Form 98	90 (2019) · · · · · · · · · · · · · · · · · · ·	Page 2
Part	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III	,
1	Briefly describe the organization's mission:	<u> </u>
	Disadvantage housing employment services and crime prevention for disadvantaged youth.	
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	s 🗹 No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	s 🗹 No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as me expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations the total expenses, and revenue, if any, for each program service reported.	easured by to others,
4a	(Code:) (Expenses \$ including grants of \$) (Revenue \$)

4b	(Code:) (Expenses \$including grants of \$) (Revenue \$)
<u>.</u>	10 de la	
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)

	······································	
4d	Other program services (Describe on Schedule O.)	
4.5	(Expenses \$ including grants of \$) (Revenue \$)	· · · · · · · · · · · · · · · · · · ·
48	Total program service expenses	

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		1
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		<u>√</u>
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		<u> </u>
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		<u> </u>
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		√
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		<u>·</u>
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.	المؤيد ا	ristore	14.7°
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		 . √
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		1
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	110		1
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		✓
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		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
148	Did the organization maintain an office, employees, or agents outside of the United States?	14a		1
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		1
ь	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b		<u>√</u>
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

Form 99	90 (201 9)	/	•	Page
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		1
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		1
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	<u> </u>	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	····	1
đ	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		1
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		1
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		1
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		1
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):	35 C. 2	£ .	
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Fart IV	28a		1
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		1
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	ļ	1
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	<u> </u>	1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		1
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	ļ	1
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	<u> </u>	1
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	ļ	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-charitable 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				
	Check if Schedule O contains a response or note to any line in this Part V		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	5[. 03	1.70

b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable

c Did the organization comply with backup withholding rules for reportable payments to vendors and

Part	V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1	•	
	Statements, filed for the calendar year ending with or within the year covered by this return 2a	ا ۔۔۔		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	✓	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		. ا معدا د و معادلاً	لـنـا
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		✓
þ	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O .	3b		✓
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		✓
b	If "Yes," enter the name of the foreign country ▶		٠٠,٠٠٠	٨. شيخ
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	3,00	Water	3
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		✓
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		✓
6 a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		1
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	6b		
7	gifts were not tax deductible?		:, ,	34
-	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	*** 8		
а	and services provided to the payor?	7a	***********	eranti
ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		7
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
•	required to file Form 8282?	7c		1
d	If "Yes," indicate the number of Forms 8282 filed during the year		المعادور	
0	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	70		1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		1
9	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		V
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		1
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	1.3.1		أسراء ا
	sponsoring organization have excess business holdings at any time during the year?	8	*****	~ ,
9	Sponsoring organizations maintaining donor advised funds.		أحداثه يافا	
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a 9b	-	-
ь	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	30	7 1 74	آئد أو
10	Section 501(c)(7) organizations. Enter:	734.00	i and a fair I and I and a fair	
a	Initiation fees and capital contributions included on Part VIII, line 12	1 '	A 1 6 T p.	£
11 11	Section 501(c)(12) organizations. Enter:	1: -1	170	F11774
11 a	Gross income from members or shareholders	1	Ę '	-
b	(Decay) and appropriate days on paid to other powers	1.	į,	
O	against amounts due or received from them.)			<u>[</u> .]
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		1
ь	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	J		-
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	-		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		1
	Note: See the instructions for additional information the organization must report on Schedule O.	3		
b	Enter the amount of reserves the organization is required to maintain by the states in which	- m. 1	<i>i</i>	
	the organization is licensed to issue qualified health plans	1	E .	
C	Enter the amount of reserves on hand		- C.	ENT NO.
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	ļ	1
þ	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O.	14b	 	1
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	15		1
	excess parachute payment(s) during the year?	13	 	1
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	* ~ 7.5	1
	If "Yes," complete Form 4720, Schedule O.	10	- : -	 •
	The state of the s		n 990	(2019)
		. • • • •		

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Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule Q.	Šee ir	struc	tions
Secti	Check if Schedule O contains a response or note to any line in this Part VI	<u> </u>		. 🛮
36611	on A. Governing Body and Management			T
1a	Enter the number of voting members of the governing body at the end of the tax year 1a		Yes	No
	If there are material differences in voting rights among members of the governing body, or	4	,	
	if the governing body delegated broad authority to an executive committee or similar		ė,	
	committee, explain on Schedule O.		٠,	3. 4
b.	Enter the number of voting members included on line 1a, above, who are independent 1b			¥.,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	,	3
3	Did the organization delegate control over management duties customarily 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		1
6	Did the organization have members or stockholders?	6		✓
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		1
Ь	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	_,		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	7b		✓
•	the year by the following:	, "		
а	The governing body?	8a		فستند
b	Each committee with authority to act on behalf of the governing body?	8b		1
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			<u> </u>
	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	ue 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,	404		,
11a	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a		1
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			<u> </u>
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	اشمند	
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		[✓
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		*	3
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	است		أخينا
а	The organization's CEO, Executive Director, or top management official	15a	<u> </u>	1
b	Other officers or key employees of the organization	15b	1349	V
40	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	1/1	15	, .**,
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	به خط مثال ا	ارا
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	100	1	<u> </u>
	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	<u>.</u>	
Secti	on C. Disclosure	·		<u> </u>
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 990-7			
	(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	f inter	est p	olicy,
20	and financial statements available to the public during the tax year.		_	
20	State the name, address, and telephone number of the person who possesses the organization's books and re-	cords		

