| | 99 | n | Return of Organization Exempt From Income T | ax | OMB No 1545-0047 |
|--------------------------------|----------------|--------------|---|-------------|--|
| For | n JJ | U | standard and a second control of the fateur of December Code format and age of | | ns) 20 19 |
| (Rev | . January 2 | 2020) | Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private f | | |
| | | he Treasury | ▶ Do not enter social security numbers on this form as it may be made pub | | Open to Public |
| Inter | nal Revenu | | ► Go to www.irs.gov/Form990 for instructions and the latest information | <u>U</u> | |
| <u>A</u> | | | | UNE | , 20 20 |
| 8 | Check if a | | C Name of organization CENTRAL FLORIDA URBAN LEAGUE, INC | D Emi | ployer identification number |
| 님 | Address c | | Doing business as | E Tala | 59-1766368 |
| | Name cha | _ | Number and street (or P.O. box If mail is not delivered to street address) Room/suite | E 1616 | phone number |
| | Initial retur | | 2804 BELCO DRIVE | | 407-841-7654 |
| | | vterminated | City or town, state or province, country, and ZIP or foreign postal code | 0.60 | ss receipts \$ 1,198,567 |
| | Amended | 1 | ORLANDO, FL 32808-3557 F Name and address of principal officer: GLENTON GILZEAN H(a) is this | | ss receipts \$ 1,198,567 I for subordinates? Yes No |
| Ц | Application | n penaing | | | ates included? Yes |
| | Tax-exem | nt status | | | list (see instructions) |
| <u>;</u> | | www.cfu | <u> </u> | | n number ▶ |
| <u></u> | | · | Corporation ☐ Trust ☐ Association ☐ Other ► L Year of formation. | | te of legal domicile FL |
| | art I | Summa | <u></u> | 1 | |
| | | | cribe the organization's mission or most significant activities: Disadvantage hous | ina empl | ovment services and |
| ø | 1 | • | ention for disadvantaged youth. Internal Revenue ப்பில் | | |
| a | | mic prove | Reseived US Bank : US | | ******* |
| Activities & Governance | 2 0 | Check this | box ► ☐ If the organization discontinued its operations or disposed of more the | an 25% d | of its net assets. |
| Š | | | voting members of the governing body (Part VI, line 1a) | . З | 9 |
| 9 | 4 1 | lumber of | independent voting members of the governing body (Part VI, line 1b) a | 4 | 9 |
| es | 5 1 | otal numb | per of individuals employed in calendar year 2019 (Part V, line 2a) | . 5 | 20 |
| Ž | | | per of volunteers (estimate if necessary) | . 6 | |
| Ğ | 1 | | ated business museum from Part VIII. column (C), line 12 | . 7a | - |
| - | 1 | | ted business taxable income from Form 990-T, line 39 | . 7b | |
| | - | | Prior \ | | |
| _ | 8 0 | Contributio | ons and grants (Part VIII, line 1h) | 425,12 | 1 785,875 |
| Revenue | | | ervice revenue (Part VIII, line 2g) | 254,92 | ··•··································· |
| ě, | 1 | _ | t income (Part VIII, column (A), lines 3, 4, and 7d) | | |
| æ | 1 | | nue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 423,61 | 4 174,255 |
| | 1 | | ue-add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 1,103,66 | |
| | | | I similar amounts paid (Part IX, column (A), lines 1-3) | | |
| | 1 | | aid to or for members (Part IX, column (A), line 4) | | |
| (n) | I . | | her compensation, employee benefits (Part IX, column (A), lines 5-10) | 582,84 | 0 525,423 |
| use | 4 | - | al fundraising fees (Part IX, column (A), line 11e) | 6 | |
| Expenses | ьт | otal fundr | aising expenses (Part IX, column (D), line 25) | | 1 - 1 700 200 4 4 2 |
| ũ | 17 (| Other expe | enses (Part IX, column (A), lines 11a-11d, 11f-24e) | 446,59 | 5 648,286 |
| | 18 T | otal expe | nses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 1,088,86 | 1 1,173,709 |
| | 19 F | Revenue le | ess expenses. Subtract line 18 from line 12 | 14,80 | 7 |
| 7 8 G | | | Beginning of C | Current Yea | |
| Net Assets or Fund Balances | 20 7 | otal asset | rs (Part X, line 16) | 444,04 | 2 860,221 |
| A B | 21 T | otal habili | ties (Part X/line 46)) | 139,73 | 8 530,017 |
| ₹.E | 22 N | let assets | or fund balandes Subtract line 21 from line 20 | 304,30 | T |
| Pa | art II | | re Block \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | | |
| | | | I declare that I have examined this return, including accompanying schedules and statements, and to | | f my knowledge and belief, it is |
| tru | e, correct, | and complete | e. Declaration of preparer (other than officer) is based on all information of which preparer has any known | egbetw | |
| | | | | 11 | / 10 / 2020 |
| Sig | _ | Signati | | ere | |
| He | ere | <u> </u> | Glenton Gilzean, Jr. President | | |
| | | ' | r print name and title | ····· | |
| Pa | id | Print/Type | preparer's name Preparer's signature Date | Check | |
| | eparer | | | | nployed P01499724 |
| | e Only | Firm's nan | | m's EIN ▶ | 30-0308810 |
| | | Firm's add | | one no | 813-234-3360 |
| | | | this return with the preparer shown above? (see instructions) | <u></u> | 🗹 Yes 🗌 No |
| For | Paperwo | ork Reducti | Ion Act Notice, see the separate instructions. Cat No 11282Y | | Form 990 (2019) |



| Form 9 | 90 (2019) | • | | Page 2 |
|--------|--|--|---|----------------------------|
| Part | | Accomplishments response or note to any line in this P | art III | |
| 1 | Briefly describe the organization's missi | on: | | |
| | Disadvantage housing employment service | es and crime prevention for disadvantag | ed youth. | |
| | | | | |
| | | | | |
| 2 | Did the organization undertake any sign prior Form 990 or 990-EZ? | | ar which were not listed on the | Yes 🗸 No |
| 3 | Did the organization cease conducting services? | g, or make significant changes in h | ow it conducts, any program | Yes 🗹 No |
| | If "Yes," describe these changes on Sch | | | |
| 4 | Describe the organization's program sei expenses. Section 501(c)(3) and 501(c)(4) the total expenses, and revenue, if any, 1 | 4) organizations are required to repor | three largest program services, as t the amount of grants and allocate | measured by ons to others, |
| 4a | (Code:) (Expenses \$ | | | |
| | | | | |
| | | | | |
| | | | ~~~~~ | |
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| | | | | |
| | | | | |
| | | | | |
| | | | *************************************** | |
| | | | | |
| 4b | (Code:) (Expenses \$ | including grants of \$ |) (Revenue \$ |) |
| | | | | |
| | *************************************** | | | |
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| | | | | |
| | | | | |
| | | | | |
| | *************************************** | | | |
| | | | | |
| 4c | (Code:) (Expenses \$ | including grants of \$ |) (Revenue \$ |) |
| | | | | |
| | | | *************************************** | |
| | *************************************** | | | |
| | | · | | |
| | *************************************** | | | |
| | *************************************** | | | |
| | | | | *************** |
| | | | | |
| | *************************************** | | ~~~~~~ | *********** |
| 4d | Other program services (Describe on Sc | hedule O.) | | |
| | (Expenses \$ including g | | \$) | |
| 40 | Total program conden evangees | | | |

Part IV **Checklist of Required Schedules**

| | | | Yes | No |
|-----|---|-----|-------|----------|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A | 1 | 1 | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? | 2 | | 1 |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I | 3 | | ✓ |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II | 4 | | 1 |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III | 5 | | 1 |
| 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 | | · |
| 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 | | <u> </u> |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III | 8 | | ✓ |
| 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 | | ✓ |
| 10 | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V | 10 | | ✓ |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable. | | rien. | 14.7 |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI | 118 | | ✓ |
| b | Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | ✓ |
| C | Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | ✓ |
| d | Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | | 1 |
| e | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | | ✓ |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | | 1 |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII | 12a | | 1 |
| 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 | | ✓ |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | √ |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | ✓ |
| 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 | | 1 |
| 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 | | √ |
| 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 | | 1 |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundralsing services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) | 17 | | 1 |
| 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 | | 1 |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III | 19 | | 1 |
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | ✓ |
| þ | 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 domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II. | 21 | | 1 |
| | | E | _ മേഹ | (2010 |

