Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No. 1545-0047 2007

Department of the Treasury Internal Revenue Service(77)

A For the 2007 caler

► The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

Α	For the 2007 calendar year, or tax year beginning 7701	, 2007, and		, 2006
В	Check if applicable:		D	Employer Identification Number
	Address change Please use URBAN LEAGUEOF MIDD	LE_TENNESSEE		62-0795167
	Name change or print 2250 ROSA L. PARKS		E	Telephone number
	Initial return see specific NASHVILLE, TN 37228			615-254-0525
	Termination tions.		F	Accounting Method: Cash X Accrua
	Amended return		1	Other (specify)
		(0.47/-)/1)	H and I are not applicable	to section 527 organizations.
	Application pending • Section 501(c)(3) organizations and 4 charitable trusts must attach a comp	eted Schedule A	l * * *	urn for affiliates? Yes X N
	(Form 990 or 990-EZ).		H (b) If Yes, enter numb	
G	Web site: ► N/A		H (C) Are all affiliates in	
	0		, , ,	st. See instructions.)
J	Organization type (check only one) ► X 501(c) 3 ◀ (insert no.) 4947(a)(1) or 527	H (d) Is this a separate	return filed by an
ĸ	Check here ► if the organization is not a 509(a)(3) suppor		organization cover	red by a group ruling? Yes XN
••	gross receipts are normally not more than \$25,000. A return	is not required, but if the	I Group Exemp	tion Number
	organization chooses to file a return, be sure to file a comple	ete return.		if the organization is not required
L	Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ► 4	05,200.		e B (Form 990, 990-EZ, or 990-PF).
P	art I Revenue, Expenses, and Changes in Ne	t Assets or Fund Bala	nces (See the in	nstructions.)
esta anoma	1 Contributions, gifts, grants, and similar amounts received			
	a Contributions to donor advised funds	1	,	
	b Direct public support (not included on line 1a)			9.
	c Indirect public support (not included on line 1a)	· · · · —		
	d Government contributions (grants) (not included on line			
	e Total (add lines a through 1d) (cash \$ 109,399. noncash \$: .	43,00	
		•	•	
	4 Interest on savings and temporary cash investments.5 Dividends and interest from securities			
		1	1	9
	6a Gross rents.			
	b Less: rental expenses			6c
				7
R	7 Other investment income (describe	(A) Securities	(B) Other	-/ /
REVENUE	8a Gross amount from sales of assets other than inventory	(A) 0000 11103	\ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
ű	b Less: cost or other basis and sales expenses	81	o	
L	c Gain or (loss) (attach schedule).	1		
	d Net gain or (loss). Combine line 8c, columns (A) and (8d
	9 Special events and activities (attach schedule). If any			
	a Gross revenue (not including \$. —	
	reported on line 1b)			
	b Less; direct expenses other than fundraising expenses			
	c Net income or (loss) from special events. Subtract line	9b from line 9a	.,Statement1,	9c 277,638
	10 - Orang calca of inventory loss returns and allowerses	10:	al	
	10a Gross sales of inventory, less returns and allowances.			
	b Less: cost of goods sold		3	
	b Less: cost of goods sold			
	b Less: cost of goods sold	act line 10b from line 10a		11 11
	 b Less: cost of goods sold	act line 10b from line 10a	3	11 11 12 387,048
E	b Less: cost of goods sold	act line 10b from line 10a	3	11 11 12 387,048 13 243,594
EXP	b Less: cost of goods sold	act line 10b from line 10a	3	11 11 12 387,048 13 243,594 14 84,503
— EXPEN	b Less: cost of goods sold	act line 10b from line 10a	3	11 11 12 387,048 13 243,594 14 84,503 15 49,215
- EXPENSE	b Less: cost of goods sold	act line 10b from line 10a	3	11 11 12 387,048 13 243,594 14 84,503 15 49,215 16
EXPENSES	b Less: cost of goods sold	act line 10b from line 10a	3	11 11 12 387,048 13 243,594 14 84,503 15 49,215 16 17 377,312
•	b Less: cost of goods sold	act line 10b from line 10a	3	11 11 12 387,048 13 243,594 14 84,503 15 49,215 16 17 377,312 18 9,736
•	b Less: cost of goods sold	act line 10b from line 10a Oc, and 11 ine 12	3	11 11 12 387,048 13 243,594 14 84,503 15 49,215 16 17 377,312 18 9,736 19 -4,615
EXPENSES ASSET	b Less: cost of goods sold	act line 10b from line 10a Oc, and 11 ine 12	3	11 11 12 387,048 13 243,594 14 84,503 15 49,215 16 17 377,312 18 9,736 19 -4,615

