idowme	nt tunds.						
	Land, Buildings, and Equi Complete if the organization		e" on	Form 990	Part IV I	ine 11a 9	See Form	aan	Part X lin	ne 10
	Description of property	(a) Cost or other b		(b) Cost or o			cumulated	550,	(d) Book valu	
	2000-phon of property	(investment)		(othe		1 ''	reciation		, , = =	
1a	Land			4(000,000				400	,000
	Buildings				62,659		370,00	4	2,992	
	Leasehold improvements									

66,026 63,184

3,521,865

855,128 11,176

921,154 74,360

d Equipmente Other

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

Schedule D (Form 990) 2017 GREATER WASHINGTO	N URBAN LEAGUE	INC53-0208981	Page 3
Part VIII Investments—Other Securities. Complete if the organization answered "	Yes" on Form 990 Part I	V line 11h See Form 9	990. Part X. line 12
(a) Description of security or category	(b) Book value	(c) Method o	
(including name of security)		Cost or end-of-ye	ar market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)	ļ		
(E)		-	
(F)		 	
(G) (H)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	•	CANTANCOUNTE OF THE SECRETARY CANTANCE AND	
Part VIII Investments—Program Related.	<u></u>		
Complete if the organization answered "	Yes" on Form 990, Part I	V, line 11c. See Form 9	90, Part X, line 13.
(a) Description of investment	(b) Book value	(c) Method o	
		Cost or end-of-ye	ar market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			· · · · · · · · · · · · · · · · · · ·
(7)			· . -
(8)			
(9) Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	—		
Part X Other Assets.			
Complete if the organization answered "	Yes" on Form 990, Part I	V, line 11d. See Form 9	90, Part X, line 15.
(a) Descript	ion		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			· · ·
(8) (9)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)		•	
Part X Other Liabilities.	······································		
Complete if the organization answered ""	Yes" on Form 990, Part I	V, line 11e or 11f. See f	Form 990, Part X,
line 25.			
1. (a) Description of liability	(b) Book value		
(1) Federal income taxes			
(2) LINE OF CREDIT	3,466,65	6	
(3)			
(4)			
(5)			
(6)			
(8)			TOTAL
(9)	2 166 65	6	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) 2. Liability for uncertain tax positions. In Part XIII, provide the text			t reports the
organization's liability for uncertain tax positions. In Part XIII, provide the text			_
organization a nability for uncertain tax positions under 1 114 46 (AS	C , TO, CHOOK HOLD II THE LEXT C	A GIO IOGGIOTO HAS DECIT PIOVI	

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Pa	art XI Reconciliation of Revenue per Audited Financial Statements with Revenue per	Keti	urn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		4,400,631
1	Total revenue, gains, and other support per audited financial statements	-1-	4,400,631
2	· · · · · · · · · · · · · · · · · · ·		
	Net unrealized gains (losses) on investments 2a 120, 770		
	Donated services and use of facilities 2b 120,770	1	
	Recoveries of prior year grants Other (Describe in Part XIII.) 2d 411,212		
	` '		E21 002
	Add lines 2a through 2d	2e	531,982
	Subtract line 2e from line 1	3	3,868,649
		i	
	Investment expenses not included on Form 990, Part VIII, line 7b		
	Other (Describe in Part XIII.)		
	Add lines 4a and 4b	4c	0.060.640
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	3,868,649
Pa	art XII Reconciliation of Expenses per Audited Financial Statements With Expenses per	er Ro	eturn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		4 607 457
	Total expenses and losses per audited financial statements	1	4,687,157
	Amounts included on line 1 but not on Form 990, Part IX, line 25.		
_	Donated services and use of facilities 2a 120,770		
	Prior year adjustments 2b	l	
С	Other losses 2c		
d	Other (Describe in Part XIII.) 2d 411,212		
е	Add lines 2a through 2d	2e	531,982
	Subtract line 2e from line 1	3	4,155,175
4	Amounts included on Form 990, Part IX, line 25, but not on line 1		
	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)		
	Add lines 4a and 4b	4c	
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	4,155,175
	art XIII Supplemental Information.		
	vide 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, Pa	rt X, line
	art XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	_	
P	ART XI, LINE 2D - REVENUE AMOUNTS INCLUDED IN FINANCIALS	- (OTHER
_		_	
D.	IRECT FUNDRASING EXPENSES	\$	411,212
_		1	
P	ART XII, LINE 2D - EXPENSE AMOUNTS INCLUDED IN FINANCIALS	-	OTHER
ъ.	IRECT FUNDRASING EXPENSES	ė	A11 010
ט.	TKECT TOWNWOING EVERNOES	\$	411,212