| Part | Checklist of Required Schedules (continued) | | | |
|----------|--|----------|-------|----------|
| | | | Yes | No |
| 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 | | 1 |
| 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 | | √ |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than | 23 | | _ |
| -;- | \$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 | 248 | | ✓ |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | 1 |
| 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 | | ✓ |
| 25a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | ✓ |
| 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 | | 1 |
| 26 | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II | 26 | | ✓ |
| 27 | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III | 27 | | ✓ |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions): | ** * | , | |
| а | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV | 28a | | ✓ |
| b | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV | 28b | | 1 |
| С | A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV | 28c | | √ |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | | |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M | 30 | | √ |
| 31 32 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II | 31 | | ∀ |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | | √ |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 | 34 | | 1 |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | 1 |
| b | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | | 1 |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charable related organization? If "Yes," complete Schedule R, Part V, line 2 | 36 | | 1 |
| 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, Part VI | 37 | | ~ |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O | 38 | 1 | |
| Part | Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V | | | لسا |
| | Check is Schedule O contains a response or note to any line in this Part V | <u> </u> | Yes | No |
| 1a b | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | 7 | . 50 | |
| c | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | 1c | _ | / |
| | | | n 990 | (2018 |

| 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax | T *** | Yes | No |
|--|-----------------------------|--|--|
| | T | | |
| Obstance de Blad for Monagain administrative (Ab. 1994) 2011 - 1994 | , | | |
| Statements, filed for the calendar year ending with or within the year covered by this return 2a | | | 1 |
| b If at least one is reported on line 2a, did the organization file all required federal employment tax retu | | 1 | |
| Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions | | 10,15% | |
| 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? . | <u>3a</u> | | <u> </u> |
| b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule | | | ✓_ |
| 4a At any time during the calendar year, did the organization have an interest in, or a signature or other author a financial account in a foreign country (such as a bank account, securities account, or other financial account.) | | | ./ |
| b If "Yes," enter the name of the foreign country ▶ | Journa | 36 (5) | |
| See instructions for filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Account | ts (FBAR). | | That ₹! |
| 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | | | ✓. |
| b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa | | | √ |
| c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | | | √ |
| 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and | d did the | | |
| organization solicit any contributions that were not tax deductible as charitable contributions? | <u>6a</u> | | <u> </u> |
| b If "Yes," did the organization include with every solicitation an express statement that such contrib | | 1 | , |
| gifts were not tax deductible? | <u>6b</u> | | |
| 7 Organizations that may receive deductible contributions under section 170(c). | آنان ماناناناه for goods | | 13 |
| a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly find and services provided to the payor? | for goods 7a | المنافق المد | Marian ✓ |
| b If "Yes," did the organization notify the donor of the value of the goods or services provided? | | \vdash | |
| c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which | | | |
| required to file Form 8282? | 7c | | ✓ |
| d If "Yes," indicate the number of Forms 8282 filed during the year | | | |
| e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of | contract? 7e | | ✓_ |
| f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont | tract? . 7f | - | √ |
| g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as | required? 7g | | √ |
| h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form | m 1098-C? 7h | | <u> </u> |
| 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintain sponsoring organization have excess business holdings at any time during the year? | ied by the 🛂 🔏 | 1 | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ |
| 9 Sponsoring organizations maintaining donor advised funds. | | 4 | - L |
| a Did the sponsoring organization make any taxable distributions under section 4966? | 9a | | 1 |
| b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9b | 1 | |
| 10 Section 501(c)(7) organizations. Enter: | - c - | 100 | |
| a Initiation fees and capital contributions included on Part VIII, line 12 | | | |
| b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b | <u>-</u> | 4 | |
| 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders | ŀ | | |
| a Citos mother and in the many | , | k | ĺ |
| b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) | ŀ | | |
| 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form | m 1041? 12 a | | 1 |
| b If "Yes," enter the amount of tax-exempt interest received or accrued during the year . 12b | | | 1 |
| 13 Section 501(c)(29) qualified nonprofit health insurance issuers. | | 1 | <u> </u> |
| a Is the organization licensed to issue qualified health plans in more than one state? | 13 | । अक्टूमा स्ट | 1 |
| Note: See the instructions for additional information the organization must report on Schedule O. | 3, | F | |
| 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 | | 4 | 1: 1 |
| the organization to hooridos to losses quantities from | | grandi Common | |
| tenter the amount of reserves on hand | 14a | 1 | 1 |
| b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Sched | | | 1 |
| 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remun | neration or | | |
| excess parachute payment(s) during the year? | 15 | _ | |
| If "Yes," see instructions and file Form 4720, Schedule N. | | 1 | 1 |
| 16 Is the organization an educational institution subject to the section 4968 excise tax on net investmen | it income? 16 | | * |
| If "Yes," complete Form 4720, Schedule O. | | m 99 0 |) (2019) |

2 .

| Part | Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See | | | | | | | | | |
|----------|---|--------|-------|-------------|--|--|--|--|--|--|
| | Check if Schedule O contains a response or note to any line in this Part VI | | | | | | | | | |
| Secti | on A. Governing Body and Management | | | <u>. Ll</u> | | | | | | |
| | | | Yes | No | | | | | | |
| та | Enter the number of voting members of the governing body at the end of the tax year | 4 | 1 | | | | | | | |
| | If there are material differences in voting rights among members of the governing body, or | | 1 | | | | | | | |
| | If the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. | | | | | | | | | |
| . | | | | | | | | | | |
| b | Enter the number of voting members included on line 1a, above, who are independent . 1b s | 4- | i 1 | | | | | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? | 2 | | 1 | | | | | | |
| 3 | Did the organization delegate control over management duties customanly performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?. | 3 | | 1 | | | | | | |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | 1 | | | | | | |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? . | 5 | | \ | | | | | | |
| 6 | Did the organization have members or stockholders? | 6 | | ✓ | | | | | | |
| 7a | a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? | | | | | | | | | |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, | | | | | | | | | |
| | stockholders, or persons other than the governing body? | 7b | | ✓_ | | | | | | |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following. | ,, | | | | | | | | |
| а | The governing body? | 8a | | ✓ | | | | | | |
| b | Each committee with authority to act on behalf of the governing body? | 8b | | ✓ | | | | | | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O | 9 | | 1 | | | | | | |
| Secti | on B. Policies (This Section B requests information about policies not required by the Internal Reven | iue Co | ode.) | | | | | | | |
| | | | Yes | No | | | | | | |
| 10a | Did the organization have local chapters, branches, or affiliates? | 10a | | 1 | | | | | | |
| 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 | | 1 | | | | | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form? | 11a | | ✓ | | | | | | |
| ь | Describe in Schedule O the process, if any, used by the organization to review this Form 990. | | | | | | | | | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | | 1 | | | | | | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | | 1 | | | | | | |
| C | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done | 12c | | 1 | | | | | | |
| 13 | Did the organization have a written whistleblower policy? | 13 | | ✓ | | | | | | |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | | 1 | | | | | | |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | , | | | | | | | |
| а | The organization's CEO, Executive Director, or top management official | 15a | | ✓ | | | | | | |
| b | Other officers or key employees of the organization | 15b | | 1 | | | | | | |
| | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). | 7.14 | , | .:-1 | | | | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? | 16a | | 1 | | | | | | |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its | | | | | | | | | |
| _ | participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? | 16b | | - | | | | | | |
| Secti | on C. Disclosure | | | | | | | | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed ▶ | | | | | | | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website Upon request Other (explain on Schedule O) | | | | | | | | | |
| 19 | Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of | | | | | | | | | |
| 20 | and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and record | | | | | | | | | |

| Form | 990 | (2019) | |
|------|-----|--------|--|
|------|-----|--------|--|

| | | | | | | | |
|---------------------------|------------|--------------|----------------|---|-------------|------------|-------|
| Companyation of Officers | Directors | Twistons I | Cor Employees | Literana | . ^ | F | |
| Compensation of Officers, | Directors, | i rustees, r | vey employees, | . mignest | Compensated | Employees. | . and |
| Indonosalous Continuatore | - | • | | • | | ,,, | , |
| Independent Contractors | | | | | | | |