Page 2

Part II Statement of Functional Expenses All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See instruct.)

Ē	o not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 a	Grants paid from donor advised				0.0000000000000000000000000000000000000	1000 0000 1000 0000
	funds (attach sch) (cash \$				100	Condition of the Condit
	non-cash \$					EDEC CO
	If this amount includes				0.0000000000000000000000000000000000000	600
	foreign grants, check here	22 a			Control of the Contro	
22b	Other grants and allocations (att sch)				Character Constitution	
	(cash \$)				334.300	
	If this amount includes foreign grants, check here ▶ □	22b				
23	Specific assistance to individuals (attach schedule)	23				
24	Benefits paid to or for members (attach schedule)	24			22.25	1980 CO
25 a	Compensation of current officers,					
	directors, key employees, etc. listed in Part V-A	25 a	82,160.	49,022.	16,238.	16,900.
b	Compensation of former officers,		·			
.,	directors, key employees, etc. listed in Part V-B	25 b	0.	0.	0.	0.
С	Compensation and other distributions, not		· · ·	<u> </u>	· ·	
	included above, to disqualified persons (as defined under section 4958(f)(1)) and persons					
	described in section	25 c	0.	0.	0.	0.
	4958(c)(3)(B)	250	<u> </u>	0.		<u> </u>
26	Salaries and wages of employees not included on lines 25a, b, and c	26	80,045.	73,460.	6,585.	
27	Pension plan contributions not included on lines 25a, b, and c	27				
28	Employee benefits not included on lines 25a - 27	28	16,367.	12,270.	2,354.	1,743.
29	Payroll taxes	29	15,821.	11,860.	2,276.	1,685.
30	Professional fundraising fees	30	20,021.			
31	Accounting fees	31				
32	Legal fees	32				
33	Supplies	33	1,444.	1,103.	179.	162.
34	Telephone	34	6,887.	6,017.	870.	
35	Postage and shipping	35 36	1,017. 42,857.	267. 30,081.	381. 12,776.	369.
36 37	Occupancy Equipment rental and maintenance	37	42,837.	3,784.	816.	287.
38	Printing and publications	38	9,677.	477.	737.	8,463.
39	Travel	39	11,291.	4,330.	6,001.	960.
40	Conferences, conventions, and meetings	40	1,498.		982.	516.
41	Interest	41	11,679.		11,679.	
42	Depreciation, depletion, etc (attach schedule)	42	14,381.	12,943.	1,438.	
		43.	77,301.	37,980.	21,191.	18,130.
a b	See Statement 2	43a 43b	77,301.	37,300.	21,191.	10,130.
· ·		43c				
d		43d				
е		43e				
f		43f				
g		43g				
44	Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15)	44	377,312.	243,594.	84,503.	49,215.
	Costs. Check . If you are following					⊾□ ν ਹਾ
	any joint costs from a combined educationa				Program services?	
If 'Ye	s,' enter (i) the aggregate amount of these:		osts		mount allocated to Progr and (iv) the	
	indraising \$.		901		, 4-7 4-7	

Part III Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular	
organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore	e,
please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.	