Form	990	(201	91

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

Check this box it neither the organization nor	any related	d orga	anız	atio	n c	ompe	nsa	ited any current	officer, director,	or trustee.
				((}					
(A)	(B)			Pos				(D)	(E)	(F)
Name and title	Average					than o		Reportable	Reportable	Estimated amount
	hours	office	AL SEUC	a d	irect	or/trusi	ee)	compensation	compansation	of other
	per week						<u> </u>	from the	from related	compensation
	(list any hours for	흑호	ST.	Officer	ey e	흌훒	Former	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from the organization and
	related	중 흥	큚	34	g	3 2	2	(** 2 1000 *****00,	(17 24 1000 111100)	related organizations
	organizations	7 7	2		Key employee	T S		}		
	below dotted line)	Individual trustee or director	Institutional trustee		8	3				
		"	8			Highest compensated employee				
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(0) 01 51501 011 55141 15		ļ	H	H	<u> </u>		\vdash			
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PRESIDENT & CEO			├		-	 	-	157,080	W2	
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ran	VII Section A. Officers, Directors,	Trustees,	Key	Em	plo	yee	es, ar	id h	lighest Compe	ensated Emplo	yees (continued
	•				(C)					
	(A)	(8)				ition			(D)	(E)	(F)
	Name and title	Average					e than us boti		Reportable	Reportable	Estimated amount
		eruori				ireci	tor/trus	tee)	compensation	compensation	of other
		per week		,		x	Highest compensated emptoyee	וע	from the	from related	compensation
		(list any hours for	Individual trustee or director	Institutional trustee	Officer	Key employee	크로	Former	organization	organizations	from the
		related	<u>8</u> <u>5</u>	돛	4	13	å ë	द	(W-2/1099-MISC)	(W-2/1099-MISC)	organization and related organizations
		organizations	흑	ă	1	물	1 4 8	1			Totalad digatizations
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1b	Subtotal										
С	Total from continuation sheets to Part	VII, Sectio	n A					ightharpoons			
d	Total (add lines 1b and 1c)							•	157050		
	Total number of individuals (including bu	t not limiter	to th	<u></u>	lie	bod	above			o than \$100 000	of
2			J 10 11	IOSE	3 112	ıeu	abovi	a) v v	no received moi	e (nan 9 100,000	7 ()
	reportable compensation from the organ	ization >									150
											Yes No
3	Did the organization list any former							mp	loyee, or highes	st compensated	
	employee on line 1a? If "Yes," complete	Schedule J	for si	uch	ind	ivid	ual				3 🗸
4	For any individual listed on line 1a, is the							nn a	and other compe	nsalion from the	E 7 1997
7	organization and related organizations	greater th	an C	150	OOL	ו פו	4 "Vo		comolete Sche	dula I for such	11.2
	-	greater tri	COLI OF	150,	,000	,, ,	, ,0	3,	complete oche	0010 0 101 3001	
	ındividual	· · · ·		•	•	•	•	•			4 1
5	Did any person listed on line 1a receive of									tion or individua	·
	for services rendered to the organization	? If "Yes," c	compl	ete	Sci	hed	ule J	for s	such person .	<u> </u>	5 ✓
Secti	on B. Independent Contractors										
1	Complete this table for your five high	nest comp	ensat	ed	ind	ene	ndent	CC	ontractors that	received more	than \$100,000 o
•	compensation from the organization. Rep										
		5.1 55mp6						, , ,		The state of gar	
	(A) Name and business add	fress							(B) Description of ser	vices	(C) Compensation
	110.10 0.10 0.00 0.00							\vdash	2222		
								\vdash			····
		 									
								Т	•		
2	Total number of independent contractor	ors (includia	na bi	ıt n	not	lımı	ted to	o th	ose listed above	(e) who	
_	received more than \$100,000 of compens							- 11		5, 10,10	٥
	TOOLING THOIR WILL WILDON OF COMPONS	addi HOIII	ino or	yan	::Lai	.011				<u>L_:</u>	

