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Return of Organization Exempt From Income Tax

Return of Organization Exempt 1 form income

Department of the

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

▶ Do not enter social security numbers on this form as it may be made public.

▶ Go to $\underline{www.irs.gov/Form990}$ for instructions and the latest information.

2019

Open to Public Inspection

		enue Service							
			calendar year, or tax year beginning 07-01-2019 , and ending 06 C Name of organization	-30-2020		D. Francisco		:£:£:	
	dress	applicable: change	URBAN LEAGUE OF LOUISIANA			72-0423		ification nur	nber
☐ Ini		_	Doing business as						
		n/terminated d return	Number and street (or P.O. box if mail is not delivered to street address) Room	/suite		E Telephon	ne numbe	er	
		on pending	4640 S CARROLLTON AVENUE SHITE 210	, saite		(504) 6	20-233	2	
			City or town, state or province, country, and ZIP or foreign postal code						
			NEW ORLEANS, LA 70119			G Gross re	ceipts \$!	5,612,983	
			F Name and address of principal officer: JUDY REESE MORSE	H(a)	Is this	a group re	turn for		
			JODI KEESE MONSE		subordi	inates? subordinat	toc		s 🗹 No
	v 0v0	mnt status		─ ' '	include		,65	☐Ye	s 🗆 No
			✓ 501(c)(3) ☐ 501(c)() ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527				•	e instruction	ns)
J W	ebsit	te:▶ UR	BANLEAGUELA.ORG	"(c)	Group	exemption	numbe	r▶	
K Forr	n of o	rganization	: ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶	L Year o	of formati	ion: 1938	M State	e of legal don	nicile:
Pa	art I		mary						
			scribe the organization's mission or most significant activities: WER COMMUNITIES AND HELP CHANGE LIVES FOR AFRICAN AMERICAN:	S AND OTH	IER EME	RGING CO	MMUNI	TIES ANF G	ROUPS.
e)			AN LEAGUE SEEKS TO ELIMINATE BARRIERS TO OPPORTUNITY AND ASS	ISTS INDI\	VIDUALS	3 IN ATTAI	NING E	CONOMIC S	SELF
) 	:	SUFFICIE	NCT.						
E									
Governance	_ '	6 1 1 11		<u> </u>	250/	<u> </u>			
			is box $ ightlessip \Box$ if the organization discontinued its operations or disposed of voting members of the governing body (Part VI, line 1a) \cdot			of its net a	ssets.	1	30
Activities &	l		of independent voting members of the governing body (Part VI, line 1b)				4	_	30
Ě	l		mber of individuals employed in calendar year 2019 (Part V, line 2a)				5	+	84
Ş	6	Total nu	mber of volunteers (estimate if necessary)				6	+	
•	l		related business revenue from Part VIII, column (C), line 12		7a	,	0		
	ь	Net unre	7b	,					
					Prio	r Year		Current	Year
<u>g</u> ı	8	Contribu	tions and grants (Part VIII, line 1h)			5,400,1	115		5,303,566
Rəvenue	9	Program	service revenue (Part VIII, line 2g)						(
₽ĕ	10	Investm	ent income (Part VIII, column (A), lines 3, 4, and 7d)			4,7	795		2,309
	1		venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			331,8			222,946
			renue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)			5,736,7	729		5,528,821
	l		nd similar amounts paid (Part IX, column (A), lines 1–3)				+		
	l		paid to or for members (Part IX, column (A), line 4)	, —		2.662.4			2 400 077
Expenses	l		other compensation, employee benefits (Part IX, column (A), lines 5–10) <u> </u>		3,663,6	380		3,499,077
æ	1		onal fundraising fees (Part IX, column (A), line 11e)				+		
滋	l		penses (Part IX, column (A), lines 11a–11d, 11f–24e)			2 179 (290		2,449,956
	l		penses. Add lines 13–17 (must equal Part IX, column (A), line 25)		2,179,090 2,44 5,842,770 5,94				
	l		less expenses. Subtract line 18 from line 12			-106,0			-420,212
হ ও			'	Begi	inning o	f Current Y		End of Y	
Net Assets or Fund Balances				<u> </u>					
Ass	l		sets (Part X, line 16)			8,831,4	_		9,038,360
E E	l		oilities (Part X, line 26)			1,940,7	-		2,567,894
			ts or fund balances. Subtract line 21 from line 20			6,890,6	3/8		6,470,466
	rt II r pen		nature Block perjury, I declare that I have examined this return, including accompanyi	ina schedul	les and	statement:	s. and to	o the best o	of my
know	ledge	and belie	ef, it is true, correct, and complete. Declaration of preparer (other than c						
any k	nowi	eage.							
		*****				-05-17			
Sign		Signat	rure of officer		Date				
Here	•		REESE MORSE PRESIDENT/CEO or print name and title						
		17	<u> </u>	TData	-		DTIN		
Dair	4		Print/Type preparer's name Preparer's signature	Date 2021-05-1		k ∐ if F	PTIN P0123919	9 9	
Paid Pre		or	Firm's name BRUNO & TERVALON LLP CPAS	1	_	employed s EIN ► 72-	.0877929)	
Use		U			_				
JOE	Ji	ייע	Firm's address ▶ 4298 ELYSIAN FIELDS AVE		Phon	e no. (504) :	284-8733	3	
			NEW ORLEANS, LA 70122						
May t	he IR	S discuss	this return with the preparer shown above? (see instructions)				~	Yes No	o o

Cat. No. 11282Y

Form **990** (2019)

For Paperwork Reduction Act Notice, see the separate instructions.

Form	990 (2	(019)					Page 2
Pa	rt III	Statement of	Program Servic	e Accomplis	hments		
		Check if Schedule	O contains a respo	nse or note to a	any line in this Part III		🗹
1	Briefly	describe the orga	nization's mission:				
						OTHER EMERGING COMMUNITIES IN ATTAINING ECONOMIC SELF	
2	Did th	e organization und	ertake any significa	nt program serv	vices during the year w	hich were not listed on	
							☐ Yes ☑ No
		•	new services on Sch				
3	servic	es?	- -		changes in how it cond	ucts, any program	☐ Yes ☑ No
4	Section	on 501(c)(3) and 50		ns are required	to report the amount of	largest program services, as mea of grants and allocations to others	
4a	(Code:	dditional Data) (Expenses \$	1,992,211	including grants of \$) (Revenue \$)
4b	(Code:	dditional Data) (Expenses \$	2,216,036	including grants of \$) (Revenue \$)
4c	(Code:	:) (Expenses \$		including grants of \$) (Revenue \$)
4d		program services	(Describe in Schedu	lle O.) uding grants of	\$) (Revenue \$)
	• •	program service		4,208,2	<u> </u>	, (+	
70	Total	p. ogram service	expenses r	1,200,2	.,		Form 990 (2019)

18

19

Nο

Nο

Nο

Nο

Nο

Form **990** (2019)

17

18

19

20a

20b

21

Par	Checklist of Required Schedules			
ı aı	Uncombi of Required Deficulates		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 2	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🗳	2	Yes	
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		No
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? <i>If "Yes," complete Schedule C, Part II</i>	4		No
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		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	6		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
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		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
	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		No
	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 2	11c		No
	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 3	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏	11e		No
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		No
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 2	12a	Yes	
	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	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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		No
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		No
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		No

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 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

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

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

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions)

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H

	990 (2019) tiv Checklist of Required Schedules (continued)			Pag	
ŧII	Checklist of Required Schedules (continued)		Yes	No	
	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		No	
	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	Yes		
	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		No	
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b			
	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			
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d			
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		N-	
	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		N	
	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		N	
Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L,</i> Part III					
	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):				
	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		N	
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		N	
	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		N	
	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		N	
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		N	
	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		N	
	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		N	
	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		N	
	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		N	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		N	
	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			
	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		N	
	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		N	
	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		N	
	Statements Regarding Other IRS Filings and Tax Compliance			_	
	Check if Schedule O contains a response or note to any line in this Part V				

1b

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

 \mathbf{c} Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming

1c

Par	tV Statements Regarding Other IRS Filings and Tax Compliance (continued)			rage 3
	Enter the number of employees reported on Form W-3, Transmittal of Wage and			
	Tax Statements, filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
3a	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
	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		No
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			No
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5b 5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization	6a		No No
	solicit any contributions that were not tax deductible as charitable contributions?	0a		
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.			
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		
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			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		No
16	If "Yes," see instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		No

	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI	for a "No" resp	onse to	lines ✓
Se	ection A. Governing Body and Management			
	- Falsa the same beautiful to the control of the control of the transfer of th	20	Yes	No
1a	a Enter the number of voting members of the governing body at the end of the tax year 1a	30		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b	30		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any officer, director, trustee, or key employee?	other 2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct su of officers, directors or trustees, or key employees to a management company or other person?	pervision 3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was file	d? . 4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6		. 6		No
	a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholder persons other than the governing body?	s, or 7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the the following:	year by		
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at th organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule O</i>	e . 9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal	Revenue Cod		
			Yes	No
	a Did the organization have local chapters, branches, or affiliates?	10a		No
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, aff and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
	a Has the organization provided a complete copy of this Form 990 to all members of its governing body before fill form?	ng the 11a		No
	Describe in Schedule O the process, if any, used by the organization to review this Form 990	•		
	a Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
	• Were officers, directors, or trustees, and key employees required to disclose annually interests that could give reconflicts?	12b	Yes	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," described Schedule O how this was done	12c	Yes	
13	, ,	. 13		No
14	, ,	14	Yes	
15	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The organization's CEO, Executive Director, or top management official	. 15a	Yes	
b	Other officers or key employees of the organization	. 15b		No
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
	a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its parti in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's e status with respect to such arrangements?	exempt		
C ^	ection C. Disclosure	16b		
<u>5e</u> 17				
18		(3)s		
	Own website Another's website Upon request Other (explain in Schedule O)			
19		erest		
20	State the name, address, and telephone number of the person who possesses the organization's books and reco SHAWNE B FAVRE 4640 S CARROLLTON AVENUE SUITE 210 NEW ORLEANS, LA 70119 (504) 620-2332	ords:		
			orm QQ	0 (2019