nat is the organization's prin organizations must describ	nary exempt purpose?	COMMUNITY SERVICES achievements in a clear and concise manner. State the number ements that are not measurable. (Section 501(c)(3) and (4) orgust also enter the amount of grants and allocations to others.)	of	Program Service Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; but optional for others.)
ents served, publications iss ations and 4947(a)(1) nonexe	empt charitable trusts mu	enter its triat are not measurable. (Section 301(c)(3) and (4) orginst also enter the amount of grants and allocations to others.)	jai i-	4947(a)(1) trusts; but optional for others.)
a See Statement 3	3			
			·	
(Grants and allocations) If this amount includes foreign grants, check here	_	243,594.
b		y it also difficult institutes for origin greatley difformation		
~				
			 -	
(Grants and allocations	\$) If this amount includes foreign grants, check here	Ш.	
С			- -	
			.	
			- -	
(Grants and allocations	\$) If this amount includes foreign grants, check here		
d				
				
(Grants and allocations	Ď.) If this amount includes foreign grants, check here	Ш	
 e Other program services. (Grants and allocations) 	\$) If this amount includes foreign grants, check here ►		
		Il line 44, column (B), Program services)		243,594.

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Form 990 (2007)

		Balance Sheets (See the instructions.)	V2	0 1 2 3 3	i age 4
		Where required, attached schedules and amounts within the description	(Δ)	П	(B)
110	C	olumn should be for end-of-year amounts only.	(A) Beginning of year		(B) End of year
	45	Cash – non-interest-bearing	26,440.	45	19,021.
	46	Savings and temporary cash investments	•	46	
	47 a	Accounts receivable			
	b	Less: allowance for doubtful accounts		47 c	
	48a	Pledges receivable			
	b	Less: allowance for doubtful accounts		48c	
	49	Grants receivable		49	
	50 a	Receivables from current and former officers, directors, trustees, and key employees (attach schedule)		50 a	
Δ	b	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)		50 b	
ŝ	51 a	Other notes and loans receivable			
A S S E T S	İ	(attach schedule)			
S	l	Less: allowance for doubtful accounts		51 c	
	52	Inventories for sale or use.	30 441	52	F 700
	53	Prepaid expenses and deferred charges.	10,441.	53	5,702.
		Investments — publicly-traded securities Cost FMV		54a	
	l	Investments – other securities (attach sch)		54b	
		-			
	b	Less: accumulated depreciation (attach schedule)		55 c	
	56	Investments – other (attach schedule).		56	
		Land, buildings, and equipment: basis	4.44	-	
	9	Less: accumulated depreciation (attach schedule)	55,600.	57 c	41,217.
	ı	Other assets, including program-related investments			
		(describe ► See Statement 5).	19,850.	58	62,471.
	59	Total assets (must equal line 74). Add lines 45 through 58	112,331.	59	128,411.
	60	Accounts payable and accrued expenses	31,185.	60	35,887.
	61	Grants payable		61	
L	62	Deferred revenue		62	
A B	63	Loans from officers, directors, trustees, and key			
Ļ		employees (attach schedule)		63	
LITES		Tax-exempt bond liabilities (attach schedule)	85,761.	64a 64b	87,403.
Ę	65	ŗ	03,101.	65	07,403.
·	66	Other liabilities (describe ►), Total liabilities. Add lines 60 through 65	116,946.	66	123,290.
		anizations that follow SFAS 117, check here X and complete lines 67	±±0,0±0.	-	160,600.
N E	a.	through 69 and lines 73 and 74,			
	67	Unrestricted	-4,615.	67	5,121.
ASSET-S	68	Temporarily restricted		68	
Ę	69	Permanently restricted		69	
O R	Orga	anizations that do not follow SFAS 117, check here and complete lines			
_		70 through 74.			
F Ü N D	70	Capital stock, trust principal, or current funds		70	
	71	Paid-in or capital surplus, or land, building, and equipment fund		71	
Ă	72	Retained earnings, endowment, accumulated income, or other funds		72	
BALANCES	73	Total net assets or fund balances. Add lines 67 through 69 or lines 70 through			
Ĕ		72. (Column (A) must equal line 19 and column (B) must equal line 21)	-4,615.	73	5,121.
	74	Total liabilities and net assets/fund balances. Add lines 66 and 73	112,331.	74	128,411.