	90 (201	<u> </u>				······				Page 9
Part	VIII	Statement of Re	venu	l e Intoles =						
411111111111111111111111111111111111111		Check if Schedule	O cc	ntains a re	espor	ise or note to an	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Grants nounts	1a b	Federated campaig Membership dues			1a 1b		 			sections 512-514
S E	С	Fundraising events			1c	1				
Gifts, Cillar Am	d	Related organization			1d					
e e	е	Government grants	(cont	tributions)	1e	488,055				
Contributions, Gifts, Grants and Other Similar Amounts	f	All other contribution and similar amounts no			11	297,820				
ontrib nd Ot	g	Noncash contribution			19					
9 e	h	Total. Add lines 1a-	<u>-1f .</u>		<u>· · · </u>		785,875			
g	20	PROGRAM INCOME				Business Code				
Program Service Revenue	2a b			-4			238,337			
Se	C	**********************	• • • • • • • •					/*************************************		
gram Ser Revenue	d	***************************************		*******						
P. C.	e									
Ž	f	All other program se	ervice	revenue						
	Ø	Total. Add lines 2a-					238,337			
	3	Investment income other similar amoun income from investr	its) .			▶				
	5	Royalties	<u> </u>			<u> ▶</u>				
				(i) Rez		(ii) Personal				
	6a	Gross rents	<u>6a</u>		4800t					
	b	Less: rental expenses	6b		****					
	C d	Rental income or (loss) Net rental income of	-	<u> </u>			48000			
			103	(i) Securi	tles	(ii) Other	40000			<u> </u>
	7a	Gross amount from sales of assets other than inventory	7a					3		
Revenue	b	Less, cost or other basis and sales expenses .	7b							
ě	С	Gain or (loss)	7c	<u> </u>						
•	d	Net gain or (loss)	• :			, >				
Othe	8a	Gross income fro events (not including of contributions re 1c). See Part IV, line	\$_ porte	d on line	8a			Andreas		
	ь	Less: direct expens			8b					}
	С	Net income or (loss			ng ev	ents 🕨				
ı	9a	Gross income activities. See Part			9a					
		Less: direct expens			96			ļ		
	4	Net income or (loss		-	ctiviti	es >				
	10a	Gross sales of in returns and allowar		ory, less	10a					
	ь	Less: cost of goods			10b					
		Net income or (loss								
<u>0</u>			*****			Business Code				
Miscellaneous Revenue	11a	MISCELLANEOUS					6355			
	b	INKIND					120,000			
scellaneo Revenue	C							<u> </u>		
Mis	d			. , .				,		
	12	Total. Add lines 11: Total revenue. See					174,353 1,198,567	<u> </u>	 	
***************************************	, <u>-</u>	, 510: 1040/186: 000	* ** *****	~~~~	, .		1,130,301	1	t	L

Form 990 (2019) Page 10 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 not include amounts reported on lines 6b, 7b, (A) Total expenses (B) Program service (C) Management and (D) Fundraising expenses 8b. 9b. and 10b of Part VIII. expenses general expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV. line 21 2 Grants and other assistance to domestic individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees R Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . 404,344 391,228 13,116 7 Other salaries and wages 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): Management 75,420 54,432 20,988 Legal Accounting **d** Lobbying STORES OF THE PROPERTY OF Professional fundraising services. See Part IV, line 17 Investment management fees Other, (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . Advertising and promotion 12 13 Office expenses 4,204 3,034 1,170 14 Information technology . 15 Royalties 66,534 25.654 Occupancy . 92,188 16 17 Travel . 10,339 7,462 2,877 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 19 Conferences, conventions, and meetings . 2,957 2.134 823 4,693 20 4,693 n 21 Depreciation, depletion, and amortization . 22 13,545 13,545 23 6,374 8,832 2,458 24 Other expenses, Itemize expenses not covered Cardon Salaritas above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column C. (A) amount, list line 24e expenses on Schedule O.) Program Expenses 249,397 215,876 33,521 Inkind 120,000 120,000 Other Operating Expenses 36,979 14,259 51,238 dues & Subscriptions 11,167 4,306 15,473 All other expenses Total functional expenses. Add lines 1 through 24e 25 1,173,709 904,363 269,346 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and

fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)

32 33

Total liabilities and net assets/fund balances

_	n 990 (2				Page 11
; [F	art X	Balance Sheet Check if Schedule O contains a response or note to any line in this Pa	art X		
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	28,399	1	26,083
	2	Savings and temporary cash investments	351,211		558,416
	3	Pledges and grants receivable, net		3	1
	4	Accounts receivable, net	20,432	4	158,800
	5	Loans and other receivables from any current or former officer, director,	t. 11. 1 Charles and Angliana and	78	markin ir grafiki
		trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	Mark harded was a series
	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).	10,500	6	
क	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use	10,512	8	10,512
¥	9	Prepaid expenses and deferred charges	<u> </u>	9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a	,		
	ь	Less: accumulated depreciation 10b	28,034	10c	100,956
	11	Investments—publicly traded securities	5,454		5,454
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	444,042	16	860,221
	17	Accounts payable and accrued expenses	30,033	17	4,900
	18	Grants payable	70,192	18	70,711
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
ŝ	22	Loans and other payables to any current or former officer, director,	<u> </u>	·	
Ħ		trustee, key employee, creator or founder, substantial contributor, or 35%			<u> </u>
Liabilities		controlled entity or family member of any of these persons	39,513	_	454,400
_	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		05	
		of Schedule D	400 -00	25	=20.04
	26	Total liabilities. Add lines 17 through 25	139,738	20	530,01
Net Assets or Fund Balances		Organizations that follow FASB ASC 958, check here ► □ and complete lines 27, 28, 32, and 33.		777	the state of the s
an	27	Net assets without donor restrictions	304,304	27	330,20
Ba	28	Net assets with donor restrictions	304,304	28	,
Ţ	20	Organizations that do not follow FASB ASC 958, check here ▶ □	- A	7.00	Transfer and the second second second
Ē	1	and complete lines 29 through 33.	* " " " " " " " " " " " " " " " " " " "	ارسوران در به	A STATE OF THE PARTY OF THE PAR
9	29	Capital stock or trust principal, or current funds	mane Strikersteinstein Strike 18-18"	29	· [中一 《中书》四四四四(15年2] [] [] [] [] [] [] [] [] [] [
ž,	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
256	31	Retained earnings, endowment, accumulated income, or other funds		31	
, *	32	Total net assets or fund balances	304,304	32	330,20
身	33	Total liabilities and net assets/fund balances	444.042		