 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. Isist 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 organizations. List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 freportable 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 \$100,000 of reportable compensation from the organizations. Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. (A) Name and title (B) Average hours per week (list any hours below dotted line) (B) Average hours per week (list any hours per week (list any hours below dotted line) (B) Average hours per week (list any hours per week (list any hours below dotted line) (C) Average hours per week (list any hours per week list any hours per week (list any hours per week list any hours per week l	Form 990 (2019)											Pag	ge 7
As Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax rear. ■ 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 organizations. ■ List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 freportable compensation from the organization and any related organizations for the order in which to list the persons above. ■ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. ■ (B) Name and title ■ (C) Position (do not check more than subject or the organization or any related organization or trustee) and the organization or			Truste	es, I	Key	En	nploy	ees	, Highest Comp	ensated Employ	yees,		
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■ 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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization, more than \$10,000 of reportable compensation from the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. ■ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. ■ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization. ■ List all of the organization which to list the persons above. □ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. ■ (B) Average hours per week (list any hours for related organizations below dotted line) ■ (C) Reportable compensation from the organization organization organization organization organizations organi	Section A. Officers, Directors, Tru	istees, Key E	mploy	ees,	an	d H	lighe	st C	Compensated En	nployees			
■ 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, or highest compensated employees who received more than \$100,000 freportable compensation from the organization and any related organizations. ■ List all of the organization's former officers, key employees, or 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. See instructions for the order in which to list the persons above. □ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. ■ Check this box if neither the organization nor any related organization organization from the organization of related organizations below dotted line) ■ Check this box if neither the organization below dotted line) ■ Check this box if neither the organization or any related organization of from the organization of from the organization of the compensation from the organization and related organizations below dotted line) ■ Check this box if neither the organization or any related organization organization or any related organization or any related organization organiza	year.		•						, ,		-	n's ta	Κ
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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 from the organization and any related organizations. ■ List all of the organization from the organization and any related organization, more than \$10,000 of reportable compensation from the organization, more than \$10,000 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 organizations. ■ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. ■ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. ■ Check this box if neither the organization nor any related organization one box, unless person is both an officer and a director/trustee) ■ Check this box if neither the organization nor any related organization is both an officer and a director/trustee) ■ Check this box if neither the organization nor any related organization is both an officer and a director/trustee) ■ Check this box if neither the organization nor any related organization one box, unless person is both an officer and a director/trustee) ■ Check this box if neither the organization nor any related organization one box, unless person is both an officer and a director/trustee) ■ Check this box if neither the organization nor any related organization organization (W-2/1099-MISC) ■ Check this box if neither the organization nor any related organization organization nor any related organization organization organization (W-2/1099-MISC) ■ Check this box if neither the organization nor any related organization nor any related organization nor any related organization nor any neithe													
■ 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 nor any related organization compensated any current officer, director, or trustee. (A) Name and title (B) Average hours per week (list any hours below dotted line) (C) (D) (E) Reportable compensation from the organization (do not check more than one box, unless person is both an officer and a director/trustee) (C) (D) (E) Reportable compensation from the organization (W-2/1099-MISC) (W-2/1099-MISC) MISC) MISC) (F) Estimated amount of other compensation from the organization and related organizations organizations.													
Average hours per week (list any hours for related organizations) below dotted line) Continue to the person of the order in which to list the persons above. Continue to the order in which to list the persons above.	of reportable compensation from the organiz	ation and any re	elated o	rgani	zatio	ons.			. ,	·	·		
(A) Name and title (B) Average hours per week (list any hours for related organizations below dotted line) (B) Average hours per week (list any hours for related organizations below dotted line) (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) (B) Average hours per week (list any hours for related organization (W-2/1099-MISC) (B) Reportable compensation from the organizations (W-2/1099-MISC) (W-2/1099-MISC) MISC) (F) Estimated amount of other compensation from the organization and related organizations organizations	organization, more than \$10,000 of reportab	le compensatio	n from t								Э		
Name and title Average hours per week (list any hours for related organizations below dotted line) Name and title Average hours per week (list any hours for related organizations below dotted line) Position (do not check more than one box, unless person is both an officer and a director/trustee) Officer	Check this box if neither the organizatio	n nor any relate	d organ	nizatio	on co	omp	ensate	d ar	ny current officer, di	rector, or trustee.			
it steed		Average hours per week (list any hours	than o is b	ne bo oth a direct	o no ox, u n of or/t	t che inles ficer	s pers	on	Reportable compensation from the organization	Reportable compensation from related organizations	Estir amount compe fror	nated of oth nsation the	n
See Additional Data Table		organizations below dotted	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former		` '	relat	ated	
	See Additional Data Table												
													—
													—

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) Part VII (B) (F) Reportable Name and title Average Position (do not check more Reportable Estimated hours per than one box, unless person compensation compensation amount of other week (list is both an officer and a from related from the compensation any hours director/trustee) organization organizations from the (W-2/1099-(W-2/1099for related organization and Officer Highest compensatemployee Former Individual trustee or director organizations MISC) MISC) related nstitutional Trustee below dotted organizations employee line) See Additional Data Table 1b Sub-Total • c Total from continuation sheets to Part VII, Section A . d Total (add lines 1b and 1c) 371.918 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization > 2 Yes No 3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual . 3 Nο For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the 4 organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual . 4 Yes 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person . . . 5 Νo Section B. Independent Contractors Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Name and business address Description of services Compensation BLUE CROSS BLUE SHIELDS OF LA INSURANCE 398,042 PO BOX 650007 DALLAS, TX 75265 HANCOCK WHITNEY BANKING MORTGAG 258,430 PO BOX 211269 MONTGOMERY, AL 36121 GMC COMPANY CONSULTING 210,715

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

866 CAMP STREET NEW ORLEANS, LA 70130

compensation from the organization ▶ 3

orm 9 Part		(2019) Statement	Of F	Revenue						Page 9
ा दाए	-VIII				respo	nse or note to any	line in this Part VIII	<u></u>	<u></u>	<u> </u>
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
v 2	1	a Federated campa	aigns	· . [1a	166,805				
Contributions, Gifts, Grants and Other Similar Amounts		b Membership due:	s.	· į	1 b	11,055				
A A M		c Fundraising even		Ļ	1c					
Sifts Jary		d Related organizae Government grants		Ļ	1d	2 002 004				
ıs, (f All other contribution		Ļ	1e	3,003,994				
itioi er S		and similar amounts above			1 f	2,121,712				
e in the second		g Noncash contribution lines 1a - 1f:\$	ons in	cluded in	1g					
Contributions, Gifts, Grants and Other Similar Amounts		h Total. Add lines	1a-1	f	<u>-9</u>	•				
						Business Code	5,303,566	T		
	2a									
E e										
Program Service Revenue	b									
ice F	c	:								
Serv	ا									
ran		·								
Yogi	e									
	f	All other program	serv	ice revenue.						
	┺	Total. Add lines 2					_	,		
	3	Investment income similar amounts)	inc (inc	luding divide		nterest, and other	1,597	,		1,597
		Income from invest	tmer	nt of tax-exe	mpt bo	ond proceeds	•			
	5	Royalties		(i) Rea		(ii) Personal	•			
	_		_				-			
		Gross rents Less: rental	6a	1	.50,655		4			
	_	expenses	6b		84,162					
	С	Rental income or (loss)	6 c		66,493					
	(Net rental income	e or i				66,493	66,493		
	7-	Gross amount		(i) Securi	ties	(ii) Other	_			
	, ,	from sales of assets other	7a		712					
	b	than inventory Less: cost or					-			
		other basis and sales expenses	7b							
		Gain or (loss)	7c		712					
		d Net gain or (loss)					712	712		
<u>a</u>	8a	Gross income from fu (not including \$	undra	ising events of						
Other Revenue		contributions reporte See Part IV, line 18								
Rev	١,	Less: direct expen			8a 8b		_			
her		: Net income or (los				ents •				
	92	Gross income from	aam	ing activities.						
		See Part IV, line 19			9a					
		Less: direct expen			9b					
	`	o Net income or (los	os) II	om gaming a	activiti	es <u> </u>	1			
	10	aGross sales of inve returns and allowa	ento	ry, less	10-					
	ŀ	Less: cost of good			10a 10b		-			
		Net income or (los			invent	ory ►	_			
	11	Miscellaneo La _{OTHER}	us R	evenue		Business Code	156,453	156,453		
	- '	UINEK					130,433	150,455		
		-			_					
		-								
		d All other revenue				•				
	e Total. Add lines 11a-11d					156,453	;			
		- rotal reveilue, 5	ee if	iou ucuoi15 i	•	• • • •	5,528,821	. 223,658		1,597

011	11 336 (2013)				rage 10
Р	art IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must c	complete all columns	All other organization	ne must complete col	umn (A)
	Check if Schedule O contains a response or note to ar				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21		·		<u> </u>
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.				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	3,499,077	2,650,497	848,580	
8	Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
ā	a Management				
ŀ	Legal				_
•	Accounting				
(il Lobbying				
•	e Professional fundraising services. See Part IV, line 17				_
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)				
12	Advertising and promotion				
13	Office expenses	52,061	47,224	4,837	
14	Information technology				
15	Royalties				
16	Occupancy	436,790	198,807	237,983	
17	Travel	64,613	40,113	24,500	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19	Conferences, conventions, and meetings				
20	Interest	20,690		20,690	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	294,239		294,239	
23	Insurance				
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
	a PROFESSIONAL FEES & CONTR	618,094	525,507	92,587	
	b OTHER DIRECT PROGRAMS	609,457	541,337	68,120	
	c SUPPLIES	123,609	95,066	28,543	
	d FOOD	74,699	51,474	23,225	
	e All other expenses	155,704	58,222	97,482	
25	Total functional expenses. Add lines 1 through 24e	5,949,033	4,208,247	1,740,786	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
	Check here ► ☐ if following SOP 98-2 (ASC 958-720).				

Form 990 (2019)

Check if Schedule O contains a response or note to any line in this Part IX				
	(A) Beginning of year		(B) End of year	r

Page **11**

455,268 1 1,322,790 Cash-non-interest-bearing 3,444 1,597 2 2 Savings and temporary cash investments . 529,266 3 374,381 3 Pledges and grants receivable, net . . . 315.643 4

Accounts receivable, net . Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled 5

Loans and other receivables from other disqualified persons (as defined under

255.044 section 4958(f)(1)), and persons described in section 4958(c)(3)(B). 6

7 Notes and loans receivable, net Assets 8 Inventories for sale or use Prepaid expenses and deferred charges . 21,819 9 24,207

10a Land, buildings, and equipment: cost or other 10a 9.227,085 basis. Complete Part VI of Schedule D

10b 2,207,017 7,466,240 10c 7,020,068 b Less: accumulated depreciation 11 Investments—publicly traded securities . 11 12 Investments—other securities. See Part IV, line 11 . . . 12 13 13 Investments—program-related. See Part IV, line 11 . 14 14 Intangible assets . . .