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

10

Attach to Form 990 or Form 990-EZ.

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

Employer identification number

ame of the organization				Employer identificat	
GREATER WASHINGTON				53-02089	
Fundraising Activities. Complete Form 990-EZ filers are not required				rm 990, Part IV,	line 17.
1 Indicate whether the organization raised funds through	h any of the follow	ving activit	ies. Check all that apply	/.	
	e X Solicitation	-	•		
b X Internet and email solicitations	f 🔀 Solicitation	of govern	ment grants		
c X Phone solicitations	g 🕱 Special fun	idraising e	events		
d X In-person solicitations					
2a Did the organization have a written or oral agreement or key employees listed in Form 990, Part VII) or entity	y in connection wi	ith profess	sional fundraising servic	es?	X Yes No
b If "Yes," list the 10 highest paid individuals or entities compensated at least \$5,000 by the organization.	(fundraisers) purs			the fundraiser is to be	e
(i) Name and address of individual or entity (fundraiser)	(II) Activity	(iii) Did fund raiser 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
LINDER GLOBAL EVENTS		Yes No			
1 2150 WISCONSIN AVE. NW					
NASHINGTON DC 20007	FUNDRAISEF	X	621,371	68,830	552,541
2					
3					
		 			
4				i	

Total 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

552,541

68,830

621,371

than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events w gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events WMY GALA NONE (add col (a) through col (c)) (event type) (event type) (total number) 621,371 621,371 1 Gross receipts 2 Less Contributions 3 Gross income (line 1 minus 621,371 621,371 line 2) 4 Cash prizes 5 Noncash prizes Direct Expenses 97,945 97,945 6 Rent/facility costs 91,493 91,493 7 Food and beverages 8 Entertainment 221,774 221,774 9 Other direct expenses 411,212 10 Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary Subtract line 10 from line 3, column (d) Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more Partilli than \$15,000 on Form 990-EZ, line 6a. (d) Total gaming (add (b) Pull tabs/instant Revenue (a) Bingo (c) Other gaming col (a) through col (c)) bingo/progressive bingo 1 Gross revenue Direct Expenses 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses Yes % Yes % Yes 6 Volunteer labor No 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 Yes No a Is the organization licensed to conduct gaming activities in each of these states? b If "No," explain Yes 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? b If "Yes," explain