Form 990 (2019)

330,204

860,221

444,042 33

Form 91	90 (2019)	,		PE	age 12
Par	XI Reconciliation of Net Assets		,	····	•
	Check if Schedule O contains a response or note to any line in this Part XI			• •	. 🗆
1	Total revenue (must equal Part VIII, column (A), line 12)	1		1,19	98,567
2	Total expenses (must equal Part IX, column (A), line 25)	2		1,17	73,709
3	Revenue less expenses. Subtract line 2 from line 1	3			<u> 24,858</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		30	<u> </u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			1,042
9	Other changes in net assets or fund balances (explain on Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
00.4	==, ++.+ \-1, -1	10		33	30,204
Part	Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII				. 🔽
	Check it Schedule O contains a response of note to any line in this Fait XIII	<u> </u>	· · · ·	Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other		<u> </u>		
•	If the organization changed its method of accounting from a prior year or checked "Other," ex	olain (_ ·		1
	Schedule O.		"		Ł
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? .		2a		1
	If "Yes," check a box below to indicate whether the financial statements for the year were com-		or .		
	reviewed on a separate basis, consolidated basis, or both:			į	
	Separate basis Consolidated basis Both consolidated and separate basis		್ ಪ್ರ-		
b	Were the organization's financial statements audited by an independent accountant?		2b	✓	
	If "Yes," check a box below to indicate whether the financial statements for the year were audite	ed on	a	143	10, 157, 1
	separate basis, consolidated basis, or both:		- 1 5 y 6	*/£35	Arma artifu tr
	Separate basis Consolidated basis Both consolidated and separate basis		ابروز بن بنا - تالنث	1.00 € 1.00 €	- 2
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	sight o	of		
	the audit, review, or compilation of its financial statements and selection of an independent accountar	it?	2c	 ,	-
	If the organization changed either its oversight process or selection process during the tax year, ex	plain c	ภ 📗 🚉	1	E
	Schedule O.		لائس.	F	•
За	As a result of a federal award, was the organization required to undergo an audit or audits as set for	n in tr	18 3a		1
	Single Audit Act and OMB Circular A-133?			 	 •
þ	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo such as	ngo u idits	3b	1	1
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a			- 990	(2019)

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

2019

Open to Public Inspection

Employer Identification number

		LORIDA URBAN LEAGUE, INC).			···	59-17	66368
Par		Reason for Public Char	rity Status (Ail	organizations must	comple	te this p	art.) See instructio	ns.
		zation is not a private founda						
1 2		church, convention of church school described in section	165, of association	on of churches descri	Dea In Se	ction 17	U(b)(1)(A)(i).	\sim
3		hospital or a cooperative hos	nital sensice oro	(Allecii Scriedule E (F	omi 990 Section	OF 99U-E2	2).) (MANGEO	<i>5</i> \
4		medical research organization	on onerated in co	panization described i	nital deen	i ituloji i ribad in s	I)(A)(III). :action 170(b)/1)/A)(ilil Entar tha
•	ho	espital's name, city, and state);	, garrettori tittir a 1100p	J. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	11000 111 0		my, mitter trie
5	☐ Ar	n organization operated for to oction 170(b)(1)(A)(iv). (Comp	the benefit of a	college or university	owned o	r operate	d by a government	al unit described in
6 7	☐ Ar	federal, state, or local govern n organization that normally escribed in section 170(b)(1)	receives a subst	tantial part of its supp	in section	n 170(b) a goven	(1)(A)(v). nmental unit or from	the general public
8		community trust described in			Port II \			
9		agricultural research organi				erstari in	conjunction with a le	and-ampt college
	or un	university or a non-land-grainversity:	nt college of agn	culture (see instructio	ons). Ente	r the nan	ne, city, and state of	the college or
10	re: su	n organization that normally r ceipts from activities related apport from gross investment equired by the organization a	to its exempt fur income and unr	nctions—subject to co related business taxal	ertain exc ole incom	eptions, le (less se	and (2) no more that ection 511 tax) from	1 331/3% of its
11	☐ Ar	n organization organized and	operated exclus	sively to test for public	safety.	See secti	on 509(a)(4).	
12		ı organization organized and						
		one or more publicly support						
		heck the box in lines 12a thro	_	= -	-	_		_
а		Type I. A supporting organ	•	•	•		•	
		the supported organization supporting organization. Ye					ne directors or trusti	ees of the
ь		Type II. A supporting organ		•			unnorted organization	on(e) by boying
U	· •	control or management of organization(s). You must	the supporting o	rganization vested in	the same			
c		Type III functionally integ its supported organization(ally integrated with,
ď		Type III non-functionally integrated is not functionally integreed requirement (see instructionally integrated in the contraction in the contracti	grated. The orga	nization generally mu	st satisfy	a distribu	ution requirement an	orted organization(s) d an attentiveness
e		Check this box if the organ functionally integrated, or l						il, Type III
f	_	er the number of supported of	•					
8	<u>'</u>	vide the following information		,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Tax	4.0 4
	(i) Ner	me of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in you	organization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
					Yes	No		
(A)								
(B)								
(C)	-5							
(D)								
(E)								
Tota	1			The state of the s		natives of		