BAA

For	rm 990 (2007) URBAN LEAGUEOF MIDDLE TENNESSEE	62-0795167	Page 5
P	art IV-À Reconciliation of Revenue per Audited Financial Statements with Revenue instructions.)	enue per Return (Se	e the
а	Total revenue, gains, and other support per audited financial statements	,,,, a	387,048.
b	Amounts included on line a but not on Part I, line 12:		-
	1Net unrealized gains on investments		
	2Donated services and use of facilities		
	3Recoveries of prior year grants		
	4Other (specify):		
	b4		
	Add lines b1 through b4		
С	Subtract line b from line a	. , ,	387,048.
d	Amounts included on Part I, line 12, but not on line a:		
	1 Investment expenses not included on Part I, line 6b		
	2Other (specify):		
	d2	·	•
	Add lines d1 and d2.		387,048.
e	Total revenue (Part I, line 12). Add lines c and d.	onces nor Deturn	307,040.
	art IV-B Reconciliation of Expenses per Audited Financial Statements with Exp	senses her verain	
а	Total expenses and losses per audited financial statements	8	377,312.
a b	Amounts included on line a but not on Part I, line 17:		0,,,022,
~	1Donated services and use of facilities		
	2Prior year adjustments reported on Part I, line 20b2		
	3Losses reported on Part I, line 20. b3		
	4Other (specify):		
	b4		
	Add lines b1 through b4	b	
С	Subtract line b from line a	1 1	377,312.
d	Amounts included on Part I, line 17, but not on line a:		
	1 Investment expenses not included on Part I, line 6b		
	2Other (specify):		

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

Total expenses (Part I, line 17). Add lines c and d.

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation plans	(E) Expense account and other allowances
MS. ROSALYN CARPENTER	President & CEO	82,159.	0.	0.
2250 ROSA L. PARKS BLVD	40.00			
NASHVILLE, TN 37228				
MR. SAM HOWARD	Chairman	0.	0.	0.
216 CENTERVIEW DRIVE, SUITE	βO 10.00			
BRENTWOOD, TN 37027				*****
MS. VONZELLA BRYANT	Treasurer	0.	0.	0.
2250 ROSA L PARKS BLVD	5.00			
NASHVILLE, TN 37228				
MR. MARK PETERS	Secretary	0.	0.	0.
511 UNION STREET, SUITE 2100	5.00			
NASHVILLE, TN 37219-8966		***********		
	_			

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377,312.

Form 990 (2007) URBAN LEAGUEOF MIDDLE			62-07951	L67	Page 6
Part V-A Current Officers, Directors, Tru		<u> </u>	-		Yes No
75a Enter the total number of officers, directors, and trustees pe					
b Are any officers, directors, trustees, or key em listed in Schedule A, Part I, or highest compen A, Part II-A or II-B, related to each other throu identifies the individuals and explains the relati	ployees listed in Form s sated professional and gh family or business re onship(s)	990, Part V-A, or highes other independent contact on all all all all all all all all all al	of compensated employed ractors listed in Schedule tach a statement that	es e 75 b	X
c Do any officers, directors, trustees, or key emplished in Schedule A, Part I, or highest compen A, Part II-A or II-B, receive compensation from to the organization? See the instructions for the	sated professional and any other organization	other independent cont s. whether tax exempt	ractors listed in Schedule or taxable, that are relate	e ed	Х
If 'Yes,' attach a statement that includes the in	formation described in	the instructions.			
d Does the organization have a written conflict of					X
Part V-B Former Officers, Directors, Tru Benefits (If any former officer, directe during the year, list that person below a the instructions.)					
(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation plans	(E) Exp account a allowa	and other
None					
					,
Part VI Other Information (See the inst	ructions.)				Yes No
76 Did the organization make a change in its activ	ities or methods of con	ducting activities?		76	Х
If 'Yes,' attach a detailed statement of each chWere any changes made in the organizing or g	-				X
If 'Yes,' attach a conformed copy of the change		achocroportoù to ule IN	V+	***	- 23
78a Did the organization have unrelated business of		or more during the vea	covered by this return?.	78a	X
b If 'Yes,' has it filed a tax return on Form 990-T	•		-		N/A
	•		, , , ,		
79 Was there a liquidation, dissolution, termination year? If 'Yes,' attach a statement	i, or substantial contrat	cuon during me		79	X
80 a Is the organization related (other than by associ	ebiwette a statewide	or nationwide organizat	ion) through common		
membership, governing bodies, trustees, office	rs, etc, to any other ex	empt or nonexempt org	anization?	80a	X
b If 'Yes,' enter the name of the organization ▶			-		
		eck whether it is e		pt.	
81 a Enter direct and indirect political expenditures.				0.	
b Did the organization file Form 1120-POL for this	s year?				X
BAA				Form	990 (2007)