GREATER WASHINGTON URBAN LEAGUE INC53-0208981

Partill Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported mo

Schedule G (Form 990 or 990-EZ) 2017

2 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer chantable gaming? Yes No formed to administer chantable gaming? 13a %. 13b %.	Sche	edule G (Form 990 or 990-EZ) 2017 GREATER WASHINGTON URBAN LEAGUE INC53-0208	3981	Page 3
formed to administer chantable gaming?	11			Yes 🗌 No
13	12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity		
a The organization's facility b An outside facility 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? 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 chantable distributions from the gaming proceeds to retain the state gaming license? 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 ▶\$ Eactifut 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.				Yes 📙 No
b An outside facility 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? 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 ▶ 6 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? b Enter the name and address of the person who prepares the organizations or spent in the organization's own exempt activities during the tax year ▶ Partitivity Innes 9, 9b, 10b, 15b, 15c, 16c, and 17b, as applicable. Also provide any additional information.	13		. 1	
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?	а			
Name ► Address ► Address ► Address ► 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		•	13b	%_
Address ► Address ► 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? If "Yes," enter the amount of gaming revenue received by the organization ▶\$ and the amount of gaming revenue retained by the third party ▶\$ 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? 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 III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information.	14			
Address ▶ 15a Does the organization have a contract with a third party from whom the organization receives garning revenue? □ If "Yes," enter the amount of gaming revenue received by the organization ▶ □ If "Yes," enter name and address of the third party ▶ □ If "Yes," enter name and address of the third party. Name ▶ Address ▶ 16 Gaming manager information Name ▶ Gaming manager compensation ▶ □ 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? □ 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 ▶ □ Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9h, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information.		records		
Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No If "Yes," enter the amount of gaming revenue received by the organization and the amount of gaming revenue retained by the third party \$		Name ▶		
revenue?		Address ►		
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 ▶\$ 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.	15a	•	<u> </u>	Yes 🗌 No
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? □ ▼estain the state gaming license? □ ▼estain the organization's own exempt activities during the tax year ▶\$ Part W 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.	b		ليا	
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	-			
Address Gaming manager information Name Gaming manager compensation Superior Gaming manager compensation Superior Director/officer Employee Independent contractor Mandatory distributions a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information.	С			
Address Gaming manager information Name Gaming manager compensation Superior Gaming manager compensation Superior Director/officer Employee Independent contractor Mandatory distributions a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information.				
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.		Name ▶		
Name ► Gaming manager information Name ► Gaming manager compensation ►\$ Description of services provided ► Director/officer		Address ▶		
Gaming manager compensation ▶\$ Description of services provided ▶ Director/officer	16	Gaming manager information		3'
Director/officer		Name ▶		
Director/officer		Gaming manager compensation ▶\$		
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? 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 ▶ 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.		Description of services provided ▶		
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? 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 ▶ 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.				
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? 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 ► 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.		Director/officer Employee Independent contractor		
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? 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 ► 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.	17	Mandatany distributions		
retain the state gaming license? 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 ► 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.				
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.	u			Yes No
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.	b			
Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information.		spent in the organization's own exempt activities during the tax year ▶\$		
	Par	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional in		
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Schodulo C (Form 990 or 990 E7) 2017			200 27	0 ===> 004=

SCHEDULE J (Form 990)

Compensation Information

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 for instructions and the latest information.

OMB No 1545-0047

Inspection /

Internal Revenue Service Name of the organization

Department of the Treasury

GREATER WASHINGTON URBAN LEAGUE INC

Employer identification number 53-0208981

Pa	Questions Regarding Compensation		,	
	·	STEELE VES	Yes	No
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.			
	First-class or charter travel Housing allowance or residence for personal use			OFFICE OF
	Travel for companions Payments for business use of personal residence			anciana accident anciana
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			200
	Discretionary spending account Personal services (such as, maid, chauffeur, chef)		~	a top of
		a consta		A STATE OF
L	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment			approved a
U	or reimbursement or provision of all of the expenses described above? If "No," complete Part III to	-	-	. Siddle
		46		
	explain	1b	***** ***	
				Transfer
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 in line			
	1a?	2	- NAT - 6-3	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the			
	organization's CEO/Executive Director Check all that apply. Do not check any boxes for methods used by a			
	related organization to establish compensation of the CEO/Executive Director, but explain in Part III			740
	Compensation committee Written employment contract		-	20 May 100
	Independent compensation consultant Compensation survey or study		-	0,00000 0,00000 00,00000 00,00000
		2		AND AND AND
	Form 990 of other organizations Approval by the board or compensation committee	Carrieros	1	30,343 A
				201200-1-1 2012-1-1 1-21-1-1-1
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing	and a way of the same of the s	2 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	Section 12
	organization or a related organization	Tree state		
а	Receive a severance payment or change-of-control payment?	4a	<u> </u>	X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		<u> </u>
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			STORY OF
		a name		please are an
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.			TOTAL SERVICE
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			100 AUGUSTO
3	compensation contingent on the revenues of			
_		5a	555765	X
	The organization?	5b	 	X
a	Any related organization?	30	200 met 1	122
	If "Yes" on line 5a or 5b, describe in Part III	Cappage 1	1	
		1	****	
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any	ANTENNA PR		
	compensation contingent on the net earnings of	AND THE REAL PROPERTY.		
а	The organization?	6a		X
b	Any related organization?	6b		X
	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	7		X
	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject	_		
8				
	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			x
	ın Part III	8		
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	1		
	Pegulations section 53.4958-6(c)?	19	1	I