Schedule.	A	Form	990	œ	990-	F۸	2019	à

\ Part		ations Descr	ibed in Sect	ions 170(b)(1)(A)(iv) and	170(b)(1)(A)(v	i) Page 2
	(Complete only if you checked to	he box on line	5, 7, or 8 of	Part I or if th	e organizatio	n failed to qu	alify under
Senti	Part III. If the organization fails to on A. Public Support	o quality unde	er the tests is	sted below, p	lease comple	ete Part III.)	
***************************************	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.")	(4) 2010	(5) 2010	(0) 2017	(u) 2010	(6) 2015	
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	. 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)		35.0		77 , h		
6 Sooti	Public support. Subtract line 5 from line 4	F. 3	A STATE OF THE STA	10 m	- 14 12 Com 14 00 2		
	on B. Total Support 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	(b) 2016	(6) 2017	(4) 2018	(6) 2019	(I) IOIAI
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.)	0				0	0
11 12	Total support. Add lines 7 through 10 Gross receipts from related activities, etc.	: (see instructi	ons) \.			12	0
13	First five years. If the Form 990 is for t						
Canti	organization, check this box and stop he on C. Computation of Public Suppo			./			
<u>5ecu</u>	Public support percentage for 2019 (line			11. column (fi)		14	0 %
15	Public support percentage from 2018 Sc	hedule A, Part	li, line 14 .			15	0 %
16a	331/3% support test-2019. If the organ	nization did not	check the bo			31a% or more,	check this
	box and stop here. The organization qua						
b	331/2% support test—2018. If the organitation this box and stop here. The organization					5 is 33¹/a% or m	nore, check · · · ▶ 🏻
17a	10%-facts-and-circumstances test—2 10% or more, and if the organization means the Part VI how the organization meets the organization	eets the "facts "facts-and-ciro	s-and-circumst cumstances" to	tances" test, cest. The organ	heck this box ization qualifie	and stop here	Explain in supported □
b		ation meets to meets the "fact	ne "facts-and- cts-and-circum	circumstances stances" test.	test, check The organizat	this box and tion qualifies as	stop here. s a publicly
18	Private foundation. If the organization of instructions						
						hadule A (Form 96	

Part III

Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization falls to qualify under the tests listed below, please complete Part II.)

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.")	743,409	1,199,767	1.352,681	1,103,663	1,198,567	5,598,087
2	Gross receipts from admissions, merchandise sold or services performed, or facilities		i				
	furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the	 					
•	organization's benefit and either paid to or expended on its behalf				ļ.		
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	743,409	1,199,767	1,352,681	1,103,663	1,198,567	1 5,598,087
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .						
ь	Amounts included on lines 2 and 3						
	received from other than disqualified	1		ļ			į.
	persons that exceed the greater of \$5,000			Ì			1
	or 1% of the amount on line 13 for the year						
С 8	Add lines 7a and 7b	A Terrest Contract of the Cont	Charles of the Park State of the American		ajuganom,	CONTRACTOR AND ADDRESS OF THE PARTY.	
0	line 6.)	·	P. P. P. P. P. P. P. P. P. P. P. P. P. P	To a standard			
Secti	on B. Total Support	1.77	<u> </u>	mail ("Provide Althornithes")	- All Control of the	barra de la companya	
Calen	dar 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.					,	
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses		İ		ĺ	ļ	
	acquired after June 30, 1975						
C	Add lines 10a and 10b						
11	Net income from unrelated business	1			į	1	
	activities not included in line 10b, whether or not the business is regularly carried on]					
12	Other income. Do not include gain or	<u> </u>					
	loss from the sale of capital assets	1	İ		İ		•
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	742 400	4 400 767	4 252 601	4 400 500	4 400 507	C - CD - CD -
14	First five years. If the Form 990 is for the	743,409 ne organization	1,199,767 s first, second	1,352,681 i. third. fourth.	1,103,663 or fifth tax ve	1,198,567 ar as a section	5,598,087 n 501(c)(3)
	organization, check this box and stop he						▶ □
	on C. Computation of Public Suppo						
15	Public support percentage for 2019 (line			• • •		15	1 %
16 Secti	Public support percentage from 2018 Sc on D. Computation of Investment In	hedule A, Part II	I, line 15 .	<u></u>	. ,	16	1 %
17	Investment income percentage for 2019 (v line 13. colu	nn (fi)	17	0 %
18	Investment income percentage from 201					18	0 %
19a	331/3% support tests-2019. If the organ	ization did not	check the box	on line 14, an	d lino 15 is mo	ore than 331/a9	6. and line
	17 is not more than 331a%, check this box	and stop here.	The organization	n qualifies as a	publicly suppo	rted organization	on . ▶ 🗇
b	331n% support tests—2018. If the organization 10 is not transfer to 10 is not transfer t	zation did not ch	eck a box on I	ine 14 or line 1	9a, and line 16	is more than 3	318%, and
20	line 18 is not more than 331,8%, check this						
20	Private foundation. If the organization de	d not check a b	ox on line 14,	19a, or 19b, c	heck this box a	and see instruc	tions 🕨 🔲

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.)