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

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

| Check this box if neither the organization no | r any relate | d orga | aniz | atio | n c | ompe | nsa | ted any current | officer, director, | or trustee. |
|---|--|--|--|---|--|---------------------------------|--|-----------------|--------------------|-----------------------|
| • |] | | (0 | 2) | | | | | | |
| (A) | (B) | Position | | | | | | (D) | (E) | (F) |
| Name and title | Average | | (do not check more than one | | | | | Reportable | Reportable | Estimated amount |
| rane and the | hours | | | less person is both en and a director/trustee) | | | | compensation | compensation | of other |
| | per week | | | | _ | | <u>_</u> | from the | from related | compensation |
| | (list any | 2 2 | 120 | Officer | @ | 3 9 | Former | organization | organizations | from the |
| | hours for | 1 E | ŝ | 麗 | 3 | Q g | 렱 | (W-2/1099-MISC) | (W-2/1099-MISC) | organization and |
| | related organizations | 걸칠 | 5 | | 횻 | 8 8 | ` | | | related organizations |
| | below | Ē | # | | Key employee | 큠 | | | | |
| | datted line) | Individual trustee or director | Institutional trustee | | ٦ | 8 | | | | |
| | İ | | 18 | l | l | Highest compensated employee | | | | |
| (1) | | | - | \vdash | | — <u> </u> | | | | |
| -X// | | | | | 1 | | | | | |
| (2) 01 53 504 011 25 00 45 | | | _ | | ┝ | | - | | | |
| (2) GLENTON GILZEAN JR | 40 | | | İ | | | | | | |
| PRESIDENT & CEO | | | - | | | | | 157,080 | W2 | <u> </u> |
| (3) | ļ | | | | | 1 | ļ | ļ | ł | |
| | | ļ | | - | | | | ļ | | |
| (4) | | | | 1 | | ł | | | | |
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| (7) | | | <u> </u> | _ | _ | | | | | |
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| (12) | | | Г | _ | | | | | | |
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| (13) | | 1 | | | | 1 | | | | |
| 3 | | 1 | | | | | | | 1 | |
| (14) | | | | _ | | | | † | | |
| (14) | ļ | 1 | | | | | 1 | | | |
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| Part | VII Section A. Officers, Directors, | Trustees, | Key | Em | plo | yee | s, ar | ıd F | lighest Compe | ensated E | mplo | yees (c | ontin | ued) |
|--------------|--|---|--------------------------------|-----------------------|-------------|--------------|------------------------------|-----------------------|--------------------------------------|--|---------------|--|-------------------|---------------|
| | (A) Name and title | (8) Average hours per week | officer and a director/tru | | | | | n an tee) | (D) Reportable compensation from the | (E) Reportable compensation from related | | (F) Estimated amou of other compensation | | |
| | | (list any 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) | organizatı (W-2/1099-N | ons | fro | m the zation a | and |
| (15) | | | | - | | | a. | - | | | | | | |
| (16) | | | ļ | _ | | | | - | | | | <u></u> | | |
| (17) | | | | | | _ | | | | | | | ·= | - |
| (18) | | ************* | | | | | | | | | | | | |
| (19) | | | | | | | | | | | | | | |
| (20) | | | | <u> </u> | - | | | | | | | | | |
| (21) | | | - | | - | | | - | | | | | | |
| (22) | | | - | | - | | | | | | | | | |
| (23) | | | | | | | | - | | | | | | |
| (24) | | | | | | | | | | | | | | |
| (25) | | | | | | | | | | | | | | |
| 1b c d | Subtotal | | | • | • | • | | > > > | 157080 | | | | | |
| 2 | Total number of individuals (including bu reportable compensation from the organ | t not limited | d to th | 1056 | e lis | ted | abov | | | | 0,000 | of | | |
| 3 | Did the organization list any former employee on line 1a? If "Yes," complete | officer, dire | ector, | tru uch | iste ind | e, l | key e | mp | loyee, or highe | st compen | sated | 3 | Yes | No |
| 4 | For any individual listed on line 1a, is the organization and related organizations individual | sum of re | porta | ble | con | npe | nsatio | on a s," | and other compe | nsation fro dule J for | m the such | - , 4 | د | 1 |
| 5 | Did any person listed on line 1a receive of for services rendered to the organization | or accrue c | ompe comp | nsa lete | tion Sci | fro hed | m any | y un | nrelated organiza such person . | tion or indi | | 5 | - | ż |
| Secti | on B. Independent Contractors | | | | | | | | | | | | | |
| 1 | Complete this table for your five high compensation from the organization. Rep | nest comport | ensat Isatio | ed n fo | ind r th | epe | ndeni lenda | r ye | entractors that ear ending with o | received in within the | orgar | than \$ | 00,00 s tax |)0 o year. |
| | (A) Name and business add | iress | | | | | | | (B) Description of ser | vices | | (C) Compens | ation | |
| | | | | | | | | | | | | | | |
| | | | | | | | | _ | | | | | | |
| 2 | Total number of independent contractor received more than \$100,000 of compens | | | | | | | o th | nose listed abov | ve) who | , | | | |
| | | | | | | ., | | | . = | | | Forr | n 990 | (2019 |

| Par | t VIII | Statement of Re Check if Schedule | | | ייטמפי | ise or note to an | y line in this Ps | art VIII | | |
|--|--------|--|----------|--------------|-----------|------------------------|---------------------------------------|--|--------------------------------------|--|
| | | Oncor II Goricadio | <u> </u> | | Sapor | see of flote to aff | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512-514 |
| ts t | 1a | Federated campaig | | | 1a | | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | b | Membership dues | | | 1b | | | | | |
| S, E | С | Fundraising events | | | 1c | | | | | |
| まる | d | Related organization | | | 1d | | | | | |
| S, E | е | Government grants | | | <u>1e</u> | 488,055 | | | | |
| r Si | • | All other contribution | | | | | | | | 4 |
| the th | ۱ ـ | and similar amounts no | | | 11 | 297,820 | | | | |
| Contributions, and Other Sim | g | Noncash contribution lines 1a-1f | | | 1g | ς . | | | | |
| S E | h | Total. Add lines 1a- | | | | | 785.875 | | | |
| | | | | | · | Business Code | ,,,,,,, | | | , |
| <u>ic</u> e | 2a | PROGRAM INCOME | | | | | 238,337 | | | ······································ |
| Program Service Revenue | b | | | | | | | | | |
| gram Ser Revenue | С | 40 Pubpuuuuuuuuuuu | | | | | | | | |
| ran ev | d | ****** | | | | | | | | |
| P. Og | е | | | | | | | | | |
| ď. | f | All other program se | | | | | | | | <u> </u> |
| | 8 | Total. Add lines 2a- Investment income | | | | | 238.337 | | | |
| | 3 | other similar amoun | • | • | | | | | | |
| | 4 | Income from investr | | | | | | | | |
| | 5 | | | | • | _ [| | | | / |
| | | , | | (i) Rea | | (ii) Personal | | | | |
| | 6a | Gross rents | 6a | | 48000 | | | | | |
| | b | Less: rental expenses | 6b | | | | : | | | |
| i | С | Rental income or (loss) | | <u> </u> | | | | | | |
| | d | Net rental income o | r (los | 4 | <u> </u> | <u>.</u> . > | 48000 | | | |
| | 7a | Gross amount from | | (i) Securi | tles | (li) Other | | | | |
| | | sales of assets | | | | | | | | |
| 4 | | other than inventory | 7a | | ,, | | | i | | |
| Jue | þ | Less: cost or other basis and sales expenses . | 7b | | | | | | | |
| š | С | Gain or (loss) | 7c | | | | | | | |
| Ě | d | Net gain or (loss) | | 1 + , | | 🕨 | | | | |
| ther Revenue | 8a | Gross income fro | m fu | indraising | | | | | _ | |
| ō | | events (not including | | | | | | | | |
| | | of contributions re | | | | | 1 | | | |
| | | 1c). See Part IV, line | | | 8a | | | | | |
| | b | Less: direct expens | | | 8b | | | | | |
| | C | Net income or (loss | • | | ig eve | ents ► | · · · · · · · · · · · · · · · · · · · | | | |
| | 9a | Gross income factivities. See Part | | | 9a | | : |] | | [|
| | Ь | Less: direct expens | | | 9b | | | | | |
| | | Net income or (loss | | | | es > | | | | |
| | | Gross sales of in | | | | | | | | |
| | | returns and allowan | | | 10a | | | | | } |
| | | Less: cost of goods | | | 10b | <u> </u> | | | | |
| | C | Net income or (loss | fron | 1 Sales of I | ivento | 7 | | <u> </u> | | |
| Snc | 44- | MICCELL ANTOLIC | | | | Business Code | Acre | | | |
| nec Tue | 11a | MISCELLANEOUS INKIND | | | | | 6355 120,000 | <u> </u> | | |
| scellaneo Revenue | C | 41 m 4 2 9 2 m 2 m 4 m 4 m 4 m 4 m 6 m 7 m 7 m 7 m 7 m 7 m 7 m 7 m 7 m 7 | | | | | 120,000 | | | |
| Miscellaneous Revenue | d | All other revenue | | . , . | • • | | | | | |
| Σ | | Total. Add lines 11a | a-11c |) | | | 174,355 | | | |
| | 12 | Total revenue. Sec | instr | uctions | | | 1,198,567 | | l | |