Regulations section 53.4958-6(c)?

Page 2

GREATER WASHINGTON URBAN LEAGUE INC53-0208981

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. Schedule J (Form 990) 2017

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (ii) and from related organizations, described in the structions, 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 or (I) Base compensation	(B) Breakdown of W-2 and/or 1099-MISC compensation (i) Base (ii) Bonus & incentive (ii) Other compensation compensation	(III) Other reportable 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
GEORGE H. LAMBERT JR.	(1) 147,084	0	0	0	609'9	153,693	0
Г	(n)		0	0		0	0
SERLY CORBIN	(1) 136,250	0 (0	0	14,33	150,58	0
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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.

SCHEDULE'L (Form 990 or 990-EZ)

Transactions With Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Open To Public

Employer identification number

	GREATER WASHINGT	ON UR	BAN LEAG	UE INC					53-0	02089	81_				
Partil	Excess Benefit Transact Complete if the organization ans)b			
4	(a) Name of disqualified person		(b) Relation	nship between disq	ualifie	d pe	rson and	(c) Dos	cription of tr	aneachd	n.		(d)	Соггес	ted?
1	(a) Name of disquamieo person			organization	1			(c) Desi	anpuon or u	ansaciic			Yes		No
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under s	ne amount of tax incurred by the or section 4958 ne amount of tax, if any, on line 2, a						sons during	the year		> \$	<u> </u>				
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Partill	Loans to and/or From In Complete if the organization and				Part	V, li	ine 38a or Fo	orm 990, Pa	art IV, line	e 26, d	or if th	ıe			
	organization reported an amoun						_								
	(a) Name of interested person) Relationship th organization	(c) Purpose of loan	(d) Lo	oan to Im the			lance due	(g) in (detault?		oproved pard or		/ntten ement?
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Part\	Grants or Assistance Be Complete if the organization ans						27	-			·				
	(a) Name of interested person		(b) Relations	ship between intere	sted	Г	mount of assistan	ce (d) Type	of assistance	•	(e)	Purpose	e of ass	ıstance	
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(a) Name of interested person	(b) Relationship between	(c) Amount of	(d) Description of tra	ansaction	(e) S of a rever	
	interested person and the organization	transaction			Yes	nues
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Supplemental Information Provide additional information for re	enanges to guestions on Schodule I	(coo instructions)				
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CHEDULE L, PART V - ADI	DITIONAL INFORMATI	ON				
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SCHEDULE O . (Form 990 or 990-EZ)

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.

2017

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service ➤ Attach to Form 990 or 990-EZ.