Se	C	lion	A.	All	Supp	ortine	a Ord	aniza	ntions

supporting organizations)? If "Yes," answer 10b below.

determine whether the organization had excess business holdings.)

ecu	on A. All Supporting Organizations		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	() A	
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		216
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		1.43
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.	3 b		
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.	Зс		
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		
ь	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		-4-
С	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		
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		
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		
6	Substitutions only. Was the substitution the result of an event beyond the organization's control? 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.	5c		, a ₁
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	1 2 A 3	A Y
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		5.3
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	-2,3	
C	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type III supporting employations and all Type III populationally interreted	days day		14.

b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to

Part	IV Supporting Organizations (continued)			
		T	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			**
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]	j
b	A family member of a person described in (a) above?	11b		
С	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 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, 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.			
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		-
Secti	on C. Type II Supporting Organizations			
		T	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 or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?			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 the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3	-	
Secti	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 i	nstruc	tions	s).
a	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 (Activities Test. Answer (a) and (b) below.	_		
2		F3274	Yes	No
8	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of 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, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a	,	
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b	e e con	to separate
3	Parent of Supported Organizations. Answer (a) and (b) below.			Line .
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
b	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.	3b	TI	ككت

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical	gan	izations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organization.			
Section A – Adjusted Net Income	·	(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B – Minimum Asset Amount		(A) Pnor Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	·		
a Average monthly value of securities	1a		
b Average monthly cash balances	16		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):	F		
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.	8		
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	to pain bear on the state of	
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		Ż
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to	Г	No.	
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functional instructions).	ly in	tegrated Type III supportin	g organization (see

Part	Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organ	izations (continued)	
Secti	ion D—Distributions			Current Year
1	Amounts paid to supported organizations to accomplish			
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	poses 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.			
8	Distributions to attentive supported organizations to whic (provide details in Part VI). See instructions.	h the organization is re-	sponsive	
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
<u></u>	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		9	
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	Training to the second of the	THE THE SECTION OF TH	The Market of the Control of the Con
8	From 2014			the state of the s
b	From 2015			
C	From 2016			
d	From 2017	Harry Land Company		Windowskin .
.0	From 2018	A programme of the second seco		THE PARTY OF THE PARTY OF
1	Total of lines 3a through e	S A COMMON TO S A S A S A S A S A S A S A S A S A S		
9	Applied to underdistributions of prior years			44.74
h	Applied to 2019 distributable amount	Est a California	Maria Carlo	
i	Carryover from 2014 not applied (see instructions)		that a market programme the market has been	CONTRACT CONTRACTOR
j	Remainder, Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from	Andread and the state of the st	AND TO MAIN THE THE THE PROPERTY OF THE PROPER	Allements and a second
	Section D, line 7: \$			
а	Applied to underdistributions of prior years	1		
b	Applied to 2019 distributable amount			
С	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.			· Annual Contraction
6	Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in	1 mg mar 1 mg mar 1 mg mg mg mg mg mg mg mg mg mg mg mg mg		
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j and 4c.			
8	Breakdown of line 7:		24	
<u>a</u>	Excess from 2015			
<u>b</u>	Excess from 2016	Charge and the same of the sam		
<u>c</u>	Excess from 2017	Meritania describerantes	THE POST OF THE PARTY AND THE	
<u>d</u>	Excess from 2018			The state of the s
- 6	Excess from 2019	andra morest is the provincial section	gampy dates the discountry of the	in man takan Tiri da k

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

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2019

Open to Public Inspection

ACNT	DAL PLANINA LINDALL PARLET MAR		aniproyer isommodulor named
	RAL FLORIDA URBAN LEAGUE, INC. Organizations Maintaining Donor Advi	and Friedo or Other Cimilar Franc	59-1766368
Par			is or accounts.
	Complete if the organization answered "	,	
	The state of the s	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	<u> </u>	
2	Aggregate value of contributions to (during year) .		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor a	advisors in writing that the assets he	ld in donor advised
	funds are the organization's property, subject to the		
6	Did the organization inform all grantees, donors, an		
	only for charitable purposes and not for the benefit		
	conferring impermissible private benefit?	· · · · · · · · · · · · · · · · · · ·	· · · · ·
, Par			
	Complete if the organization answered "		
1	Purpose(s) of conservation easements held by the o	- · · · · · · · · · · · · · · · · · · ·	
	Preservation of land for public use (for example, recreated		f a historically important land area
	☐ Protection of natural habitat	□ Preservation of the preservation of	f a certified historic structure
	☐ Preservation of open space		
2	Complete lines 2a through 2d if the organization hel	d a qualified conservation contribution	n in the form of a conservation
	easement on the last day of the tax year.		Held at the End of the Tax Year
a	Total number of conservation easements		. 2a
b	Total acreage restricted by conservation easements		. 2b
C	Number of conservation easements on a certified hi	storic structure included in (a)	. 2c
d	Number of conservation easements included in (c) acquired after 7/25/06, and not o	n a
	historic structure listed in the National Register .		. 2d
Š	Number of conservation easements modified, trans	férred, released, extinguished, or term	ninated by the organization during the
	tax year ▶	•	, -
4	Number of states where property subject to conserv	vation easement is located >	
5	Does the organization have a written policy reg	arding the periodic monitoring, insp	ection, handling of
	violations, and enforcement of the conservation eas	ements it holds?	🔲 Yes 🗌 No
6	Staff and volunteer hours devoted to monitoring, inspec	ting, handling of violations, and enforcing	conservation easements during the year
	>		
7	Amount of expenses incurred in monitoring, inspecting	g, handling of violations, and enforcing a	conservation easements during the year
	▶ \$		
8	Does each conservation easement reported on line	2(d) above satisfy the requirements of	section 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports of	onservation easements in its revenue	and expense statement and
	balance sheet, and include, if applicable, the text of		ancial statements that describes the
	organization's accounting for conservation easement		
Pari			Other Similar Assets.
	Complete if the organization answered "	Yes" on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FAS	B ASC 958, not to report in its revenu	e statement and balance sheet works
	of art, historical treasures, or other similar assets	held for public exhibition, education	, or research in furtherance of public
	service, provide in Part XIII the text of the footnote i		
b	If the organization elected, as permitted under FAS		
	art, historical treasures, or other similar assets held		search in furtherance of public service,
	provide the following amounts relating to these item	18 :	
	(i) Hevenue 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,	historical treasures, or other similar	assets for financial gain, provide the
	following amounts required to be reported under FA	ASB ASC 958 relating to these Items:	
a	Revenue included on Form 990, Part VIII, line 1		· · · > \$
<u>b</u>	Assets included in Form 990, Part X	· · · · · · · · · · · · · · · · · · ·	<u> ▶ \$</u>
ror Pa	DEDWORK REGULATION ACT NOTICE SEE the Instructions for	FORTH COM No. CONDAIN	Cabardala Cara a cara mana