Part IX Statement of Functional Expenses

| Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) | | | | | | | | | | | | |
|---|--|---|---------------------------------------|--|--|--|--|--|--|--|--|--|
| - | Check if Schedule O contains a response or note to any line in this Part IX | | | | | | | | | | | |
| Do no | t include amounts reported on lines 6b, 7b, | (A) | | (c) | (D) | | | | | | | |
| | , and 10b of Part VIII. | Total expenses | (B) Progrem service | Management and | Fundraising | | | | | | | |
| 1 | | | expenses | general expenses | expenses | | | | | | | |
| 7 | Grants and other assistance to domestic organizations | | | | | | | | | | | |
| | and domestic governments. See Part IV, line 21 . | | | 5 C C 12 C C | | | | | | | | |
| 2 | Grants and other assistance to domestic | | | | Acres algered states | | | | | | | |
| | individuals. See Part IV, line 22 | | | The state of the s | The state of the s | | | | | | | |
| 3 | Grants and other assistance to foreign | | | be building | 12 mg - 1 mg - 2 | | | | | | | |
| | organizations, foreign governments, and | | | | And the second s | | | | | | | |
| | foreign individuals. See Part IV, lines 15 and 16 | | | The state of the s | | | | | | | | |
| 4 | Benefits paid to or for members | | | The second secon | Aging a safe amount of the last | | | | | | | |
| | • | | | | We ask them 1 hands have be | | | | | | | |
| 5 | Compensation of current officers, directors, trustees, and key employees | | | | | | | | | | | |
| 6 | Compensation not included above to disqualified | | | | | | | | | | | |
| U | persons (as defined under section 4958(f)(1)) and | | | | | | | | | | | |
| | persons (as defined under section 4958(r)(1)) and persons described in section 4958(c)(3)(B) | | | | | | | | | | | |
| _ | ****** | 404,344 | 391,228 | 13,116 | | | | | | | | |
| 7 | Other salaries and wages | | | | | | | | | | | |
| 8 | Pension plan accruals and contributions (include | | | | | | | | | | | |
| | section 401(k) and 403(b) employer contributions) | | | | | | | | | | | |
| 9 | Other employee benefits | 121,079 | 109,143 | 11,936 | | | | | | | | |
| 10 | Payroll taxes | | | | | | | | | | | |
| 11 | Fees for services (nonemployees): | | | | ······································ | | | | | | | |
| а | Management | 75,420 | 54,432 | 20.986 | | | | | | | | |
| þ | Legal | 70,420 | 5-1,102 | 20,303 | | | | | | | | |
| | = | | | | · · · · · · · · · · · · · · · · · · · | | | | | | | |
| C | Accounting , | | | | | | | | | | | |
| d | Lobbying | | * • | Control of the second of the second | | | | | | | | |
| e | Professional fundraising services. See Part IV, line 17 | | mar Captons, alan | (1) 10 10 10 10 10 10 10 10 10 10 10 10 10 | | | | | | | | |
| f | Investment management fees | | | | | | | | | | | |
| g | Other. (If line 11g amount exceeds 10% of line 25, column | | | | | | | | | | | |
| | (A) amount, list line 11g expenses on Schedule O.) . | | | | <u> </u> | | | | | | | |
| 12 | Advertising and promotion | | | | | | | | | | | |
| 13 | Office expenses | 4,204 | 3,034 | 1,170 | | | | | | | | |
| 14 | Information technology | | | | | | | | | | | |
| 15 | Royalties | | · · · · · | | | | | | | | | |
| 16 | Occupancy | 92,188 | 66,534 | 25,654 | | | | | | | | |
| 17 | Travel | 10,339 | | ······································ | | | | | | | | |
| 18 | Payments of travel or entertainment expenses | 10,339 | 7,702 | 2,077 | | | | | | | | |
| 10 | for any federal, state, or local public officials | | | | | | | | | | | |
| 19 | Conferences, conventions, and meetings | 2,957 | 2,134 | 823 | | | | | | | | |
| 20 | Interest | 4,693 | · · · · · · · · · · · · · · · · · · · | | | | | | | | | |
| 21 | Payments to affiliates | 7,000 | | .,,000 | | | | | | | | |
| 22 | Depreciation, depletion, and amortization . | 13,545 | 0 | 13,545 | | | | | | | | |
| | • | | | | <u> </u> | | | | | | | |
| 23 | Insurance | 8,832 | 6,374 | 2,458 | Cadange Courses And American | | | | | | | |
| 24 | Other expenses. Itemize expenses not covered | | , | الم المناسرة وراث المال | n eg galdagar galander en salada in e | | | | | | | |
| | above (List miscellaneous expenses on line 24e. If | 一九朝 流行 "祖 红红。 | #G* - | The state of | | | | | | | | |
| | line 24e amount exceeds 10% of line 25, column | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | ļ _r , ; | ļ., | i., 41 | | | | | | | |
| | (A) amount, list line 24e expenses on Schedule O.) | *************************************** | <u> </u> | | المستفسية | | | | | | | |
| а | Program Expenses | 249,397 | 215,876 | | | | | | | | | |
| b | Inkind | 120,000 | | | | | | | | | | |
| C | Other Operating Expenses | 51,238 | 36,979 | 14,259 | | | | | | | | |
| d | dues & Subscriptions | 15,473 | 11,167 | 4,306 | | | | | | | | |
| 0 | All other expenses | | | | | | | | | | | |
| 25 | Total functional expenses. Add lines 1 through 24e | 1,173,709 | 904,363 | 269,346 | | | | | | | | |
| 26 | Joint costs. Complete this line only if the | | <u> </u> | | | | | | | | | |
| | organization reported in column (B) joint costs | | | Ì | | | | | | | | |
| | from a combined educational campaign and fundralsing solicitation. Check here ▶ ☐ if | | | | | | | | | | | |
| | following SOP 98-2 (ASC 958-720) | | | | | | | | | | | |
| | | | L | | L | | | | | | | |

Form **990** (2019)

| | | | (A) Beginning of year | | (B) End of year |
|-----|-----|---|---|---------------------|--|
| 1 | 1 | Cash—non-interest-bearing | 28,399 | 1 | 26,083 |
| - [| 2 | Savings and temporary cash investments | 351,211 | | 558,416 |
| Ì | 3 | Pledges and grants receivable, net | | 3 | |
| - | 4 | Accounts receivable, net | 20,432 | 4 | 158,800 |
| | 5 | Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | ratification to the second | ມສູ່ໄດ້ 5 | |
| | 6 | Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B). | 70143 " // | (4 (8°) | |
| 3 | 7 | Notes and loans receivable, net | | 7 | |
| | 8 | Inventories for sale or use | 10,512 | 8 | 10,512 |
| ! | 9 | Prepaid expenses and deferred charges | | 9 | |
| | 10a | Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a | - | | |
| | b | Less: accumulated depreciation 10b | 28,034 | 10c | 100,956 |
| 1 | 11 | Investments—publicly traded securities | 5,454 | | 5,454 |
| | 12 | Investments—other securities. See Part IV, line 11 | | 12 | 3/10-1 |
| ı | 13 | Investments—program-related. See Part IV, line 11 | | 13 | |
| ١ | 14 | Intangible assets | | 14 | |
| | 15 | Other assets. See Part IV, line 11 | | 15 | |
| | 16 | Total assets. Add lines 1 through 15 (must equal line 33) | 444,042 | 16 | 860,221 |
| T | 17 | Accounts payable and accrued expenses | 30,033 | | 4,906 |
| ı | 18 | Grants payable | 70,192 | 18 | 70,711 |
| ۱ | 19 | Deferred revenue | | 19 | |
| 1 | 20 | Tax-exempt bond liabilities | | 20 | |
| 1 | 21 | Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | |
| | 22 | Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% | *** | . In. | |
| | | controlled entity or family member of any of these persons | 39,513 | 22 | 454,400 |
| 1 | 23 | Secured mortgages and notes payable to unrelated third parties | | 23 | |
| | 24 | Unsecured notes and loans payable to unrelated third parties | | 24 | |
| | 25 | Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D | | 25 | |
| - | 26 | Total liabilities. Add lines 17 through 25 | 139,738 | | 530,017 |
| 1 | | Organizations that follow FASB ASC 958, check here ▶ ☐ and complete lines 27, 28, 32, and 33. | | | |
| | 27 | Net assets without donor restrictions | 304,304 | | 330,204 |
| 1 | 28 | Net assets with donor restrictions | 22.7901 | 28 | |
| | | Organizations that do not follow FASB ASC 958, check here ▶ □ and complete lines 29 through 33. | may a management of the same | وأسوي | |
| 1 | 29 | Capital stock or trust principal, or current funds | The street of the state of the | 29 | · Tara veril All (中国) (日本) (日本) (日本) (日本) (日本) (日本) (日本) (日 |
| 1 | 30 | Paid-in or capital surplus, or land, building, or equipment fund | | 30 | |
| 1 | 31 | Retained earnings, endowment, accumulated income, or other funds | | 31 | |
| 1 | 32 | Total net assets or fund balances | 304,304 | | 330,204 |
| 1 | 33 | Total liabilities and net assets/fund balances | 444.042 | | |

| Form 9 | 90 (2019) | | | Pá | age 12 |
|--------|--|---------------------|--|-----------------|--------------------------------------|
| | Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI | | | | . 🗆 |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | | | 98,567 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | | | 73,709 |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | | | 24,858 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | | | 04,304 |
| 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 | | | 1,042 |
| 9 | Other changes in net assets or fund balances (explain on Schedule O) | 9 | | | 110-12 |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | 10 | | 33 | 30,204 |
| Par | Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII | | · · · | | 7 |
| 1 | Accounting method used to prepare the Form 990: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," of Schedule O. | explain in | , · | Yes | No |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2a | | ✓ |
| | If "Yes," check a box below to indicate whether the financial statements for the year were converiewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis | mpiled or | , , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | ay by new refer | It was |
| b | Were the organization's financial statements audited by an independent accountant? | | 2b | 1 | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were aud separate basis, consolidated basis, or both: | lited on a | | 14. | ang agai againn againn agai |
| | Separate basis Consolidated basis Both consolidated and separate basis | | LIE | 1.35.74 | ^ |
| С | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over the audit, review, or compilation of its financial statements and selection of an independent account | rersignt of tant? . | 2c | | 1 |

If the organization changed either its oversight process or selection process during the tax year, explain on

3а

3b

Form **990** (2019)

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

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

Schedule O.