40,273 39,727 15 15 Other assets. See Part IV, line 11 . . . 8,831,407 16 9,038,360 16 **Total assets.** Add lines 1 through 15 (must equal line 34) . 17 Accounts payable and accrued expenses . 264,671 17 358,626

18 18 Grants payable .

19 19 Deferred revenue . . . 20 Tax-exempt bond liabilities 20

21 21 Escrow or custodial account liability. Complete Part IV of Schedule D Liabilities 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity 22 1,676,058 2,209,268 23 Secured mortgages and notes payable to unrelated third parties . . . 23 24 24 Unsecured notes and loans payable to unrelated third parties . 25 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 1.940.729 2.567.894 26 Total liabilities. Add lines 17 through 25 . . 26

Organizations that follow FASB ASC 958, check here <a> \square and

complete lines 27, 28, 32, and 33. 27 5.985.494 6.470,466 Net assets without donor restrictions 27

Fund Balances 28 905.184 28 Net assets with donor restrictions .

Organizations that do not follow FASB ASC 958, check here ightharpoonup and complete lines 29 through 33. ō 29 29

30

31

32

33

6,470,466

9.038.360

Form 990 (2019)

6,890,678

8,831,407

Capital stock or trust principal, or current funds .

Total liabilities and net assets/fund balances .

Total net assets or fund balances

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Assets 30

31

32

33

Form	990 (2019)				Page 12
Pa	Reconcilliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u> </u>			
1	Total revenue (must equal Part VIII, column (A), line 12)	1		5	,528,821
2	Total expenses (must equal Part IX, column (A), line 25)	2		5	,949,033
3	Revenue less expenses. Subtract line 2 from line 1	3			420,212
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		6	,890,678
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			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		6	,470,466
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990:				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If `Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both:	on a			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If `Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both:	basis,			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
С	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si Audit Act and OMB Circular A-133?	ngle	За	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	red	3b	Yes	

Additional Data

Software ID:

Software Version:

FIN: 72-0423627

Name: URBAN LEAGUE OF LOUISIANA

Form 990 (2019)

Form 990, Part III, Line 4a:

CENTER FOR WORKFORCE AND ECONOMIC DEVLEOPMENT (REVENUE 2.790, 549 & EXP 1.992.211) "URBAN LEAGUE OFFICE OF WORKFORCE DEVELOPMENT (OWD) -URBAN LEAGUE'S OFFICE OF WORKFORCE DEVELOPMENT (OWD) SERVES AS THE ORGANIZATION'S IN-HOUSE ECONOMIC ENGINE, PROVIDING INDIVIDUALS WITH THE TOOLS THEY NEED TO THRIVE IN THE WORKFORCE, GROWING LOUISIANA'S POOL OF QUALIFIED WORKERS TO CONNECT THEM TO EMPLOYERS ACROSS THE STATE. OWD CONNECTS NEW CAREER SEEKERS, UNEMPLOYED AND UNDEREMPLOYED INDIVIDUALS, AND PROSPECTIVE EMPLOYEES RE- ENTERING THE WORKFORCE WITH THE RESOURCES THEY NEED TO ATTAIN LIVING WAGE JOBS. OUR SIGNATURE CAREER PATHWAYS PROGRAM (CPP) IS A MULTI-PRONGED SERVICE DELIVERY MODEL, WHICH INCLUDES CAREER READINESS TRAINING, INTEGRATED CASE MANAGEMENT, TUITION ASSISTANCE, FINANCIAL LITERACY, OCCUPATIONAL SKILLS TRAINING, AND DIRECT EMPLOYMENT PLACEMENT, TO MOVE PARTICIPANTS TOWARD SELF-SUFFICIENCY. THE PROGRAM SERVES RESIDENTS OF METRO NEW ORLEANS AND EAST BATON ROUGE, WHO ARE UNEMPLOYED AND UNDEREMPLOYED INCLUDING YOUNG ADULTS AGES 18 TO 24 AND ADULTS AGES 18 AND ABOVE. IN 2020, 341 INDIVIDUALS ENROLLED IN CPP, OF WHICH 98 WERE OPPORTUNITY YOUTH AGES 18 TO 24. IN 2020, OWD SERVED 1,259 CAREER SEEKERS, CONNECTING OVER 300 INDIVIDUALS TO JOBS DURING THE COVID-19 PANDEMIC AND PROVIDED OVER 17,200 HOURS OF PROFESSIONAL DEVELOPMENT (LIFE SKILLS) TO PROGRAM PARTICIPANTS. 170 ADULT PARTICIPANTS WERE CONNECTED TO EMPLOYMENT WITH AVERAGE EARNINGS OF 16/HR. ADDITIONALLY, IN 2020, OWD HOSTED 9 VIRTUAL JOB FAIRS WITH 55 ESSENTIAL EMPLOYER PARTNERS AND 601 JOB SEEKERS PARTICIPATING. "URBAN LEAGUE CENTER FOR ENTREPRENEURSHIP AND INNOVATION THE URBAN LEAGUE OF LOUISIANA'S CENTER FOR ENTREPRENEURSHIP & INNOVATION (CEI) IS DEDICATED TO ENSURING THE SUCCESS OF SMALL BUSINESSES ACROSS THE STATE OF LOUISIANA WITH DEDICATED EFFORTS IN SUPPORTING MINORITY- AND WOMEN-OWNED FIRMS. THE WORK OF THE CENTER IS BUILT UPON THE DOCUMENTED NEED FOR INCREASED ACCESS TO CONTRACTING OPPORTUNITIES, BUSINESS DEVELOPMENT SERVICES, AND CAPACITY-BUILDING RESOURCES FOR THESE DIVERSE GROUPS. THE CEI PROVIDES BUSINESS EDUCATION WORKSHOPS, ONE-ON-ONE AND SMALL GROUP COUNSELING, HANDS-ON TECHNICAL ASSISTANCE, AND ACCESS TO RESOURCES RELEVANT TO ASPIRING AND EXISTING ENTREPRENEURS ACROSS VARIOUS INDUSTRIES. THE CEI INCLUDES: THE WOMEN'S BUSINESS RESOURCE CENTER. THE CONTRACTOR'S RESOURCE CENTER, AND THE LADOTD DBE SUPPORTIVE SERVICES PROGRAM - REGION B, BRIDGE CITY/NEW ORLEANS AND HAMMOND, IN 2020, 4.012 PARTICIPANTS ATTENDED CEI TRAININGS, AND 2,301 CLIENTS WERE SERVED VIA TRAININGS OR COUNSELING, WITH 1,234 COUNSELING SESSIONS CONDUCTED. CEI PROGRAMS AND INITIATIVES RESULTED IN 95 NEW JOBS CREATED, 30 NEW BUSINESSES CREATED, 2.7 MILLION IN CONTRACTS, AND 970K IN SUPPORTED LOANS IN 2020. COVID-19 SPECIFIC INITIATIVES ADMINISTERED BY THE CEI IN 2020 INCLUDE: "FORD EMERGENCY CAPITAL ACCESS PROGRAM "RESILIENT RESTART EBR: SMALL BUSINESS MICRO-GRANTS PROGRAM "CHASE ADVANCING BLACK ENTREPRENEURS SERIES "COVID-19 PERSPECTIVES FOR SMALL BUSINESS SERIES, SPONSORED BY SHELL "THE URBAN LEAGUE FIGHTS FOR YOU VIRTUAL SERIES "GOOGLE STOREFRONT KITS FOR BLACK-OWNED SMALL BUSINESSES "NATIONAL URBAN LEAGUE, GOLDMAN SACHS 10,000 SMALL BUSINESSES AND HOPE PARTNERSHIP FOR THE PAYCHECK PROTECTION PROGRAM

Form 990, Part III, Line 4b:

EDUCATION, YOUTH DEVELOPMENT & SOCIAL JUSTICE (REVENUE 2,177,643 & EXP 2,302,060) EMPOWERMENT AND POLICY CONFERENCE - THE ANNUAL EMPOWERMENT AND POLICY CONFERENCE, POWERED BY THE URBAN LEAGUE OF LOUISIANA IN PARTNERSHIP WITH THE LOUISIANA LEGISLATIVE BLACK CAUCUS, IS A STATEWIDE CONVENING DESIGNED TO EXAMINE SYSTEMS, INFLUENCE POLICY DECISIONS AND ENACT CHANGES THAT WILL POSITIVELY IMPACT THE AFRICAN AMERICAN AND OTHER COMMUNITIES. WAKE UP GEAUX VOTE (WUGV) - WUGV IS THE URBAN LEAGUE'S NON-PARTISAN VOTER EDUCATION AND ACTIVATION EFFORT FOCUSED ON COMMUNITIES OF COLOR ACROSS LOUISIANA 2020 VOTER EMPOWERMENT FORUM SERIES - THE URBAN LEAGUE HOSTED A 2020 VOTER EMPOWERMENT FORUM SERIES TO EDUCATE VOTERS ON KEY ISSUES ON THEIR BALLOTS. THE SERIES INCLUDED A THREE-PART NEW ORLEANS SCHOOL BOARD CANDIDATE FORUM AND THE LRM -LOCAL RACES MATTER: A LOUISIANA DOWN-BALLOT FORUM. NON-PARTISAN VOTER EDUCATION AND ACTIVATION EFFORTS BY URBAN LEAGUE OF LOUISIANA THROUGH WUGV AND THE VOTER EMPOWERMENT FORUM SERIES INCLUDED 6,000 PHONE BANKING CALLS WITH 224 VOLUNTEERS SERVING 609 VOLUNTEER SHIFTS AND RESULTING IN 13,371 WEBSITE VIEWS ON ELECTION DAY. 2020 CENSUS VOICING OUR INFORMATION FOR CENSUS EQUITY (VOICE) INITIATIVE - LAUNCHED IN 2019, THE URBAN LEAGUE'S 2020 CENSUS INITIATIVE AIMED TO ENSURE A COMPLETE COUNT FOR THE 2020 CENSUS UTILIZING THREE STRATEGIES TO REACH HISTORICALLY UNDERCOUNTED COMMUNITIES: TRUSTED VOICES, DATA, AND REAL-TIME ACTION. THROUGH THESE EFFORTS, 2,000 PEOPLE WERE TRAINED, 5,000 PHONE BANKING CALLS MADE, 50,000 FLYERS DISTRIBUTED, 35 FAITH LEADERS, OVER 40 ORGANIZATIONS, AND 129 VOLUNTEERS ENGAGED, AND THE CENSUS WEBPAGE RECEIVED 1,400 VIEWS. SOCIAL JUSTICE ADVOCACY URBAN LEAGUE OF LOUISIANA RACIAL EQUITY PROCESS - IN 2020, THE URBAN LEAGUE BEGAN OFFERING DIRECT SUPPORT TO STRENGTHEN ORGANIZATIONS' EFFORTS AND BUILD PERMANENT INFRASTRUCTURE TO PRACTICE RACIAL EQUITY ALL THE TIME. THE RACIAL EQUITY PROCESS TAKES A COMPREHENSIVE APPROACH TO EXPLORE AND ADOPT A NEW SET OF TOOLS FOR ORGANIZATIONS TO RELY ON EVERY DAY TO CREATE EQUITABLE OUTCOMES. FELLOWSHIP IN YOUTH ADVOCACY (FIYA) - IN EARLY 2020, THE URBAN LEAGUE OF LOUISIANA LAUNCHED THE FELLOWSHIP IN YOUTH ADVOCACY IN PARTNERSHIP WITH THE NEW ORLEANS YOUTH ALLIANCE AND JOBS FOR THE FUTURE TO TRAIN YOUNG ADULTS AGES 16-24 WHO HAVE EXPERIENCED DISCONNECTION FROM WORK AND SCHOOL ON HOW TO CHANGE POLICY, THE 2020, 86% OF CHILDREN SERVED AT THE CENTER WERE ON TARGET FOR DEVELOPMENTAL MILESTONES, ULCLBHS ALSO SERVED 18, 916 NUTRITIOUS MEALS AND 15 FAMILIES PARTICIPATED IN PRIME TIME FAMILY READING WITH 1,812 LITERACY HOURS COMPLETED DURING THE COVID-19 LOCKDOWN. "URBAN LEAGUE PARENT INFORMATION CENTER (PIC) THE URBAN LEAGUE'S PARENT INFORMATION CENTER (PIC) EMPOWERS PARENTS TO BECOME SUCCESSFUL AGENTS AND ADVOCATES FOR EXCELLENT SCHOOLS, EDUCATES PARENTS ABOUT SCHOOL CHOICE AND EQUIPS PARENTS TO BECOME LEADERS IN NEW ORLEANS. FROM HIGH VOLUME COMMUNITY EVENTS AND ACTIVITIES TO TAILORED TRAININGS AND WORKSHOPS, PIC RESPONDS TO THE DISTINCT NEEDS OF PARENTS IN THE ACHIEVEMENT OF ITS PROGRAMMATIC GOALS. PIC CONTINUES TO OFFER A RANGE OF RESOURCES FOR FAMILIES, COMMUNITIES AND SCHOOLS INCLUDING THE NOLA ANNUAL SCHOOLS EXPO. THE PRIDE LEADERSHIP ACADEMY FOR PARENTS. THE NEW ORLEANS GUIDE TO HIGH SCHOOLS AND BEYOND. THE NEW ORLEANS GUIDE TO EARLY CHILDHOOD EDUCATION, THE PARENT CHARTER BOARD MEMBER TRAINING, AND THE NOLA PUBLIC SCHOOL'S FAMILY RESOURCE CENTER SUPPORT. IN 2020, PIC-NOLA SERVED 17,787 STUDENTS AND PARENTS, DISTRIBUTED 11,856 COPIES OF THE NEW ORLEANS GUIDE TO HIGH SCHOOL BEYOND AND NEW ORLEANS GUIDE TO EARLY CHILDHOOD EDUCATION GUIDE, ENGAGED 1,327 INDIVIDUALS VIA WORKSHOPS AND EVENTS, AND ASSISTED 4,604 STUDENTS WITH ONLINE PLACEMENT DURING LATE ENROLLMENT WITH NOLA PUBLIC SCHOOLS, URBAN LEAGUE PARENT INFORMATION CENTER (PIC) - BATON ROUGE - THE URBAN LEAGUE OF LOUISIANA'S PARENT INFORMATION CENTER IN BATON ROUGE (PIC-BR) IN 2020, SERVED 986 FAMILIES, REACHED OVER 10,000 FAMILIES THROUGH DIGITAL AND SOCIAL MEDIA CAMPAIGNS PROMOTING AWARENESS OF SCHOOL CHOICE OPTIONS AND THE ENROLLBR COMMON APPLICATION, ENGAGED 13 PARTNER ORGANIZATIONS, GAVE AWAY BACKPACKS AND SCHOOL SUPPLIES TO OVER 300 STUDENTS, AND HOSTED FREE VIRTUAL STEM FESTS FOR 191 PK-12TH GRADE PARTICIPANTS. "URBAN LEAGUE PROJECT READY - PROJECT READY PROVIDES STUDENTS AT SCOTLANDVILLE MAGNET HIGH SCHOOL IN BATON ROUGE AND L.B. LANDRY COLLEGE AND CAREER PREPARATORY HIGH SCHOOL IN NEW ORLEANS WITH A CADRE OF ACADEMIC, LIFE SKILLS AND CAREER READINESS SUPPORT TO PREPARE THEM FOR HIGH SCHOOL GRADUATION AND POST-SECONDARY SUCCESS DURING AND AFTER-SCHOOL. AT BOTH SITES, STUDENTS CAN ACCESS COLLEGE APPLICATION AND ELIGIBILITY SUPPORT, CAREER FUNDAMENTALS PRESENTATIONS, CAREER EXPOSURE AND ADVISING, AFTER- SCHOOL TUTORING, ACT PREP, GENDER-BASED MENTORING, COLLEGE TOURS, "BEHIND THE BUSINESS" TOURS, CAREER FAIRS, AND STEM/STEAM ENRICHMENT. THESE SCHOOL SITES SERVE AS KEY PARTNERS IN PREPARING STUDENTS FOR GRADUATION AND LIFE BEYOND HIGH SCHOOL. IN 2020, PROJECT READY SERVED 144 HIGH SCHOOL STUDENTS, 89 STUDENTS VIRTUALLY, AND 20 STUDENTS PARTICIPATING IN THE VIRTUAL SUMMER BRIDGE PROGRAM. 27 PROJECT READY STUDENTS EARNED 31 HOURS OF COLLEGE CREDIT THROUGH DUAL ENROLLMENT AT BATON ROUGE COMMUNITY COLLEGE AND NUNEZ COMMUNITY COLLEGE, 2 STUDENTS ENROLLED IN WELDING AT NUNEZ COMMUNITY COLLEGE, AND STUDENTS ENJOYED 2 COLLEGE EDUCATION EQUITY PROGRAM (EEP) "THE EEP PROGRAM OPERATIONALIZES THE URBAN LEAGUE OF LOUISIANA'S EXPLICIT COMMITMENT TO AN EQUITABLE AND EXCELLENT EDUCATION FOR ALL CHILDREN. AND SEEKS TO HOLD STATES AND LOCAL DISTRICTS TO THIS PROMISE. AT THE CENTER OF THIS APPROACH ARE PRIORITIES THAT FOCUS ON THE FOLLOWING KEY AREAS: 1) EARLY LEARNING AND EARLY CHILDHOOD EDUCATION, 2) EQUITABLE AND HIGH-QUALITY IMPLEMENTATION OF COMMON COLLEGE AND CAREER READY STANDARDS, 3) IMPROVED ACCESS TO HIGH-QUALITY CURRICULA AND EFFECTIVE TEACHERS, 4) COMPREHENSIVE, ALIGNED AND TRANSPARENT EDUCATION AND EMPLOYMENT DATA SYSTEMS. 5) EQUITY AND EXCELLENCE AT SCALE. 6) OUT OF SCHOOL TIME LEARNING (EMPHASIS ON EXPANDED DAY AND SUMMER LEARNING), AND 7) COLLEGE ACCESS, COMPLETION AND ATTAINMENT, KEY TO THE EEP AND THE ULLA POLICY AGENDA IS PRODUCTION OF THE URBAN LEAGUE'S ADVANCING EDUCATIONAL EQUITY REPORTS, WHICH IDENTIFIES THE BARRIERS TO EDUCATIONAL EQUITY THAT PREVENT ALL STUDENTS FROM REACHING THEIR HIGHEST POTENTIAL. THE REPORTS EXAMINE PUBLIC SCHOOL PERFORMANCE THROUGH AN EQUITY LENS BY DISAGGREGATING KEY EDUCATIONAL METRICS. THE REPORT DOCUMENTS EXISTING INEQUITIES AND SERVE AS THE BASIS FOR COMMUNITY DEVELOPED AND SUPPORTED PROGRAMMING DESIGNED TO CLOSE ACHIEVEMENT GAPS. "URBAN LEADERS FOR EQUITY AND DIVERSITY (ULEAD) URBAN LEADERS FOR EQUITY AND DIVERSITY (ULEAD) IS A FOREMOST TRAINING ACADEMY FOR AFRICAN AMERICANS AND OTHER MINORITIES INTERESTED IN LEARNING HOW TO EFFECTIVELY NAVIGATE THROUGH THE EDUCATIONAL LANDSCAPE IN NEW ORLEANS AND ACROSS THE STATE. ULEAD WILL PROVIDE THE INFORMATION AND EDUCATION TO FELLOWSHIP INCLUDES A TRAINING SERIES TO SUPPORT AND ASSIST FELLOWS IN IDENTIFYING POLICIES THEY WANT TO CHANGE TO HELP MORE YOUNG ADULTS HAVE WHAT THEY NEED TO SUPPORT THEMSELVES AND THEIR FAMILIES. THE URBAN LEAGUE IS A MEMBER OF THE POLICE TRAINING, SCREENING AND DE- ESCALATION TASK FORCE, WHICH WAS ESTABLISHED BY THE LOUISIANA STATE SENATE. THIS STATEWIDE TASK FORCE EXAMINES POLICE POLICIES AND PRACTICES AND MAKES RECOMMENDATIONS ON WAYS TO ENSURE EQUITABLE POLICING IN LOUISIANA. HEALTH EOUITY VIRTUAL TOWN HALLS ON HEALTH AND WELLBEING OF AFRICAN AMERICANS IN LOUISIANA - THE URBAN LEAGUE HAS BEEN RAISING AWARENESS ON ISSUES IMPACTING THE HEALTH AND WELL-BEING OF AFRICAN AMERICANS, INCLUDING OF THE IMPACT OF COVID-19 SINCE APRIL. IT HOSTED A SERIES OF 5 VIRTUAL TOWN HALL MEETINGS ATTENDED BY MORE THAN 2,500 PEOPLE ON THE IMPACT OF THE VIRUS ON THE AFRICAN AMERICAN COMMUNITIES AND THE IMPACT OF SOCIAL DETERMINANTS OF HEALTH. ULLA MASKS UP CAMPAIGN AND MASK GIVEAWAYS - IN 2020, THE ULLA GAVE AWAY 9,000 MASKS IN NEW ORLEANS, 1,000 MASKS IN BATON ROUGE, AND ADDITIONALLY DONATED 4,000 MASKS TO LOCAL AND STATEWIDE PARTNERS. ULLA PARTNERED WITH WBOK AND IHEARTMEDIA RADIO STATIONS TO ADVERTISE THE EVENTS AND HAVE LIVE ON-SITE REMOTES. WBOK PARTNERSHIP HELPED REACH AN ESTIMATED TOTAL AUDIENCE OF 23,000 AND IHEARTMEDIA PARTNERSHIP HELPED US REACH AN ESTIMATED AUDIENCE OF OVER 268.000 PEOPLE. IN ADDITION, WARBY-PARKER (THROUGH THE NATIONAL URBAN LEAGUE) DONATED 5,000 MASKS 2,000 PAIRS OF GLOVES, AND 1,000 HAND SANITIZER BOTTLES AND WIPES TO BE USED AT OUR HEAD START CENTERS AND FOR GIVEAWAYS, CONTACT TRACING AWARENESS CAMPAIGN - AS A TRUSTED VOICE IN THE AFRICAN AMERICAN COMMUNITY, THE URBAN LEAGUE HAS LAUNCHED A PUBLIC AWARENESS CAMPAIGN TO INFORM, EDUCATE AND PROMOTE CONTACT TRACING AMONG AFRICAN AMERICANS. THE CAMPAIGN, "YOU ARE YOUR FAMILY'S MOST TRUSTED SOURCE," FEATURES AFRICAN AMERICAN WOMEN BETWEEN THE AGES OF 25 A