Schedule	n	Earm	apni	201	O
SCHOOLIN	טו		9901	201	a

Part	Organizations Maintaining	Collections of A	Art, His	torical	reasures	, or Ot	her Similar A	Assets (con	tinued)
3	Using the organization's acquisition, a collection items (check all that apply):	accession, and oth	ner recoi	ds, chec	k any of th	e follow	ring that make	significant u	se of its
a	☐ Public exhibition		d	☐ Loan	or exchang	e progr	am		
b	Scholarly research		9	Other	•		*************		
C	☐ Preservation for future generations				~~~~~~~~~	*	*************		
4	Provide a description of the organizati XIII.	ion's collections a	ınd expla	ain how t	hey further	the org	anization's exe	empt purpos	e in Part
5	During the year, did the organization assets to be sold to raise funds rather								□ No
Part		ngements.	·					 	
	990, Part X, line 21.	·							
18	Is the organization an agent, trustee, included on Form 990, Part X?					ions or	other assets	not . 🔲 Yes	□ No
Ь	If "Yes," explain the arrangement in Pa	irt XIII and comple	te the to	llowing t	able:	Γ	T	Amount	
_	Beginning balance					10		Amount	
C	Additions during the year					1d			
d	Distributions during the year					18			
e f	Ending balance					1f			
2a	Did the organization include an amoun							1.2 T Van	
b	If "Yes," explain the arrangement in Pa								
Pari	V Endowment Funds.		·	000 1	9 m and 18 / 18 m a	- 40			
	Complete if the organization						(4) The second by	-4. 4.) =	b b
4	Pasiasias et vasubelanas	(a) Current year	(0) PT	or year	(c) Two year	SORCK	(d) Three years be	ick (e) Four ye	SEATS DECK
1a	Beginning of year balance		·						
b	Contributions			<u></u>					
С	Net investment earnings, gains, and losses			<u> </u>					
d	Grants or scholarships								
•	Other expenditures for facilities and programs								·····
f	Administrative expenses			·			·····		
9	End of year balance				L				
2	Provide the estimated percentage of the	ne current year en	d balanc	e (line 1g	, column (a)) held a	15 :		
a	Board designated or quasi-endowmen	it 🕨	. %						
b	Permanent endowment	%							
c	Term endowment ▶ %								
	The percentages on lines 2a, 2b, and 2c should equal 100%.								
3 a	Are there endowment funds not in the organization by:	possession of th	e organi	zation th	at are held	and ad	ministered for		es No
	(i) Unrelated organizations							. 3a(i)	
	(ii) Related organizations							. 3a(ii)	
ь	If "Yes" on line 3a(ii), are the related or	ganizations listed	as requi	red on S	chedule R?			. 3b	
4	Describe in Part XIII the intended uses							<u> </u>	
Part	Part VI Land, Buildings, and Equipment.								
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.									
	Description of property	(a) Cost or oti	her basis	(b) Cost	or other basis	(c) /	Accumulated preclation	(d) Book	
1a	Land					44%			
b	Buildings								
C	Leasehold improvements				169,534		93,529		76,005
d	Equipment		···		176,612	L	151,661		24,951
	Other			<u> </u>					
Total.	Add lines 1a through 1e. (Column (d) m	nust equal Form 95	90, Part 2	K, columi	n (B), line 10)c.)	>		100,956

	(a) Description of security or category	(b) Book value		n 990, Part X, line 1
	(Including name of security)			l-of-year market value
	l denvatives			
	held equity interests			
Other		<u> </u>		·
7 3100	KS	5,060	5,454	
<u>))</u>	***************************************	-		
<u>)</u>		-	<u> </u>	
)) :)		•		
,)	***************************************		 	
; i)	***************************************			
í)				
	ımn (b) must equal Form 990, Part X, col. (B) line 12.) 🗆 🕨		COLUMN TO	
rt VIII	Investments-Program Related.			
	Complete if the organization answered "Yes" on Fo	rm 990, Part IV, lir	ne 11c. See Form	990, Part X, line 1
	(a) Description of investment	(b) Book value		hod of valuation.
			Cost or end	-of-year market value