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

GREATER WASHINGTON URBAN LEAGUE INC

53-0208981

Employer identification number

FORM 990 - ORGANIZATION'S MISSION OR MOST SIGNIFICANT ACTIVITIES

TOGETHER, GWUL'S DEDICATED STAFF AND VOLUNTEERS FROM OUR AUXILIARY

ORGANIZATIONS - THE GUILD AND THURSDAY NETWORK - PROVIDE LIFE AND CAREER

NAVIGATION SYSTEMS FOR YOUTH AND ADULTS. WE ENABLE PEOPLE TO LEAD THEIR

LIVES WITH COMPETENCE, SELF-WORTH, AND PURPOSE; WHILE PROVIDING THE TOOLS

TO TRANSCEND TRAUMA, NAVIGATE BARRIERS, AND CONTRIBUTE TO THEIR

COMMUNITIES. THROUGH FACILITATING PEOPLE'S JOURNEY ALONG A CONTINUUM OF

WEALTH AND WELLNESS THE LEAGUE EMPOWERS COMMUNITIES AND CHANGES LIVES

THROUGH A MYRIAD OF SERVICES:

- SECURING AND PROTECTING HOME OWNERSHIP THROUGH FINANCIAL ASSISTANCE, FIRST-TIME BUYER SEMINARS AND TRAININGS, AND FORECLOSURE COUNSELING.
- WORKFORCE DEVELOPMENT, INCLUDING EMPLOYMENT AND TRAINING SERVICES, JOB FAIRS, PROFESSIONAL DEVELOPMENT, AND NETWORKING OPPORTUNITIES.
- ENTREPRENEURSHIP AND SMALL BUSINESS DEVELOPMENT, INCLUDING ENTREPRENEUR COACHING AND BUSINESS CREATION SERVICES.
- EMERGENCY ASSISTANCE, WHEN LIFE HAPPENS BY PROVIDING FINANCIAL AID FOR AREA HOUSING AND UTILITIES.
- YOUTH DEVELOPMENT AND SCHOLARSHIPS, AS WELL AS INTERNSHIPS AND ACADEMIC AND VOCATIONAL TRAINING PROGRAMS.

FORM 990 - ORGANIZATION'S MISSION

THE GREATER WASHINGTON URBAN LEAGUE IS ON A MISSION TO INCREASE THE ECONOMIC AND POLITICAL EMPOWERMENT OF BLACKS AND OTHER HISTORICALLY VULNERABLE AND DIVERSE POPULATIONS. FOR OVER 80 YEARS, THE LEAGUE HAS STOO! ON SOCIETY'S FRONTLINES AS WELL AS IN THE TRENCHES SERVING AS A SAFETY NET-

Employer identification number

GREATER WASHINGTON URBAN LEAGUE INC

53-0208981

AND FACILITATOR OF OPPORTUNITY IN WASHINGTON, DC AND MONTGOMERY COUNTY AND PRINCE GEORGE'S COUNTY, MARYLAND. AS ONE OF THE DISTRICT'S OLDEST CIVIL RIGHTS ORGANIZATIONS, THE LEAGUE CONTINUES TO CARVE A DISTINCTIVE PATH TOWARDS JUSTICE AND FAIR PLAY BY PUTTING FAMILIES FIRST AND CATERING TO THE NEEDS OF CHILDREN AND THE ELDERLY AND EVERYONE IN BETWEEN. SINCE 1938 GWUL HAS GUIDED INDIVIDUALS ON THE ROAD TO SELFSUFFICIENY, IMPACTING OVER THREE MILLION LIVES.

FORM 990, PART III, LINE 4A - FIRST ACCOMPLISHMENT

AND THE NUMBER OF ASSETS THAT AN APPLICANT CAN COMMIT TOWARD THE PURCHASE

PRICE OF A HOME. IN FISCAL 2018, GWUL IN PARTNERSHIP WITH DHCD ASSISTED 21

FAMILIES IN PURCHASING HOMES THROUGH THE HPAP PROGRAM.

FORM 990, PART III, LINE 4C - THIRD ACCOMPLISHMENT

BUSINESS MODEL DEVELOPMENT, FINANCIAL AND CREDIT COUNSELING, AND MARKET

RESEARCH SUPPORT. IN FISCAL 2018 GWUL PARTNERED WITH THE DC DEPARTMENT OF

EMPLOYMENT SERVICES TO OFFER A 19-MONTH ENTREPRENEURSHIP TRAINING AND

BUSINESS COACHING PROGRAM FOR DISCONNECTED YOUNG ADULTS AGES 18-24.