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

• Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Employer identification number

Open to Public Inspection

| | | FLORIDA URBAN LEAGUE, INC | | | | | 59-17 | 66368 |
|--------|------------------|--|--------------------------------------|--|-------------------------|--------------------------|--|----------------------------------|
| Pai | | Reason for Public Char | | | | | | ns. |
| | | zation is not a private founda | | | | | | |
| 1 | | church, convention of church | | | | | · · · · · · · · / | 99 |
| 2 | | school described in section | | | | | | 1 |
| 3 4 | | hospital or a cooperative hos medical research organization | | | | | | III) Fatautha |
| 4 | | ospital's name, city, and state | | mjunction with a nosp | itai desci | noed in s | ection 170(b)(1)(A)(| nı). Enter the |
| 5 | | n organization operated for t | | college or university | owned o | nnerate | d by a government | al unit described in |
| • | 36 | ection 170(b)(1)(A)(iv). (Comp | olete Part II.) | concide or armonolity | J | οροιαίο | a by a government | ar write occombed in |
| 6 | | federal, state, or local govern | • | mental unit described | ın sectio | n 170(b) | (1)(A)(v). | |
| 7 | | n organization that normally | | | | | | the general public |
| | | escribed in section 170(b)(1) | | | | - | | • |
| 8 | ΠА | community trust described in | section 170(b) | (1)(A)(vi). (Complete F | Part II.) | | | |
| 9 | □ Aı | n agricultural research organi | zation described | i in section 170(b)(1)(| A)(ix) ope | erated in | conjunction with a la | and-grant college |
| | | university or a non-land-grainiversity: | nt college of agri | culture (see instructio | ns). Ente | r the nam | ne, city, and state of | the college or |
| 10 | ✓ Ar | n organization that normally r | eceives: (1) more | e than 331/3% of its su | pport fro | m contrib | outlons, membership | fees, and gross |
| | re SL | ceipts from activities related apport from gross investment | to its exempt fui income and uni | nctions—subject to ce related business taxab | ertain exc ole incom | eptions, e (less se | and (2) no more that ection 511 tax) from | T 33'/3% Of Its businesses |
| | ac | equired by the organization at | fter June 30, 197 | 75. See section 509(a |)(2). (Con | nplete Pa | urt III.) | |
| 11 | | n organization organized and | | | | | | |
| 12 | □ A ₁ | n organization organized and | operated exclus | ively for the benefit of | , to perfo | rm the fu | inctions of, or to car | ry out the purposes |
| | | fone or more publicly suppo heck the box in lines 12a thro | | | | | | |
| _ | | Type I. A supporting organ | - | | | | | |
| а | لسا | the supported organization | ization operated (s) the nower to | regularly appoint or e | lect a ma | is suppoi iority of t | he directors or trusti | ees of the |
| | | supporting organization. Ye | | | | | | 000 01 010 |
| ь | | Type II. A supporting organ | | | | | upported organizati | on(s), by having |
| _ | ٠ ا | control or management of | the supporting o | rganization vested in | the same | persons | that control or man | age the supported |
| | | organization(s). You must | complete Part I | V, Sections A and C. | | | | |
| c | . \square | Type III functionally integ | rated. A support | ting organization oper | ated in c | onnection | n with, and functions | ally integrated with, |
| | | its supported organization(| | | | | | |
| d | ı 🗆 | Type III non-functionally i | i ntegrated. A su | pporting organization | operated | in conne | ection with its suppo | orted organization(s) |
| | | that is not functionally integ | grated. The orga | nization generally mus | st satisfy | a distribu | ition requirement an | d an attentiveness |
| | | requirement (see instructio | | | | | | |
| е | · L | Check this box if the organ functionally integrated, or l | | | | | | эн, турө ш |
| | Ent | er the number of supported of | • • | tionally integrated sup | sporting (| n garnzac | | |
| g | | vide the following information | | ported organization(s). | • • • | | | |
| | | me of supported organization | (ii) EIN | (iii) Type of organization | | rganization | (v) Amount of monetary | (vi) Amount of |
| | | - | · | (described on lines 1-10 above (see instructions)) | listed in you docui | ır governing ment? | support (see instructions) | other support (see instructions) |
| | | | İ | above (see moductions)) | | | indiactions) | 1100 0000114) |
| | | | | | Yes | No | | |
| (A) | | | | | | | | |
| | ** | | | | | | | |
| (B) | | | | 2 | | | | |
| (C) | | | | | | | | |
| (D) | | | | | | | | |
| (E) | | | | | | | | |
| Tota | | | | | era da an ex | - A | | |
| 1.00 | | | | | | | | |

| Part | Support Schedule for Organiza (Complete only if you checked the | ations Descr ne box on line | ibed in Sect | ions 170(b)(1 | I)(A)(iv) and | 170(b)(1)(A)(vi | i) alify under |
|-----------------|--|---|--|---------------------------------|-----------------------------------|--------------------------------|-------------------------|
| | Part III. If the organization fails to | | | | | | |
| Secti | on A. Public Support | | | | | | |
| Calen | dar year (or fiscal year beginning in) 🕨 | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019/ | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | | | | | | |
| 2 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | <u> </u> |
| 3 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 | Total. Add lines 1 through 3 | _0 | 0 | 0 | 0 | 0 | 0 |
| 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) | | | | and had | | |
| 6 Spoti | Public support. Subtract line 5 from line 4 on B. Total Support | S | | 1 | | No. | |
| | dar year (or fiscal year beginning in) | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
| 7 | Amounts from line 4 | (a) 2013 | (0) 2010 | (6) 2017 | (4) 2010 | (6) 2013 | (1) 10(2) |
| 8 | Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | | | | | | |
| 9 | Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | |
| 10 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | C | | | 0 | 0 |
| 11 12 13 | Gross receipts from related activities, etc. First five years. If the Form 990 is for t | . (see instructi ne organization | n's first, secor | nd, third, fourth | n, or fifth tax y | | |
| | organization, check this box and stop be | | | | · 1 · · · | • • • • | <u>···▶□</u> |
| | on C. Computation of Public Suppo | | | 14 1 (0) | | | - 0/ |
| 14 15 16a | Public support percentage for 2019/(line Public support percentage from 2018 Sci 331/3% support test—2019. If the organ box and stop here. The organization que | hedule A, Part ization did not ilifies as a pub | II, line 14 check the bo licly supported | | nd line 14 is 3 | <i></i> . | > 🗀 |
| b | 331/3% support test—2018, if the organ this box and stop here. The organization | | | | | i is 33¹/a% or m | iore, check |
| 17a | 10% or more, and if the organization means the organization in organization in the org | eets the "facts "facts-and-circ | eand-circumst cumstances" to | tances" test, cest. The organ | heck this box ization qualifie | and stop here | Explain in supported |
| b | 10%-facts-and-circumstances test—2 15 is 10% or more, and if the organization is Explain in Part VI how the organization is supported organization | ation meets the "fac | ne "facts-and- ets-and-circum | circumstances stances" test. | s" test, check The organizat | this box and ston qualifies as | stop here. s a publicly |
| 18 | Private foundation. If the organization d instructions | | | | | | |
| | | · · · · · · · · · · · · · · · · · · · | | | | | |