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MEMBER

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SECRETARY

MEMBER

MEMBER

CHAIR

GEORGE CHIN

DR ARNEL COSEY

CHRIS D'AMOUR

JASON BURNS

RONALD CARRERE

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	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	10	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
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CATHY WASHINGTON EXEC. VICE P	40.00			х				118,369	0	0

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EXEC. VICE P			^		110,309	0
SHAWNE FAVRE	40.00		X		93,329	0
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PRESIDENT/CE							
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TREASURER

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WYNN RADFORD

DOROTHY REESE

VICTOR ROBINSON

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	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
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	for related							(14/- 2/1000-	(14/- 2/1000-	organization and
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
JADE B RUSSELL VICE CHAIR	2.00	Х		х				0	0	0
JAMIE SCHLOTTMAN MEMBER	2.00	Х						0	0	0
CHRISTY SLATER MEMBER	2.00	Х						0	0	0
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TOD SMITH
MEMBER
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MEMBER

RICARDO THOMAS

LAVERNE TOOMBS

MEMBER

MEMBER

MEMBER

MEMBER

MEMBER

SYLVIE TRAN

BETH TROTTER

C REYNOLD VERRET

and Independent Contractors

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and Independent Contractors

SHARONDA WILLIAMS

MEMBER

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	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
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		the Treasury	► Go to <u>www.ir</u> s	s.gov/Form990 for in			ormation.	Open to Public Inspection
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URBAN	I LEAGI	UE OF LOUISIA	NA				72-0423627	
	rt I		for Public Charity Stat				See instructions.	
_	rganiz —		a private foundation because	`	•			
1		·	onvention of churches, or as					
2		A school de	scribed in section 170(b)(1)(A)(ii). (Attach Sch	nedule E (Form 9	990 or 990-EZ).)		
3		A hospital o	or a cooperative hospital ser	vice organization desc	ribed in section	170(b)(1)(A)(iii).	
4		A medical r name, city,	esearch organization operat and state:	ed in conjunction with	a hospital descri	ibed in section :	170(b)(1)(A)(iii). E	nter the hospital's
5		(b)(1)(A)	ation operated for the benefi (iv). (Complete Part II.)	-				bed in section 170
6		A federal, s	tate, or local government or	governmental unit de	scribed in sectio	on 170(b)(1)(A	()(v).	
7	✓		ation that normally receives ' O(b)(1)(A)(vi). (Complete		s support from a	governmental u	init or from the gener	al public described in
8		A communi	ty trust described in sectio i	n 170(b)(1)(A)(vi).	(Complete Part I	I.)		
9			ural research organization de rant college of agriculture. S					ege or university or a
10		from activit investment	ation that normally receives: ties related to its exempt fur income and unrelated busin See section 509(a)(2). (Co	nctions—subject to cer ness taxable income (le	tain exceptions,	and (2) no more	than 331/3% of its su	ipport from gross
11			ation organized and operate		r public safety. S	See section 509	(a)(4).	
12		more public	ation organized and operate ly supported organizations through 12d that describes	described in section 5	09(a)(1) or se	ction 509(a)(2). See section 509(a	
а		organizatio	supporting organization oper n(s) the power to regularly a Part IV, Sections A and B	appoint or elect a majo				
b		manageme	supporting organization sup nt of the supporting organiz plete Part IV, Sections A	ation vested in the sar				
С			unctionally integrated. A organization(s) (see instruct					ted with, its
d		Type III n functionally	on-functionally integrate integrated. The organization integrated. The organization	d. A supporting organi n generally must satis	ization operated fy a distribution	in connection wi requirement and	th its supported orgar	
e		Check this	box if the organization recei or Type III non-functionally	ved a written determir	nation from the I		pe I, Type II, Type II	I functionally
f	Enter		of supported organizations		-			
g	Provi	de the follow	ring information about the su					
	(i) N	Name of supp organization		(iii) Type of organization (described on lines 1- 10 above (see instructions))		anization listed ing document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
					Yes	No		
								<u> </u>
Tota			tion Act Notice, see the I		Cat. No. 11285		Schedule A (Form 9	

3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	4,365,480	4,999,007	1,227,263	5,400,115	5,303,566	21,295,431
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)						
ľ	from line 4.						21,295,431
S	Section B. Total Support						
	Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	4,365,480	4,999,007	1,227,263	5,400,115	5,303,566	21,295,431
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	251,732	261,172	256	3,545	1,597	518,302
9	Net income from unrelated business activities, whether or not the						

7	Amounts from line 4	4,365,480	4,999,007	1,227,263	5,400,115	5,303,566	21,295,431
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	251,732	261,172	256	3,545	1,597	518,302
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.).	72,039	789,885				861,924
	Takal accompant Add lines 7 three colors						

Total support. Add lines 7 through 22,675,657

Gross receipts from related activities, etc. (see instructions) 12 1,104,361

11 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization,

Section C. Computation of Public Support Percentage

Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) 14 93.910 %

15 Public support percentage for 2018 Schedule A, Part II, line 14 15 92.710 % 16a 33 1/3% support test-2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box

Schedule A (Form 990 or 990-EZ) 2019

h 33 1/3% support test-2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this 17a 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here, Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported

h 10%-facts-and-circumstances test-2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

Р	art III Support Schedule for						
	(Complete only if you cl						er Part II. If
S	the organization fails to ection A. Public Support	quality under	the tests listed i	pelow, please co	ompiete Part II.)		
30	Calendar year	() 2015	(1) 2016	() 2247	(1) 2010	() 2010	(O.T.)
	(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	Gross receipts from admissions,						
	merchandise sold or services						
	performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are						
	not an unrelated trade or business						
4	under section 513 Tax revenues levied for the						
•	organization's benefit and either paid						
_	to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
L	3 received from disqualified persons Amounts included on lines 2 and 3						
D	received from other than disqualified						
	persons that exceed the greater of						
	\$5,000 or 1% of the amount on line 13 for the year.						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
	from line 6.)						
Se	ection B. Total Support		1				Г
	Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and income from similar sources.						
b	Unrelated business taxable income						
	(less section 511 taxes) from						
	businesses acquired after June 30, 1975.						
С	Add lines 10a and 10b.						
11	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly carried on.						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
12	(Explain in Part VI.) Total support. (Add lines 9, 10c,						
13	11, and 12.).						
14	First five years. If the Form 990 is for	the organization	n's first, second, th	nird, fourth, or fift	h tax year as a sec	tion 501(c)(3) o	ganization <u>,</u>
	check this box and stop here						▶ ⊔
	ection C. Computation of Public S			! (6))		1 1	
15	Public support percentage for 2019 (lin		•			15	
16	Public support percentage from 2018 S	-	<u> </u>			16	
	ection D. Computation of Investr Investment income percentage for 201			line 13 column (f	:))	17	
17 10	Investment income percentage for 201	-		-		17	
18 10-	331/3% support tests—2019. If the		•			18 33 1/3% and lin	e 17 is not
	more than 33 1/3%, check this box and s						
	more than 33 1/3%, check this box and s 33 1/3% support tests—2018. If the						
ט	not more than 33 1/3%, check this box	-			•		_
20	Private foundation. If the organization	-	-				
	Frivate foundation. If the organization	ni ulu not check a	a DOX ON UNE 14, I	.a, or iad, check	, unis pox and see I	HSGRUCGONS	. 📂 📖

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

10a

answer line 10b below.

the organization had excess business holdings).

Sections A and D, and complete Part V.) Section A. All Supporting Organizations Yes No

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 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

Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below. 3a 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 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. 3с

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 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

4b supervised by or in connection with its supported organizations. 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. 4c 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 5a amendment to the organizing document).

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

5c 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 6

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 (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

Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"

8 complete Part I of Schedule L (Form 990 or 990-EZ). 8

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

```
Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting
```

than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its

organization had an interest? If "Yes," provide detail in Part VI.