			 	·
			 	
				
			1	
al. (Colu	mn (b) must equal Form 990, Part X, col. (B) line 13.).▶			
	Other Assets.			10 10 10 10 10 10 10 10 10 10 10 10 10 1
	Other Assets. Complete if the organization answered "Yes" on Fo	rm 990, Part IV, lir		990, Part X, line 1
	Other Assets.	rm 990, Part IV, lir		10 10 10 10 10 10 10 10 10 10 10 10 10 1
	Other Assets. Complete if the organization answered "Yes" on Fo	rm 990, Part IV, lir		990, Part X, line 1
	Other Assets. Complete if the organization answered "Yes" on Fo	rm 990, Part IV, lir		990, Part X, line 1
	Other Assets. Complete if the organization answered "Yes" on Fo	rm 990, Part IV, lir		990, Part X, line 1
	Other Assets. Complete if the organization answered "Yes" on Fo	rm 990, Part IV, lir		990, Part X, line 1
	Other Assets. Complete if the organization answered "Yes" on Fo	rm 990, Part IV, lir		990, Part X, line 1
	Other Assets. Complete if the organization answered "Yes" on Fo	rm 990, Part IV, lir		990, Part X, line 1
	Other Assets. Complete if the organization answered "Yes" on Fo	rm 990, Part IV, lir		990, Part X, line 1
art IX	Other Assets. Complete if the organization answered "Yes" on Fo	rm 990, Part IV, lir	ne 11d. See Form	990, Part X, line 1
art IX	Other Assets. Complete if the organization answered "Yes" on Form (a) Description (a) Description armn (b) must equal Form 990, Part X, col. (B) line 15.)	rm 990, Part IV, lir		990, Part X, line 1
art IX	Other Assets. Complete if the organization answered "Yes" on Fo (a) Description Imm (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities.		ne 11d. See Form	990, Part X, line 1 (b) Book value
al. (Colu	Other Assets. Complete if the organization answered "Yes" on Form (a) Description Imm (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on Form 15.		ne 11d. See Form	990, Part X, line 1 (b) Book value
al. (Colu	Other Assets. Complete if the organization answered "Yes" on Form (a) Description Imm (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on Form 25.		ne 11d. See Form	e Form 990, Part X
al. (Colu	Other Assets. Complete if the organization answered "Yes" on Form (a) Description Imm (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on Foliation 25. (a) Description of liability		ne 11d. See Form	990, Part X, line 1 (b) Book value
al. (Colu	Other Assets. Complete if the organization answered "Yes" on Form (a) Description Imm (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on Form 25.		ne 11d. See Form	e Form 990, Part X
al. (Colu	Other Assets. Complete if the organization answered "Yes" on Form (a) Description Imm (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on Foliation 25. (a) Description of liability		ne 11d. See Form	e Form 990, Part X
al. (Colu	Other Assets. Complete if the organization answered "Yes" on Form (a) Description Imm (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on Foliation 25. (a) Description of liability		ne 11d. See Form	e Form 990, Part X
al. (Colu	Other Assets. Complete if the organization answered "Yes" on Form (a) Description Imm (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on Foliation 25. (a) Description of liability		ne 11d. See Form	e Form 990, Part X
ert IX	Other Assets. Complete if the organization answered "Yes" on Form (a) Description Imm (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on Foliation 25. (a) Description of liability		ne 11d. See Form	e Form 990, Part X
al. (Colu	Other Assets. Complete if the organization answered "Yes" on Form (a) Description Imm (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on Foliation 25. (a) Description of liability		ne 11d. See Form	e Form 990, Part X
al. (Colu	Other Assets. Complete if the organization answered "Yes" on Form (a) Description Imm (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on Foliation 25. (a) Description of liability		ne 11d. See Form	e Form 990, Part X

Pari	Reconciliation of Revenue per Audited Financial Staten Complete if the organization answered "Yes" on Form 990			•
1	Total revenue, gains, and other support per audited financial statements			1,198,567
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			1,100,00
8	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities			
С	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)			
8	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	1,198,567
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1	7/2	1,130,507
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	The state of the s	
ь	Other (Describe in Part XIII.)		3.0°A	
C	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line	e 12.)	5	1,198,567
Part				1,100,007
	Complete if the organization answered "Yes" on Form 990,			
1	Total expenses and losses per audited financial statements			1,173,709
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		•
ь	Prior year adjustments		5	
C	Other losses			
d	Other (Describe in Part XIII.)		1000	
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	1,173,709
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		45	
а	Investment expenses not included on Form 990, Part VIII, line 7b	48	<i>3.7</i> 2	
b	Other (Describe in Part XIII.)			
C	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, Ii			1,173,709
Part	XIII Supplemental Information.			
2; Par	: XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this par			

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SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

Department of the Treasury Internal Revenue Service ` Name of the organization

▶ 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 \$48,000or more during the y	Name .
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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p====0p===============================	

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