| Dart | ile A (Form 990 or 990-EZ) 2019 | | | | | | Page 3 |
|--|---|--|---|-------------------|-----------------|---------------------------------------|------------------------|
| Fait | III Support Schedule for Organiza | | | | ····· | | |
| | (Complete only if you checked the | | | | | | der Part II. |
| | If the organization fails to qualify | under the tes | ts listed belo | w, please co | mplete Part II | .) | |
| | ion A. Public Support | 4 5 5 4 5 1 | #1.5545 T | | | | |
| | ndar year (or fiscal year beginning in) | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Totai |
| 1 | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | | | | | | |
| 2 | Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | 743,409 | 1,199,767 | 1,352,681 | 1,103,663 | 1,198,567 | 5,598,087 |
| 3 | Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | 4 | |
| 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 7a | Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons | 743,409 | 1,199,767 | 1,352,681 | 1,103,663 | 1,198,567 | 5,598,087 |
| 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 | | | | | . 65 FG | |
| | line 6.) | · | 7:57 | 2.3 | 44. | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | 55980 |
| | on B. Total Support | · | | | | | |
| | idar year (or fiscal year beginning in) 🕨 | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
| 9 | Amounts from line 6 | 743,409 | 1,199,767 | 1,352,681 | 1,103,663 | 1,198,567 | 5,598,087 |
| 10a | Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources. | | | | | | |
| | | | i | | 1 | i | |
| b | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| | Unrelated business taxable income (less section 511 taxes) from businesses | | | | | | |
| | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether | | | | | | |
| c | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business | | | | | | • |
| c 11 | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets | 743,409 | 1.199.767 | 1,352,681 | 1.103.563 | 1.198.567 | |
| c 11 | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b | ~ | | | - | | |
| 11 12 13 14 Sect | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b | ne organization re t Percentage | s first, second | l, third, fourth, | or fifth tax ye | | 501(c)(3) |
| 11 12 13 14 Sect | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b | ne organization re rt Percentage 3, column (f), di | 's first, second vided by line 1 | I, third, fourth, | or fifth tax ye | ar as a section | 1 501(c)(3) · · ▶ □ |
| 11 12 13 14 Sect 15 16 | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b | re organization re t Percentage 3, column (f), di nedule A, Part I | 's first, second vided by line 1 II, line 15 . | I, third, fourth, | or fifth tax ye | ar as a section | 501(c)(3) ▶ □ |
| 11 12 13 14 Sect 15 16 Sect | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b | ne organization re t Percentage B, column (f), di nedule A, Part I come Percer | s first, second vided by line 1 II, line 15 . ttage | I, third, fourth, | or fifth tax ye | ar as a section | 1 501(c)(3) ► |
| 11 12 13 14 Sect 15 16 | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b | t Percentage b, column (f), di nedule A, Part I come Percer line 10c, colum | s first, second vided by line 1 II, line 15 . ttage n (f), divided by | I, third, fourth, | or fifth tax ye | ar as a section | 1 501(c)(3) · · ▶ □ |

17 Is not more than 33½%, check this box and **stop here**. The organization qualifies as a publicly supported organization .

b 33½% support tests—2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33½%, and line 18 is not more than 33½%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 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.)

| | Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete P | art V. |) | |
|-------|---|--------------|----------------|---------------------------------------|
| Secti | on A. All Supporting Organizations | ₇ | | |
| | | | Yes | No |
| 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. | 1 | ئة. سيا | ie zi. |
| 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). | 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. | 3a | EK. | A. S. |
| 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. | 3b | | |
| 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. | 3c | | |
| 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. | 4a | | |
| 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. | 4b | л- че Емьт. | 4- |
| 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. | 46 | 7 | |
| 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). | 5a | | 到 河南 |
| 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? | 5b | | dereses |
| C | Substitutions only. Was the substitution the result of an event beyond the organization's control? | 5c | | |
| 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. | 6 | | * * * * * * * * * * * * * * * * * * * |
| 7 | Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ). | 7 | | 4 |
| 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). | 8 | | 377 |
| 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. | 9a | | |
| 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. | 9b | | |
| С | 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. | 9c | | |
| 10a | 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. | 10a | , , | 7 |
| b | Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to | | 71116 | |

determine whether the organization had excess business holdings.)

| Part | V Supporting Organizations (continued) | | |
|-------------|--|----------------|----------------|
| | | Yes | No |
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | 1 | 1 |
| а | A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) | | |
| | below, the governing body of a supported organization? | 11a | |
| b | A family member of a person described in (a) above? | 11b | |
| c | A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. | 11c | |
| | on B. Type I Supporting Organizations | | ****** |
| | | Yes | No |
| 1 | Did the directors, trustees, or membership of one or more supported organizations have the power to | , 31 min | 7.5 |
| • | regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the | | |
| | tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or | | |
| | controlled the organization's activities. If the organization had more than one supported organization, | | 4. |
| | describe how the powers to appoint and/or remove directors or trustees were allocated among the supported | ` ! | |
| | organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | 1 | , |
| 2 | Did the organization operate for the benefit of any supported organization other than the supported | | 1 |
| - | organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part | Ī | 1 |
| | VI how providing such benefit carried out the purposes of the supported organization(s) that operated, | - 1 | 1 |
| | supervised, or controlled the supporting organization. | | ₹ |
| Costi | on C. Type II Supporting Organizations | 2 | <u> </u> |
| Secul | on or type it aupporting organizations | TV | I No |
| 4 | Many a malaulty of the average that a description of the control o | Yes | No |
| 1 | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control | Ţ, | [·] |
| | or management of the supporting organization was vested in the same persons that controlled or managed | ŀ | t i |
| | the supported organization(s). | | |
| | | 1 | <u></u> |
| Section | on D. All Type III Supporting Organizations | 1.2 | T |
| | | Yes | |
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the | | Je vet |
| | organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax | respect | रस्य |
| | year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the | درون حزارا | أسب |
| | organization's governing documents in effect on the date of notification, to the extent not previously provided? | 1 | |
| 2 | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported | • | |
| | organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how | | 1,23 |
| | the organization maintained a close and continuous working relationship with the supported organization(s). | 2 | 1 |
| 3 | By reason of the relationship described in (2), did the organization's supported organizations have a | " " | ∄ `1 |
| | significant voice in the organization's investment policies and in directing the use of the organization's | į | |
| | income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's | · | 1 |
| | supported organizations played in this regard. | 3 | |
| Section | on E. Type III Functionally Integrated Supporting Organizations | | |
| 1 | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in | struction | s). |
| а | The organization satisfied the Activities Test. Complete line 2 below. | | • |
| b | The organization is the parent of each of its supported organizations. Complete line 3 below. | | |
| c | ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (s | ee instruc | tions). |
| 2 | Activities Test. Answer (a) and (b) below. | Yes | No |
| а | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of | अस्ति स्त | |
| _ | the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify | | |
| | those supported organizations and explain how these activities directly furthered their exempt purposes, | · F | NA. |
| | how the organization was responsive to those supported organizations, and how the organization determined | ' ₹ , * | † |
| | that these activities constituted substantially all of its activities. | 2a | 1 |
| b | Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more | 1 22 1 22 2 | 1000 |
| - | of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the | | 1 |
| | reasons for the organization's position that its supported organization(s) would have engaged in these | | 1-4 |
| | activities but for the organization's involvement. | 2b | , , |
| 3 | Parent of Supported Organizations. Answer (a) and (b) below. | | 1 141 |
| а | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or | and articles | |
| | trustees of each of the supported organizations? <i>Provide details in Part VI</i> . | 30 1 -22 | 7 . ,∷1 |
| ь | | 3a | 1 |
| D | 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 | | أستدن |
| | or its supported organizations in res, describe in Part VI the role played by the organization in this regard | 3b | L |

| Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org | an | zations | |
|---|------|--|-----------------------------|
| 1 | | | |
| instructions. All other Type III non-functionally integrated supporting organ | ızat | ions must complete Section | |
| Section A—Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
| 1 Net short-term capital gain | 1 | | |
| 2 Recoveries of prior-year distributions | 2 | | |
| 3 Other gross income (see instructions) | 3 | | |
| 4 Add lines 1 through 3. | 4 | | |
| 5 Depreciation and depletion | 5 | | |
| 6 Portion of operating expenses paid or incurred for production or | | | |
| collection of gross income or for management, conservation, or | | | 1 |
| maintenance of property held for production of income (see instructions) | 6 | | 1 |
| 7 Other expenses (see instructions) | 7 | | |
| 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) | 8 | | |
| Section B-Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
| 1 Aggregate fair market value of all non-exempt-use assets (see | | and the second s | |
| Instructions for short tax year or assets held for part of year): | | the second secon | |
| a Average monthly value of securities | 1a | | |
| b Average monthly cash balances | 1b | | |
| c Fair market value of other non-exempt-use assets | 10 | | |
| d Total (add lines 1a, 1b, and 1c) | 1d | | |
| e Discount claimed for blockage or other | | | |
| factors (explain in detail in Part VI): | | | |
| 2 Acquisition indebtedness applicable to non-exempt-use assets | 2 | | |
| 3 Subtract line 2 from line 1d. | 3 | | |
| 4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, | | | |
| see instructions). | 4 | | |
| 5 Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | |
| 6 Multiply line 5 by .035. | 6 | | <u></u> |
| 7 Recoveries of prior-year distributions | 7 | | |
| 8 Minimum Asset Amount (add line 7 to line 6) | 8 | | |
| Section C—Distributable Amount | | | Current Year |
| 1 Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | | |
| 2 Enter 85% of line 1. | 2 | | |
| 3 Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | | |
| 4 Enter greater of line 2 or line 3. | 4 | | |
| 5 Income tax imposed in prior year | 5 | | |
| 6 Distributable Amount. Subtract line 5 from line 4, unless subject to | | | |
| emergency temporary reduction (see instructions). | 6 | | |
| 7 Check here if the current year is the organization's first as a non-functionall | y in | tegrated Type III supportin | g organization (see |
| instructions). | | | |