9c

10a

10b

Schedule A (Form 990 or 990-EZ) 2019

9b

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Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in
which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
```

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

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

	edule A (101111 330 01 330 E2) 2013			age 3
Pa	rt IV Supporting Organizations (continued)			
_			Yes	No
	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		
	A family member of a person described in (a) above?	11b		
	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		
S	ection 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.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that	-		
2	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	2		
	organization.			
S	ection C. Type II Supporting Organizations			
_			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	1		
	supporting organization was vested in the same persons that controlled or managed the supported organization(s).			
S	ection 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		
S	ection 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 instruct	ions):		
	The organization satisfied the Activities Test. Complete line 2 below.			
	b			
•	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instru	ctions)	
2	Activities Test. Answer (a) and (b) below.	ſ	Yes	No
•	a 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		
ı	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		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
•	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.	3h		

3b

1	Type III Non-Functionally Integrated 509(a)(3) Supporting O Check here if the organization satisfied the Integral Part Test as a qualifying true.			. Part VIV See
	Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organization			
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Yea (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) Prior Year	(B) Current Yea (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1 b		
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):			
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		
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		

2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
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.	

5	Qualified set-aside amounts (prior IRS approval require		
6	Other distributions (describe in Part VI). See instruction		
7	Total annual distributions. Add lines 1 through 6.		
8	Distributions to attentive supported organizations to whe details in Part VI). See instructions	sive (provide	
9	Distributable amount for 2019 from Section C, line 6		
10	Line 8 amount divided by Line 9 amount		
	Section E - Distribution Allocations (see instructions)	(ii) Underdistributions	(iii) Distributable

other distributions (describe in Fare VZ). See instructions				
7 Total annual distributions. Add lines 1 through 6.				
8 Distributions to attentive supported organizations to which the organization is responsive (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				
(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019		
	Underdistributions	Distributable		

Schedule A (Form 990 or 990-EZ) (2019)

3 Excess distributions carryover, if any, to 2019:

g Applied to underdistributions of prior years h Applied to 2019 distributable amount i Carryover from 2014 not applied (see

a Applied to underdistributions of prior years b 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. If the amount is greater than zero, explain in Part VI.

6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2020. Add lines

a Excess from 2015. **b** Excess from 2016. c Excess from 2017. **d** Excess from 2018. e Excess from 2019.

j Remainder. Subtract lines 3g, 3h, and 3i from 3f. 4 Distributions for 2019 from Section D, line 7:

a From 2014. **b** From 2015. c From 2016. **d** From 2017. e From 2018. f Total of lines 3a through e

instructions)

See instructions.

3j and 4c. 8 Breakdown of line 7:

\$

Schedule A (dule A (Form 990 or 990-EZ) 2019						
Part VI	Section A, lines 1, Part IV, Section D	2, 3b, 3c, 4b, 4c, 5a, , lines 2 and 3; Part IV	ne explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; /, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See				
			Facts And Circumstances Test				
990 Sched	dule A, Supplem	nental Information	n				
Ret	urn Reference		Explanation				
PART II, LII	T II, LINE 10 861,924						

efile GRAPHIC print - DO NOT PROCESS **SCHEDULE D**

As Filed Data -

DLN: 93493137050771

OMB No. 1545-0047

Supplemental Financial Statements 2019

(Form 990)

▶ 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.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

	me of the organization		Employer identification number
UKI	BAN LEAGUE OF LOUISIANA		72-0423627
Pa	art I Organizations Maintaining Donor Advi		r Accounts.
	Complete if the organization answered "Ye	es" on Form 990, Part IV, line 6. (a) Donor advised funds	(b) Funds and other accounts
	Total number at end of year	(a) Donor advised funds	(b) runus and other accounts
,	Aggregate value of contributions to (during year)		
	Aggregate value of grants from (during year)		
i	Aggregate value at end of year		
	Did the organization inform all donors and donor advisor	Les in multiper that the persta hold in done and	visad filada ara tha
•	organization's property, subject to the organization's ex		
•	Did the organization inform all grantees, donors, and do charitable purposes and not for the benefit of the donor private benefit?	r or donor advisor, or for any other purpose c	
Pa	rt II Conservation Easements. Complete if the organization answered "Yes	es" on Form 990, Part IV, line 7.	
-	Purpose(s) of conservation easements held by the orga	nization (check all that apply).	
	Preservation of land for public use (e.g., recreatio	n or education)	historically important land area
	Protection of natural habitat	Preservation of a co	ertified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a easement on the last day of the tax year.	qualified conservation contribution in the form	m of a conservation Held at the End of the Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified histori	ic structure included in (a)	2c
d	Number of conservation easements included in (c) acqu structure listed in the National Register	ired after 7/25/06, and not on a historic	2d
3	Number of conservation easements modified, transferred tax year •	ed, released, extinguished, or terminated by t	he organization during the
Ļ	Number of states where property subject to conservation	on easement is located 🟲	
;	Does the organization have a written policy regarding the and enforcement of the conservation easements it hold	he periodic monitoring, inspection, handling o	
			∐ Yes No
•	Staff and volunteer hours devoted to monitoring, inspect	cting, handling of violations, and enforcing co	nservation easements during the year
,	Amount of expenses incurred in monitoring, inspecting, ▶ \$	handling of violations, and enforcing conserv	ation easements during the year
3	Does each conservation easement reported on line 2(d)		
	and section 170(h)(4)(B)(ii)?		☐ Yes ☐ No
	balance sheet, and include, if applicable, the text of the the organization's accounting for conservation easemer	e footnote to the organization's financial state	
a l	rt III Organizations Maintaining Collections Complete if the organization answered "Ye		er Similar Assets.
.a	If the organization elected, as permitted under SFAS 11 art, historical treasures, or other similar assets held for provide, in Part XIII, the text of the footnote to its finar	16 (ASC 958), not to report in its revenue star public exhibition, education, or research in fu	
b	If the organization elected, as permitted under SFAS 11 historical treasures, or other similar assets held for pub following amounts relating to these items:		
((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, histori following amounts required to be reported under SFAS	ical treasures, or other similar assets for finar	
а	Revenue included on Form 990, Part VIII, line 1	· · · · · · · · · · · · · · · · · · ·	▶\$
b	Assets included in Form 990, Part X		·
	· · · · · · · · · · · · · · · · · · ·		· T

Cat. No. 52283D

Schedule D (Form 990) 2019

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

1a Land

b Buildings $\boldsymbol{c} \ \ \text{Leasehold improvements}$ \boldsymbol{d} Equipment

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

	t IIII Organizations Maintaining Colle	ctions of Art, I	listorical Trea	sures, or Other :	Similar Assets (c	ontinued)
3	Using the organization's acquisition, accession, items (check all that apply):	and other records,	•	following that are a	significant use of its	collection
а	Public exhibition		d Los	an or exchange prog	rams	
b	Scholarly research		e 🗌 Oti	ner		
С	Preservation for future generations					
	Provide a description of the organization's collect Part XIII.	ctions and explain	how they further t	he organization's ex	empt purpose in	
i	During the year, did the organization solicit or r assets to be sold to raise funds rather than to b					s 🗆 No
Pai	Escrow and Custodial Arrangem Complete if the organization answe X, line 21.		m 990, Part IV,	line 9, or reporte	d an amount on Fo	orm 990, Part
la	Is the organization an agent, trustee, custodian included on Form 990, Part X?					s 🗆 No
b	If "Yes," explain the arrangement in Part XIII a	nd complete the fo	ollowing table:		Amount	
c	Beginning balance			. 1c		
d	Additions during the year			1d		