FORM 990, PART III, LINE 4D - ALL OTHER ACCOMPLISHMENT

EDUCATION PROGRAMS-PROVIDED MANAGEMENT COUNSELING, MENTORING, AND TRAINING

SERVICES FOR SMALL BUSINESSES. PROVIDED CHILDREN AND YOUTH WITH SPORTS

OPPORTUNITIES, CULTURAL EXPERIENCES, EDUCATIONAL ACTIVITIES, AND

HEALTH/FITNESS GUIDANCE. AWARDED COLLEGE SCHOLARSHIPS TO STUDENTS FROM

D.C. AND SPONSORED STUDENTS TO ATTEND THE NATIONAL URBAN LEAGUE YOUTH

CONFERENCE.

Employer identification number

GREATER WASHINGTON URBAN LEAGUE INC

53-0208981

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990
THE FORM 990 IS PRESENTED TO THE FINANCE COMMITTEE, EXECUTIVE COMMITTEE AND
FULL BOARD OF DIRECTORS FOR REVIEW. AFTER REVIEW THE BOARD IS ASKED TO VOTO
TO APPROVE THE 990 FOR SUBMISSION TO THE IRS.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY

ALL EMPLOYEES, CONSULTANTS, AND MEMBERS OF THE BOARD OF DIRECTORS ARE

REQUIRED TO COMPLETE A CONFLICT OF INTEREST FORM ANNUALLY. IF ANY CONFLICT:

OF INTEREST ARE DISCLOSED THEY ARE REPORTED AS NECESSARY AND REVIEWED BY

THE PRESIDENT & CEO.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL COMPENSATION WAS DETERMINED BASED ON DATA FOR COMPARABLE ROLES ACCORDING TO GUIDESTAR. COMPENSATION IS ALSO APPROVED BY THE BOARD GOVERNANCE COMMITTEE AND FULL BOARD OF DIRECTORS. CHANGES TO THE CEO'S COMPENSATION IS COMMUNICATED AS PART OF THE BOARD OF DIRECTOR'S ANNUAL PERFORMANCE REVIEW OF THE CEO.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS

COMPENSATION WAS DETERMINED BASED ON DATA FOR COMPARABLE ROLES ACCORDING TO GUIDESTAR. COMPENSATION FOR ALL EMPLOYEES IS REVIEWED BY THE FINANCE COMMITTEE.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST
POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

DIRECT FUNDRASING EXPENSES

Schedule O (Form 990 or 990-EZ) (2017)		Page 2
Name of the organization		Employer identification number
GREATER WASHINGTON URBAN LEAGUE INC	· · · · · · · · · · · · · · · · · · ·	53-0208981
FORM 990, PART IX, LINE 11G - OTHER	FEES FOR SERVICES	
DESCRIPTION		
PROGRAM SERVICE	MGT & GENERAL	FUNDRAISING
PROGRAM CONSULTING	•	
\$ 122,947	\$ 104,500	\$ 0
LEGAL & ACCOUNTING		
\$ 33,055	\$ 28,095	\$ 0
IT CONSULTANTS		
\$ 16,908	\$ 14,371	\$ 0
MARKETING & PR CONSULTING		
\$ 39,186	\$ 33,306	\$ 0
OTHER PROFESSIONAL FEES		
\$ 43,527	\$ 36,995	\$ 0
TOTAL		
\$ 255,623	\$ 217,267	\$ 0
•		
FORM 990, PART XI, LINE 9 - OTHER C	HANGES IN NET ASSET	S EXPLANATION
DIRECT FUNDRASING EXPENSES		\$ 411,212

PAGE 3 OF 3

\$

-411,212

SCHEDULE R (Form 990) Department of the Treasury Internal Revenue Service Name of the organization

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 for instructions and the latest information.