| Part | Type III Non-Functionally Integrated 509(a)(3 | s) Supporting Organi | zations (continued) | |
|----------|---|-----------------------------|--|--|
| Secti | ion D—Distributions | | | Current Year |
| 1_ | Amounts paid to supported organizations to accomplish | exempt purposes | | |
| 2 | Amounts paid to perform activity that directly furthers exe organizations, in excess of income from activity | empt purposes of suppo | orted | |
| 3 | Administrative expenses paid to accomplish exempt purp | oses of supported orga | nizations | |
| 4 | Amounts paid to acquire exempt-use assets | | | |
| 5 | Qualified set-aside amounts (prior IRS approval required) | | | |
| 6 | Other distributions (describe in Part VI). See instructions. | | | |
| 7 | Total annual distributions. Add lines 1 through 6. | <u></u> | | |
| 8 | Distributions to attentive supported organizations to whice | h the organization is res | ponsive | |
| | (provide details in Part VI). See instructions. | | | |
| 9 | Distributable amount for 2019 from Section C, line 6 | | | |
| 10_ | Line 8 amount divided by line 9 amount | | | ann. |
| Secti | ion E—Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2019 | (iii) Distributable Amount for 2019 |
| 1 | Distributable amount for 2019 from Section C, line 6 | | | |
| 2 | Underdistributions, if any, for years prior to 2019 (reasonable cause required—explain in Part VI). See instructions. | | | - |
| 3 | Excess distributions carryover, if any, to 2019 | | | 4 |
| 8 | From 2014 | | | ia |
| b | From 2015 | | | |
| С | From 2016 | | | , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| d | From 2017 | . 1 | | and the same |
| е | From 2018 | | references | 9 |
| ſ | Total of lines 3a through e | | | |
| g | Applied to underdistributions of prior years | P of | | 7. 4 |
| <u>h</u> | Applied to 2019 distributable amount | | 117 44 | |
| i | Carryover from 2014 not applied (see instructions) | | And a second | |
| | Remainder, Subtract lines 3g, 3h, and 3i from 3f. | | | 4 |
| 4 | Distributions for 2019 from | | | |
| | Section D, line 7: \$ | | | |
| a | Applied to underdistributions of prior years | | | |
| <u>b</u> | Applied to 2019 distributable amount | | | |
| C | Remainder. Subtract lines 4a and 4b from 4. | | | |
| 5 | Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. | AB | | . بريندس پايل پر |
| 6 | Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. | - 7057452 | | |
| | | 4. C | | N. T. Carrier (Sec.) |
| 7 | Excess distributions carryover to 2020. Add lines 3 _j and 4c. | | *** | THE WAR |
| 8 | Breakdown of line 7: | | . 4 | **** |
| а | Excess from 2015 | | | |
| b | Excess from 2016 | | | The state of the s |
| C | Excess from 2017 | a mare " in high further | more to the second | d- |
| <u>d</u> | Excess from 2018 | | | Australia de la constitución de |
| 8 | Excess from 2019 | | | |

SCHEDULE D (Form 990)

Department of the Treasury

Name of the organization

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 Inspection

Employer identification number

| | RAL FLORIDA URBAN LEAGUE, INC. | | | 59-1 766368 |
|----------|---|---------------------------------------|------------------------|---------------------------------------|
| Par | | | | or Accounts. |
| | Complete if the organization answered ' | | | |
| | | (a) Donor adv | ised 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 | <u> </u> | | |
| 5 | Did the organization inform all donors and donor funds are the organization's property, subject to the | | | |
| 6 | Did the organization inform all grantees, donors, a only for charitable purposes and not for the beneficonferring impermissible private benefit? | it of the donor or do | nor advisor, or for ar | ny other purpose |
| Par | 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 (check a | li that apply). | |
| | Preservation of land for public use (for example, recre | eation or education) [| | historically important land area |
| | ☐ Protection of natural habitat | (| Preservation of a | certified historic structure |
| | ☐ Preservation of open space | | | |
| 2 | Complete lines 2a through 2d if the organization he | eld a qualified conserv | ration contribution in | the form of a conservation |
| | easement on the last day of the tax year. | | | Held at the End of the Tax Year |
| а | | | | 2a |
| b | Total acreage restricted by conservation easement | s | | 2b |
| C | Number of conservation easements on a certified h | | | |
| d | Number of conservation easements included in historic structure listed in the National Register . | | | |
| 3 | Number of conservation easements modified, trantax year ▶ | sferred, released, ext | inguished, or termina | ated by the organization during the |
| 4 | Number of states where property subject to conse | rvation easement is lo | cated > | |
| 5 | Does the organization have a written policy required violations, and enforcement of the conservation ea | garding the periodic | monitoring, inspect | |
| 6 | Staff and volunteer hours devoted to monitoring, inspe | | | |
| 7 | Amount of expenses incurred in monitoring, inspecting | ng, handling of violation | ns, and enforcing con | servation easements during the year |
| | > \$ | | | |
| 8 | Does each conservation easement reported on line and section 170(h)(4)(B)(ii)? | 2(d) above satisfy the | requirements of sec | tion 170(h)(4)(B)(i) |
| 9 | In Part XIII, describe how the organization reports of balance sheet, and include, if applicable, the text organization's accounting for conservation easement | of the footnote to the | | |
| Pari | III Organizations Maintaining Collection | s of Art, Historical | Treasures, or Oth | ner Similar Assets. |
| | Complete if the organization answered ' | "Yes" on Form 990, | Part IV, line 8. | |
| 1a | If the organization elected, as permitted under FAS | SB ASC 958, not to re | port in its revenue s | tatement and balance sheet works |
| | of art, historical treasures, or other similar assets service, provide in Part XIII the text of the footnote | s held for public exhi | bition, education, or | r research in furtherance of public |
| b | If the organization elected, as permitted under FA art, historical treasures, or other similar assets held provide the following amounts relating to these item. | d for public exhibition, | education, or resear | rch in furtherance of public service, |
| | (i) Revenue included on Form 990, Part VIII, line 1 | | | > \$ |
| | (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, following amounts required to be reported under F | historical treasures, | or other similar ass | sets for financial gain, provide the |
| а | Revenue included on Form 990, Part VIII, line 1 . | | | > \$ |
| <u>b</u> | Assets included in Form 990, Part X | | | |

| | _ | | | | |
|----------|---|-------|------|-----|---|
| Schedule | D | (Form | 990) | 201 | 9 |