е	Distributions during the year			1e		
f	Ending balance			1f		
2a	Did the organization include an amount on Form	990 Part X line	21 for escrow or	custodial account lia	hility?	
	_				_	5 L 140
	If "Yes," explain the arrangement in Part XIII. C	neck here if the e	xpianation has bee	en provided in Part A	ш ⊔	
- (*	Complete if the organization answe	red "Yes" on For	m 990, Part IV,	line 10.		
		(a) Current year	(b) Prior year		(d) Three years back	(e) Four years back
.a	Beginning of year balance	39,727	38,128	35,369	32,704	32,781
b	Contributions	546	1,599	2,759	2,665	
C	Net investment earnings, gains, and losses					
	Grants or scholarships					
d						
	Other expenditures for facilities and programs					77
e						77
e f	and programs	40,273	39,727	38,128	36,369	
e f g	and programs Administrative expenses	,			36,369	
e f g	Administrative expenses End of year balance	,			36,369	
e f g	and programs Administrative expenses End of year balance Provide the estimated percentage of the current	,			36,369	
e f g a b	Administrative expenses End of year balance Provide the estimated percentage of the current Board designated or quasi-endowment	,			36,369	
e f g	and programs Administrative expenses End of year balance Provide the estimated percentage of the current Board designated or quasi-endowment ▶ Permanent endowment ▶ Temporarily restricted endowment ▶	year end balance			36,369	
e f g a b	and programs Administrative expenses End of year balance Provide the estimated percentage of the current Board designated or quasi-endowment ▶	year end balance	(line 1g, column	(a)) held as:		
e f g a b	and programs Administrative expenses End of year balance Provide the estimated percentage of the current Board designated or quasi-endowment ▶ Permanent endowment ▶ Temporarily restricted endowment ▶ The percentages on lines 2a, 2b, and 2c should Are there endowment funds not in the possession	year end balance	(line 1g, column	(a)) held as:		32,704 Yes No
e f g a b c	and programs Administrative expenses End of year balance Provide the estimated percentage of the current Board designated or quasi-endowment ▶ Permanent endowment ▶ Temporarily restricted endowment ▶ The percentages on lines 2a, 2b, and 2c should Are there endowment funds not in the possessic organization by: (i) unrelated organizations (ii) related organizations	equal 100%.	(line 1g, column	(a)) held as: and administered for	the	32,704 Yes No (i) No
e f g a b c	and programs Administrative expenses End of year balance Provide the estimated percentage of the current Board designated or quasi-endowment ▶ Permanent endowment ▶ Temporarily restricted endowment ▶ The percentages on lines 2a, 2b, and 2c should Are there endowment funds not in the possession organization by: (i) unrelated organizations (ii) related organizations If "Yes" on 3a(ii), are the related organizations	equal 100%. on of the organizat	(line 1g, column cion that are held a con Schedule R?	(a)) held as: and administered for	the 3a	32,704 Yes No (i) No
e f g a b c	and programs Administrative expenses End of year balance Provide the estimated percentage of the current Board designated or quasi-endowment ▶ Permanent endowment ▶ Temporarily restricted endowment ▶ The percentages on lines 2a, 2b, and 2c should Are there endowment funds not in the possessic organization by: (i) unrelated organizations (ii) related organizations If "Yes" on 3a(ii), are the related organizations Describe in Part XIII the intended uses of the organization	equal 100%. on of the organizat	(line 1g, column cion that are held a con Schedule R?	(a)) held as: and administered for	the 3a	32,704 Yes No (i) No (ii) No
e fg abc	and programs Administrative expenses End of year balance Provide the estimated percentage of the current Board designated or quasi-endowment ▶ Permanent endowment ▶ Temporarily restricted endowment ▶ The percentages on lines 2a, 2b, and 2c should Are there endowment funds not in the possession organization by: (i) unrelated organizations (ii) related organizations If "Yes" on 3a(ii), are the related organizations	equal 100%. on of the organizate disted as required organization's endowned as red if the control of the contro	(line 1g, column	(a)) held as: and administered for	the 3a 3a 3	(i) No (ii) No b

1,105,500

8,121,585

2,207,017

1,105,500

5,914,568

7,020,068

		O, Pail IV, II			
Complete if the organization answ (a) Description of security or o (including name of securi	ategory	(b) Book value		(c) Metho	d of valuation: -year market value
1) Financial derivatives					
2) Closely-held equity interests 3)Other		·			
4)					
3)					
0)					
0)					
E)					
=)					
G)					
H)					
otal. (Column (b) must equal Form 990, Part X, col. (B) line		•			
art VIII Investments—Program Relate Complete if the organization answ	ered 'Yes' on Form 99	0, Part IV, li			
(a) Description of	investment		(b) E	Book value	(c) Method of valuation: Cost or end-of-year marke value
1)					
2)					
3)					
4)					
5)					
6)					
7)					
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Complete if the organization answ (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, co	ered 'Yes' on Form 990 (a) Description (b) Iine 15.) (c) Pered 'Yes' on Form 990		ne 11d. See Fo		(b) Book value

Page 4

85,822

5,949,033

5,949,033

Schedule D (Form 990) 2019

Other (Describe in Part XIII.) 4b Add lines 4a and 4b . 4c 5

Schedule D (Form 990) 2019

Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5,528,821 Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1

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

6,034,855 1 2 Amounts included on line 1 but not on Form 990, Part IX, line 25:

2a 85.822 а

2d

4b

2e

3

4c

2b

Other (Describe in Part XIII.)

Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b . . .

Add lines **4a** and **4b**

Supplemental Information

Other (Describe in Part XIII.)

Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)

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

Add lines 2a through 2d . .

Return Reference

3

4

b

5

Part XIII

2c

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part

Explanation

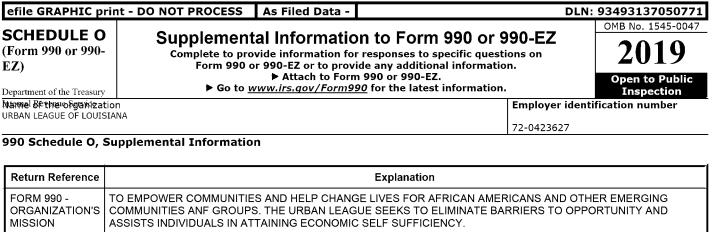
Schedule D (Form 990) 2019 Part XIII Supplemental Informat	tion (continued)	Page 5
Return Reference	Explanation	
		Schedule D (Form 990) 2019

efil	e GRAPHIC pr	int - DO NOT PROCESS	As Filed Dat	a -	DLN: 93	49313	37050	771
Sch	edule J	Co	mpensat	ion Information	0	MB No.	1545-0	0047
(Form 990)		For certain Officers, Directors, Trustees, Key Employees, and Highest						
		► Complete if the org	Compensa anization answ	ated Employees vered "Yes" on Form 990, Part IV	, line 23.	20	119	•
D			▶ Attach	n to Form 990. instructions and the latest inforr		Open		
•	tment of the Treasury al Revenue Service	P do to <u>www.ms.go</u>	<u>v/101111990</u> 101	metractions and the latest more		Insp	ectio	n
	ne of the organiza AN LEAGUE OF LOU				Employer identifica	tion nu	ımber	
					72-0423627			
Pa	rt I Questi	ons Regarding Compensa	tion				l	
1 a	Check the appro	opiate box(es) if the organization	n provided any of	f the following to or for a person liste	d on Form		Yes	No
	990, Part VII, S	ection A, line 1a. Complete Part	III to provide an	ny relevant information regarding the	se items.			
		or charter travel		Housing allowance or residence for	•			
		companions	님	Payments for business use of perso				
		nification and gross-up payment	s ∐ □	Health or social club dues or initiation				
	☐ Discretion	ary spending account		Personal services (e.g., maid, chaut	rreur, cner)			
b				follow a written policy regarding pay ve? If "No," complete Part III to expl		1b		
2				or allowing expenses incurred by all	1-3	2		
	directors, truste	es, officers, including the CEO/E	xecutive Directo	r, regarding the items checked on Lir	ne la?			
3				ed to establish the compensation of the	he			
				not check any boxes for methods CEO/Executive Director, but explain i	in Part III.			
	☐ Compens	ation committee	П	Written employment contract				
		ent compensation consultant		Compensation survey or study				
		of other organizations		Approval by the board or compensa	tion committee			
4	During the year related organiza		990, Part VII, Se	ection A, line 1a, with respect to the f	iling organization or a			
а	Receive a sever	ance payment or change-of-con	trol payment? .			4a		No
b				lified retirement plan?		4b		No
c	Participate in, o	r receive payment from, an equi	ty-based compe	nsation arrangement?		4c		No
	If "Yes" to any o	of lines 4a-c, list the persons and	d provide the app	olicable amounts for each item in Par	t III.			
	Only 501(c)(3), 501(c)(4), and 501(c)(29)	organizations	must complete lines 5-9.				
5			_	the organization pay or accrue any				
	compensation c	ontingent on the revenues of:						
а	The organization	1?				5a		No
b		anization?				5b		No
6	,	,	n Δ line 1a did	the organization pay or accrue any				
		ontingent on the net earnings of		the organization pay of accrac any				
а	The organization	1?				6a		No
b						6b		No
	•	6a or 6b, describe in Part III.						
7				the organization provide any nonfixe art III		7		No
8				red pursuant to a contract that was section 53.4958-4(a)(3)? If "Yes," decided by the section of	escribe			
						8		No
9				presumption procedure described in		9		
For F		iction Act Notice, see the Ins			50053T Schedule		1 990)	2019

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

		ctors, rrustees, key						
For each individual whose instructions, on row (ii). I	Do no	ot list any individuals that	are not listed on Form 9	90, Part VII.	-	_		e in dividual