OMB No 1545-0047 2017

Open to Public

Employer identification number

Schedule R (Form 990) 2017 (g) Section 512(b)(13) controlled entity? Š × 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. (f) Direct controlling entity Yes 53-0208981 (f)
Direct controlling
entity (e) End-of-year assets N/A (e)
Public charity status
(if section 501(c)(3)) Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. (d) Total income (d) Exempt Code section (c)
Legal domicile (state
or foreign country) (c)
Legal domicile (state or foreign country) (b) Primary activity Primary activity GREATER WASHINGTON URBAN LEAGUE INC 13-1840489 For Paperwork Reduction Act Notice, see the Instructions for Form 990. (a)
Name, address, and EIN (if applicable) of disregarded entity (a) Name, address, and EIN of related organization NY 10005 NATIONAL URBAN LEAGUE, INC 80 PINE STREET NEW YORK Part II Part Ξ Ξ ල (4) 9 (2) ල € (5) 3

Page 2 Schedule R (Form 990) 2017 (k) Percentage ownershto (i) Section 512(b)(13) controlled entity? Yes No 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. 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. (U) General or managing partner? Yes No Percentage ownership amount in box 20 of Schedule K-1 Code V-UBI (Form 1065) Share of end-of-year assets (h) Dispro-portionate Yes No 6 alloc 2 (g) Share of end-of-year assets Share of total income (f) Share of total income (C corp, S corp, Type of entity or trust) (e)
Predominant
income (related,
unrelated,
excluded from
tax under
sections 512-514) (d)
Direct controlling entity Schedule R (Form 990) 2017 GREATER WASHINGTON URBAN LEAGUE ING3-0208981 (d)
Direct controlling and entity foreign country) Legal domicile (state or (c) Legal domicile (state or foreign country) Primary activity Primary activity æ Name, address, and EIN of related organization Name, address, and EIN of related organization Part Part IV | § Ξ 2 <u>ල</u> € E 8 ල ₹

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

Note: Complete line 1 if any entity is listed in Parts II. III, or IV of this schedule				Yes	S No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	e related organizations li	sted in Parts II–IV?		新教	
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity					×
b Gift grant, or capital contribution to related organization(s)				4	×
e Giff grant or capital contribution from related organization(s)				-	×
				2 ;	: :
d Loans or loan guarantees to or for related organization(s)				Ja	x
e Loans or loan guarantees by related organization(s)				1e	×
f Dividends from related organization(s)				16	×
a Sale of assets to related organization(s)				7	×
				n -	>
				u L	4
i Exchange of assets with related organization(s)				;	×
j Lease of facilities, equipment, or other assets to related organization(s)				Ţ	×
k Lease of facilities, equipment, or other assets from related organization(s)					
 Performance of services or membership or fundraising solicitations for related organization(s) 				7	×
m Performance of services or membership or fundraising solicitations by related organization(s)				<u> </u>	×
n Sharing of facilities, equipment, mailing lists, or other assets with related oxigation(s)				5	×
					; >
o Shannig or paid employees with related organization(s)					+:
p Reimbursement paid to related organization(s) for expenses		-		1р	×
q Reimbursement paid by related organization(s) for expenses				19	×
					医
r Other transfer of cash or property to related organization(s)				-	-
				10	×
	this line, including cove	red relationships and tr	ansaction thresholds.	2	
(8)	(q)	(3)	(5)		
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					}
(2)					
(3)					
(4)					
(5)					
(6)			-	į	
			Schedule	Schedule R (Form 990) 2017	0) 2017

Schedule R (Form 990) 2017 GREATER WASHINGTON URBAN LEAGUE INCS3-0208981

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

Schedule R (Form 990) 2017

Part VII

Supplemental Information.

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