| Part | UI Organizations Maintaining | Collections of | Art, His | torical i | reasures | , or Ut | ner Similar As | sets (CO! | nunue | <u>a) </u> |
|------|--|---|-----------------|-------------|----------------|----------|--|-------------|-------------|---|
| 3 | Using the organization's acquisition, collection items (check all that apply): | | ther reco | rds, chec | k any of the | e follov | ving that make s | ignificant | use of | its |
| a | ☐ Public exhibition | | | | or exchang | | | | | |
| b | ☐ Scholarly research | | e | Other | | | | | | |
| C | ☐ Preservation for future generations | | | | | | | | | |
| 4 | Provide a description of the organizat | tion's collections | and expla | ain how th | ney further | the org | janization's exem | npt purpo | se in F | 'art |
| 5 | During the year, did the organization | solicit or receive | donation | s of art, | historical tr | easure | s, or other simila | r | | |
| | assets to be sold to raise funds rather | than to be mainta | ained as p | part of the | organizati | on's co | llection? | ☐ Yes | ا 🛄 i | No |
| Part | IV Escrow and Custodial Arra | ingements. | | | | | | | | |
| | Complete if the organization 990, Part X, line 21. | | | | | | | | Form | |
| 1a | Is the organization an agent, trustee included on Form 990, Part X? | | | | | | | | : [] i | No |
| ь | If "Yes," explain the arrangement in Pa | art XIII and compl | ete the fo | illowing ta | able: | | | | | — |
| | | | | | | | | nount | | _ |
| C | Beginning balance | | | | | 10 | - | | | |
| d | Additions during the year | | | | | 1d | | | | |
| • | Distributions during the year | | | | | 10 | | | | |
| f | Ending balance | | | | | 11 | | | | |
| 2a | Did the organization include an amount | | | | | | | | | NO |
| | If "Yes," explain the arrangement in P | art XIII. Check her | re if the ex | xplanation | n has been | provide | ed on Part XIII. | | | |
| Par | | | | | | | | | | |
| | Complete if the organization | | | | | | | γ | | |
| | | (a) Current year | (b) Pri | or year | (c) Two year | s back | (d) Three years back | (e) Four | years ba | <u>:k</u> |
| 1a | Beginning of year balance | <u>, , , , , , , , , , , , , , , , , , , </u> | ļ., | | | | | <u> </u> | | |
| Ь | Contributions | | | | | | | ļ | | |
| C | Net investment earnings, gains, and losses | | | | | | | | | |
| d | Grants or scholarships | | | | | | | ļ | | |
| 0 | Other expenditures for facilities and programs | | | | | | | | | |
| f | Administrative expenses | | | | | | | <u> </u> | | |
| 9 | End of year balance | | | | | | | | | |
| 2 | Provide the estimated percentage of | he current year e | nd balanc | e (line 1g | , column (a |)) held | as: | | | |
| а | Board designated or quasi-endowme | | % | | | | | | | |
| b | Permanent endowment | | | | | | | | | |
| c | Term endowment ▶% | | | | | | | | | |
| | The percentages on lines 2a, 2b, and | 2c should equal 1 | 100%. | | | | • | | | |
| 3a | Are there endowment funds not in th | | | zation tha | at are held | and ad | lministered for th | е | | |
| | organization by: | | | | | | | [| Yes 1 | do |
| | (i) Unrelated organizations | | , | | | | | 3a(i) | | |
| | MIN. The last and a second transition in | | | | | | | 3a(ii) | | |
| ь | If "Yes" on line 3a(ii), are the related of | | d as requi | ired on So | chedule R? | | | 3b | | |
| 4 | Describe in Part XIII the intended use | | | | | | | L | | |
| Pari | | | | | | | | | | |
| | Complete if the organization | | s" on Fo | rm 990 l | Part IV lin | e 11a | See Form 990. | Part X. I | ine 10 | 1. |
| | Description of property | (a) Cost or o | other basis | (b) Cost of | or other basis | (c) | Accumulated apreciation | (d) Bool | | - |
| 1a | Land | | 4** | | | | The state of the s | | | |
| b | Buildings | | | | | | | | | |
| c | Leasehold improvements | | | 1 | 169,534 | | 93,529 | | 76. | 005 |
| ď | Equipment | | | | 176,612 | | 151,661 | | | 951 |
| 9 | Other | | | | | | | | | |
| | Add lines 1a through 1e. (Column (d) r | nust equal Form 9 | 990, Part | X, columr | n (B), line 10 |)c.) . | | | 100, | 956 |
| | | | | , | 1-// | | | dula D./Fax | | |

| | (a) Description of security or category (including name of security) | (b) Book value | | thod of valuation: d-of-year market value |
|---------------------------------------|--|----------------------|--|--|
| inancial | derivatives | | Cost G em | 3-VI-you market value |
| | eld equity interests | ļ | | |
| | /c | | | |
| STOCK | (5 | 5.06 | 05,454 | |
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|) | A) and and Fam COO Cart V and (O) to a 100 | | | |
| t VIII | nn (b) must equal Form 990, Part X, col. (B) line 12.) . Investments – Program Related. | L | A CONTRACTOR OF THE STATE OF TH | And had a school a |
| CAM | Complete if the organization answered "Yes" on For | rm 990 Part IV lin | ne 11c See Form | 000 Part Y line 13 |
| | (a) Description of investment | (b) Book value | (c) Method of valuation: | |
| | (a) Description of investment | (D) BOOK VAILE | | d-of-year market value |
| | | | | |
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| i (Calua | To (A) must on al Comp 000 Book V and (C) long 10) | | 1000 | All and the second |
| rt IX | nn (b) must equal Form 990, Part X, col. (B) line 13.) . Dther Assets. | | | |
| | Complete if the organization answered "Yos" on For | rm 990. Part IV. lic | ne 11d. See Form | n 990. Part X. line 15. |
| | (a) Description | | <u> </u> | (b) Book value |
| | | | | |
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| al (Cohur | no (h) must squal Form 900. Part V. col. (P) line 15.) | | | |
| | nn (b) must equal Form 990, Part X, col. (B) line 15.) | | | |
| al. <i>(Colum</i> art X | Other Liabilities. | rm 990. Part IV. lii | ne 11e or 11f. Se | ee Form 990. Part X. |
| | Other Liabilities. Complete if the organization answered "Yes" on For | | | ee Form 990, Part X, |
| | Other Liabilities. | rm 990, Part IV, lii | ▶ ne 11e or 11f. Se | ee Form 990, Part X, |
| art X | Other Liabilities. Complete if the organization answered "Yes" on Folline 25. | | ▶ ne 11e or 11f. Se | |
| art X | Other Liabilities. Complete if the organization answered "Yes" on Folline 25. (a) Description of liability | | ▶ | |
| art X | Other Liabilities. Complete if the organization answered "Yes" on Folline 25. (a) Description of liability | | ne 11e or 11f. Se | |
| art X | Other Liabilities. Complete if the organization answered "Yes" on Folline 25. (a) Description of liability | rm 990, Part IV, lii | | |
| art X | Other Liabilities. Complete if the organization answered "Yes" on Folline 25. (a) Description of liability | | ne 11e or 11f. Se | |
| art X | Other Liabilities. Complete if the organization answered "Yes" on Folline 25. (a) Description of liability | rm 990, Part IV, lii | ne 11e or 11f. Se | |
| art X | Other Liabilities. Complete if the organization answered "Yes" on Folline 25. (a) Description of liability | | | |
| art X | Other Liabilities. Complete if the organization answered "Yes" on Folline 25. (a) Description of liability | | | |
| art X | Other Liabilities. Complete if the organization answered "Yes" on Folline 25. (a) Description of liability | | · · · · IV, lin | IV, line 11e or 11f. Se |

| | | | | | | rage - |
|---------|--------|--|----------|---|-------------|---|
| Par | t XI | Reconciliation of Revenue per Audited Financial Stateme Complete if the organization answered "Yes" on Form 990, I | | | Return. | |
| 1 | Total | revenue, gains, and other support per audited financial statements | | | 11 | 4 400 505 |
| 2 | | unts included on line 1 but not on Form 990, Part VIII, line 12: | | | ├ | 1,198,567 |
| a | | inrealized gains (losses) on investments | 2a | 1 | | |
| b | | atted services and use of facilities | 2b | | - | |
| - | | | | | - 1 | |
| C | Otho | everies of prior year grants | 2c | | d." | |
| d e | | r (Describe in Part XIII.) | 2d | | | |
| 3 | | ract line 2e from line 1 | | | 2e | |
| 4 | | unts included on Form 990, Part VIII, line 12, but not on line 1: | i · | | 3 | 1,198,567 |
| a | | tment expenses not included on Form 990, Part VIII, line 7b | | } | [| |
| b | | r (Describe in Part XIII.) | 4a 4b | | -[| |
| C | | ines 4a and 4b | | <u> </u> | [- | |
| 5 | | revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line | | | 4c | 4 450 500 |
| | XII | Reconciliation of Expenses per Audited Financial Statem | | | | 1,198,567 |
| ı aı ı | | Complete if the organization answered "Yes" on Form 990, I | | | or neturn. | |
| 1 | Total | expenses and losses per audited financial statements | | | 11 | 1,173,709 |
| 2 | | unts included on line 1 but not on Form 990, Part IX, line 25: | | | | 1,173,703 |
| a | | ited services and use of facilities | 2a | 1 | | |
| b | | vear adjustments | 2b | <u> </u> | - | |
| c | | rlosses | 2c | | 1 | |
| d | | r (Describe in Part XIII.) | 2d | | 1. 1 | |
| e | | ines 2a through 2d | | | 2e | |
| 3 | | rect line 2e from line 1 | | | 3 | 1,173,709 |
| 4 | | unts included on Form 990, Part IX, line 25, but not on line 1: | ĺ | 1 | 1. 1 | 1,173,703 |
| a | | tment expenses not included on Form 990, Part VIII, line 7b | 48 | | 200 | |
| b | | r (Describe in Part XIII.) | 4b | | 13.54 | |
| c | | ines 4a and 4b | | | 4c | |
| 5 | Total | expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line | | | 5 | 1,173,709 |
| Part | | Supplemental Information. | <u>_</u> | | | |
| | | descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and les 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part | | | | |
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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Employer identification number

| CENTRAL FLORIDA URBAN LEAGUE, INC. | 59-1766368 | | | | | | |
|--|---|--|--|--|--|--|--|
| PART V line 3b: The organization did not have unrelated business income of \$46,000or more during the ye | ar. | | | | | | |
| PART V LINE 14b: Indoor tanning services is not a part of the organization's objectives. | | | | | | | |
| PART VI Section B 11b: The form 990 is completed by an outside CPA firm. | | | | | | | |
| The board voted to accept the 990 to be filed. | | | | | | | |
| The CPA firm completed an audit and the Board approved the audit and the form 990. | | | | | | | |
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