Note. The sum of column	12 (R							
(A) Name and Title		(B) Breakdown (i) Base compensation	of W-2 and/or 1099-MIS (ii) Bonus & incentive compensation	C compensation (iii) Other reportable compensation	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
1 JUDY REESE MORSE PRESIDENT/CEO	(i)	160,220					160,220	
	(ii)							
,								





	1
Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4A	CENTER FOR WORKFORCE AND ECONOMIC DEVLEOPMENT (REVENUE 2,790, 549 & EXP 1,992,211) "URBAN LEAGUE OFFICE OF WORKFORCE DEVELOPMENT (OWD) - URBAN LEAGUE'S OFFICE OF WORKFORCE DEVELOPMENT (OWD) SERVES AS THE ORGANIZATION'S IN-HOUSE ECONOMIC ENGINE, PROVIDING INDIVIDUALS WITH THE TOOLS THEY NEED TO THRIVE IN THE WORKFORCE, GROWING LOUISIANA'S POOL OF QUALIFIED WO RKERS TO CONNECT THEM TO EMPLOYERS ACROSS THE STATE. OWD CONNECTS NEW CAREER SEKERS, UNEM PLOYED AND UNDERREMPLOYED INDIVIDUALS, AND PROSPECTIVE EMPLOYEES RE-ENTERING THE WORKFORCE WITH THE RESOURCES THEY NEED TO ATTAIN LIVING WAGE JOBS. OUR SIGNATURE CAREER PATHWAYS PR OGRAM (CPP) IS A MULTI-PRONGED SERVICE DELIVERY MODEL, WHICH INCLUDES CAREER READINESS TRA INING, INTEGRATED CASE MANAGEMENT, TUITION ASSISTANCE, FINANCIAL LITERACY, OCCUPATIONAL SK ILLS TRAINING, AND DIRECT EMPLOYMENT PLACEMENT, TO MOVE PARTICIPANTS TOWARD SELF-SUFFICIEN CY, THE PROGRAM SERVES RESIDENTS OF METRO NEW ORLEANS AND EAST BATON ROUGE, WHO ARE UNEMPL OYED AND UNDEREMPLOYED INCLUDING YOUNG ADULTS AGES 18 TO 24 AND ADULTS AGES 18 AND ABOVE. IN 2020, 341 INDIVIDUALS ENROLLED IN C.PP, OF WHICH 98 WERE OPPORTUNITY YOUTH AGES 18 TO 24. IN 2020, OWD SERVED 1,259 CAREER SEKERS, CONNECTING OVER 300 INDIVIDUALS TO JOSS DURING THE COVID-19 PANDEMIC AND PROVIDED OVER 17,200 HOURS OF PROFESSIONAL DEVELOPMENT (LIFE SK ILLS) TO PROGRAM PARTICIPANTS. 170 ADULT PARTICIPANTS WERE CONNECTED TO EMPLOYMENT WITH AV ERAGE EARNINGS OF 16/HR. ADDITIONALLY, IN 2020, OWN DISTED 9 VIRTUAL JOB FAIRS WITH 55 ESS ENTIAL EMPLOYERS PRATICIPATING. "URBAN LEAGUE CONTECTED TO EMPLOYMENT WITH AVERAGE EARNINGS OF 16/HR. ADDITIONALLY, IN 2020, OWN DISTED 9 VIRTUAL JOB FAIRS WITH 55 ESS ENTIAL EMPLOYER PARTNERS AND 601 JOB SEEKERS PARTICIPATING. "URBAN LEAGUE CONTECTED TO EMPLOYMENT WITH AVERAGE EARNINGS OF 16/HR. ADDITIONALLY, IN 2020, OWN DENTED 9 VIRTUAL JOB FAIRS WITH 55 ESS ENTIAL EMPLOYER PARTNERS AND 601 JOB SEEKERS PARTICIPATING. "URBAN LEAGUE CONTECTED TO EMPLOYMENT SHOULD HE SUPPORTING "URBAN AUGUS AND ACCESS

990 Schedule O, Supplemental Information

Return

PROGRAM

LINE 4A

Reference	
FORM 990,	"COVID-19 PERSPECTIVES FOR SMALL BUSINESS SERIES, SPONSORED BY SHELL "THE URBAN LEAGUE FI GHTS FOR
PAGE 2,	YOU VIRTUAL SERIES "GOOGLE STOREFRONT KITS FOR BLACK-OWNED SMALL BUSINESSES "NATI ONAL URBAN
PARTIII	LEAGUE GOLDMAN SACHS 10 000 SMALL BUSINESSES AND HOPE PARTNERSHIP FOR THE PAYC HECK PROTECTION

Explanation

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4B	EDUCATION, YOUTH DEVELOPMENT & SOCIAL JUSTICE (REVENUE 2,177,643 & EXP 2,302,060) EMPOWER MENT AND POLICY CONFERENCE. THE ANNUAL EMPOWERMENT AND POLICY CONFERENCE, POWERED BY THE URBAN LEAGUE OF LOUISIANA IN PARTNERSHIP WITH THE LOUISIANA LEGISLATIVE BLACK CAUCUS, IS A STATEWIDE CONVENING DESIGNED TO EXAMINE SYSTEMS, INFLUENCE POLICY DECISIONS AND ENACT CHA NGES THAT WILL POSITIVELY IMPACT THE AFRICAN AMERICAN AND OTHER COMMUNITIES. WAKE UP GRAUX VOTE (WUGV) - WUGV IS THE URBAN LEAGUE'S NON-PARTISAN VOTER EDUCATION AND ACTIVATION EFFO RT FOCUSED ON COMMUNITIES OF COLOR ACROSS LOUISIANA 2020 VOTER EMPOWERMENT FORUM SERIES - THE URBAN LEAGUE HOSTED A 2020 VOTER EMPOWERMENT FORUM SERIES - THE URBAN LEAGUE HOSTED A 2020 VOTER EMPOWERMENT FORUM SERIES - THE URBAN LEAGUE HOSTED A 2020 VOTER EMPOWERMENT FORUM SERIES TO EDUCATE VOTERS ON KEY ISS USO ON THEIR BALLOTS. THE SERIES INCLUDED A THREE-PART NEW ORLEANS SCHOOL BOARD CANDIDATE FORUM AND THE LRM - LOCAL RACES MATTER: A LOUISIANA DOWN-BALLOT FORUM. NON-PARTISAN VOTER EDUCATION AND ACTIVATION EFFORTS BY URBAN LEAGUE OF LOUISIANA THROUGH WUGV AND THE VOTER E MPOWERMENT FORUM SERIES INCLUDED 6,000 PHONE BANKING CALLS WITH 224 VOLUNTEERS SERVING 609 VOLUNTEER SHIFTS AND RESULTING IN 13,371 WEBSITE VIEWS ON ELECTION DAY. 2020 CENSUS VOICI NG OUR INFORMATION FOR CENSUS EQUITY (VOICE) INITIATIVE - LAUNCHED IN 2019, THE URBAN LEAG UE'S 2020 CENSUS INITIATIVE AIMED TO ENSURE A COMPLETE COUNT FOR THE 2020 CENSUS UTILIZING THREE STRATEGIES TO REACH HISTORICALLY UNDERCOUNTED COMMUNITIES: TRUSTED VOICES, DATA, AN D REAL-TIME ACTION. THROUGH THESE EFFORTS, 2,000 PEOPLE WERE TRAINED, 5,000 PHONE BANKING CALLS MADE, 50,000 FLYERS DISTRIBUTED, 35 FAITH LEADERS, OVER 40 ORGANIZATIONS, AND 129 VO LUNTEERS ENGAGED, AND THE CENSUS WEBPAGE RECEIVED 1,400 VIEWS. SOCIAL JUSTICE ADVOCACY URB AN LEAGUE OF LOUISIANA RACIAL EQUITY PROCESS TAKES A COMPREHENSIVE APPROACH TO EXPLORE AND ADOPT A NEW SET OF TOOLS FOR GRANIZATIONS TO RELY ON EVERY DAY TO CREATE EQUITABLE OUTCOMES, FELLOWSHIP IN YO

990	Schedule	Ο,	Supplemental	Information

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4B	NINGS AND WORKSHOPS, PIC RESPONDS TO THE DISTINCT NEEDS OF PARENTS IN THE ACHIEVEMENT OF I TS PROGRAMMATIC GOALS. PIC CONTINUES TO OFFER A RANGE OF RESOURCES FOR FAMILIES, COMMUNITI ES AND SCHOOLS INCLUDING THE NOLA ANNUAL SCHOOLS EXPO, THE PRIDE LEADERSHIP ACADEMY FOR PA RENTS, THE NEW ORLEANS GUIDE TO HIGH SCHOOLS AND BEYOND, THE NEW ORLEANS GUIDE TO EARLY CH ILDHOOD EDUCATION, THE PARENT CHARTER BOARD MEMBER TRAINING, AND THE NOLA PUBLIC SCHOOL'S FAMILY RESOURCE CENTER SUPPORT. IN 2020, PIC-NOLA SERVED 17,787 STUDENTS AND PARENTS, DIST RIBUTED 11,856 COPIES OF THE NEW ORLEANS GUIDE TO HIGH SCHOOL BEYOND AND NEW ORLEANS GUIDE TO EARLY CHILDHOOD EDUCATION GUIDE, ENGAGED 1,327 INDIVIDUALS VIA WORKSHOPS AND EVENTS, A ND ASSISTED 4,604 STUDENTS WITH ONLINE PLACEMENT DURING LATE ENROLLMENT WITH NOLA PUBLIC S CHOOLS. URBAN LEAGUE PARENT INFORMATION CENTER (PIC) - BATON ROUGE - THE URBAN LEAGUE OF L OUISIANA'S PARENT INFORMATION CENTER IN BATON ROUGE (PIC) -BROND ROUGE SATON ROUGE - THE URBAN LEAGUE OF LOUISIANA'S PARENT INFORMATION CENTER IN BATON ROUGE (PIC)-BR) IN 2020, SERVED 986 FAMILIES, REACHED OVER 10,000 FAMILIES THROUGH DIGITAL AND SOCIAL MEDIA CAMPAIGNS PROMOTING AWARENE SS OF SCHOOL CHOICE OPTIONS AND THE ENROLLBR COMMON APPLICATION, ENGAGED 13 PARTINER ORGANI ZATIONS, GAVE AWAY BACKPACKS AND SCHOOL SUPPLIES TO OVER 300 STUDENTS, AND HOSTED FREE VIR TUAL STEM FESTS FOR 191 PK-12TH GRADE PARTICIPANTS. "URBAN LEAGUE PROJECT READY - PROJECT READY - PROJECT READY PROVIDES STUDENTS AT SCOTLANDVILLE MAGNET HIGH SCHOOL IN BATON ROUGE (PIC) AND ASSISTED AND CAREER REPAINESS SUPPORT TO PREPARE THEM FOR HIGH SCHOOL IN BATON AND PROJECT READY PROVIDES STUDENTS AT SCOTLANDVILLE MAGNET HIGH SCHOOL IN ACORDARY SUCCESS DURING AND AFTER-SCHOOL. AT BOTH SITES, STUDENTS CAN ACCESS COLLEGE APPLIC ATION AND ELIGIBILITY SUPPORT, CAREER FERDARATORY HIGH SCHOOL IN NEW ORLEANS WITH A CADRE OF ACADEMIC, LIFE SKILLS AND CAREER READINESS SUPPORT TO PREPARE THEM FOR HIGH SCHOOL IN THE BUSINESS" TOURS, CAREER FAIRS, AND STEM/STEAM E

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4B	RANSPARENT EDUCATION AND EMPLOYMENT DATA SYSTEMS, 5) EQUITY AND EXCELLENCE AT SCALE, 6) OU T OF SCHOOL TIME LEARNING (EMPHASIS ON EXPANDED DAY AND SUMMER LEARNING), AND 7) COLLEGE A CCESS, COMPLETION AND ATTAINMENT. KEY TO THE EEP AND THE ULLA POLICY AGENDA IS PRODUCTION OF THE URBAN LEAGUE'S ADVANCING EDUCATIONAL EQUITY REPORTS, WHICH IDENTIFIES THE BARRIERS TO EDUCATIONAL EQUITY THAT PREVENT ALL STUDENTS FROM REACHING THEIR HIGHEST POTENTIAL. THE REPORTS EXAMINE PUBLIC SCHOOL PERFORMANCE THROUGH AN EQUITY LENS BY DISAGGREGATING KEY ED UCATIONAL METRICS. THE REPORT DOCUMENTS EXISTING INEQUITIES AND SERVE AS THE BASIS FOR COM MUNITY DEVELOPED AND SUPPORTED PROGRAMMING DESIGNED TO CLOSE ACHIEVEMENT GAPS. "URBAN LEAD ERS FOR EQUITY AND DIVERSITY (ULEAD) URBAN LEADERS FOR EQUITY AND DIVERSITY (ULEAD) US A FOREMOST TRAINING ACADEMY FOR AFRICAN AMERICANS AND OTHER MINORITIES INTERESTED IN LEARNING HOW TO EFFECTIVELY NAVIGATE THROUGH THE EDUCATIONAL LANDSCAPE IN NEW ORLEANS AND ACROSS THE STATE. ULFAD WILL PROVIDE THE INFORMATION AND EDUCATION TO FELLOWSHIP INCLUDES A TRAINI NG SERIES TO SUPPORT AND ASSIST FELLOWS IN IDENTIFYING POLICIES THEY WANT TO CHANGE TO HELP MORE YOUNG ADULTS HAVE WHAT THEY NEED TO SUPPORT THEMSELVES AND THEIR FAMILIES. THE URBAN LEAGUE IS A MEMBER OF THE POLICE TRAINING, SCREENING AND DE-ESCALATION TASK FORCE, WHICH WAS ESTABLISHED BY THE LOUISIANA STATE SENATE. THIS STATEWIDE TASK FORCE EXAMINES POLICE POLICIES AND PRACTICES AND MAKES RECOMMENDATIONS ON WAYS TO ENSURE EQUITABLE POLICING IN LOUISIANA. THE URBAN LEAGUE HAS BEEN RAISING AWARENESS ON ISSUES IMPACTING THE HEALTH A ND WELLBEING OF AFRICAN AMERICANS, INCLUDING OF THE IMPACT OF COVID-19 SINCE APRIL. IT HO STED A SERIES OF 5 VIRTUAL TOWN HALL MEETINGS ATTENDED BY MORE THAN 2,500 PEOPLE ON THE IM PACT OF THE VIRUS ON THE AFRICAN AMERICAN COMMUNITIES AND THE IMPACT OF COVID-19 SINCE APRIL. IT HO S

Return Explanation
Reference

LINE 11B

FORM 990,	A COPY OF THE FORM 990 IS SENT TO THE BOARD OF DIRECTORS FOR REVIEW AND APPROVAL BEFORE FILING
PAGE 6,	WITH THE IRS.
PART VI.	

Return Explanation
Reference

LINE 12C

FORM 990, ANNUAL REVIEW OF POLICY WITH BOARD MEMBERS.
PART VI.

Return Explanation
Reference

LINE 15A

FORM 990, COMPENSATION IS REVIEWED AND APPROVED BY THE BOARD OF DIRECTORS.

PAGE 6,
PART VI,

990 Schedule O, Supplemental Information Return Explanation Reference FORM 990. NO DOCUMENTS AVAILABLE TO THE PUBLIC PAGE 6,

PART VI, LINE 19