Financial Accounts.

BAA

Form 990 (2007)

See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and

Part VI Other Information (continu					Yes No
c At any time during the calendar year, did	the organizati	on maintain an office	outside of the Un	ited States?	91c X
If 'Yes,' enter the name of the foreign co	untry ►				
92 Section 4947(a)(1) nonexempt charitable	trusts filing Fo	orm 990 in lieu of Fori	<i>n 1041</i> – Check h	iere	
and enter the amount of tax-exempt inter	est received o	r accrued during the	tax year	.,	N/A
Part VII Analysis of Income-Producing		•			
	Unrelated	business income	Excluded by se	ection 512, 513, or 514	(E)
Note: Enter gross amounts unless	(A)	(B)	(c)	(D)	Related or exempt
otherwise indicated.	Business code	Amount	Exclusion code	Amount	function income
93 Program service revenue:					
a					
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies			3		
94 Membership dues and assessments.			3		
95 Interest on savings & temporary cash invmnts					
96 Dividends & interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed propertyb not debt-financed property					-
98 Net rental income or (loss) from pers prop					
99 Other investment income			:		
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events			1	277,638.	
102 Gross profit or (loss) from sales of inventory				2.,,000.	
103 Other revenue: a					
ь INTEREST INCOME			1	11.	
c MISCELLANEOUS INCOME			1		
d					
e					
Subtotal (add columns (B), (D), and (E))				277,649.	
105 Total (add line 104, columns (B), (D), a				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	277,649.
Note: Line 105 plus line 1e, Part I, should equ				•	
Part VIII Relationship of Activities t	o the Acco	mplishment of E	xempt Purpos	ses (See the instru	ıctions.)
Line No. Explain how each activity for which	n income is rep	oorted in column (E) o	of Part VII contrib	uted importantly to the	accomplishment
▼ of the organization's exempt purpor	ses (other tha	n by providing funds	for such purposes	5).	
N/A					
		12 1 1 1 1 1 1 1			- I t
Part IX Information Regarding Tax					
(A)	(B)	(C)	(D)	(E)
Name, address, and EIN of corporation,	Percentage	of Nature o	f activities	Total	End-of-year
partnership, or disregarded entity	ownership int			income	assets
N/A		왕 왕			
		%			
· · · · · · · · · · · · · · · · · · ·		90			
Part X Information Regarding Tra	nefere Acc		sonal Ronofit	Contracts (See th	e instructions
a Did the organization, during the year, receive any fur					7 (77)
b Did the organization, during the year, receive any rules be been been been been been been been					
Note: If 'Yes' to (b), file Form 8870 and Form			i a personal bene	one out a doctron to the transfer	
troto, is ros to (M) mor onto coro and to	7/20 (300 /	non actional.		TEEA0108L 12/27/	or Form 990 (2007)

Form 990 (2007) URBAN LEAGUEOF MIDDLE TENNESSEE

62-0795167

Page 8

T	(A)	organization is a controlling organization	on as defined in secti	on 512(b)(13	ipiete orily ii ti).	16		
							Yes	No
106	Did 'Ye:	the reporting organization make any transfers to a s,' complete the schedule below for each controlled	controlled entity as define	d in section 512(b)(13) of the Code	e? If		Х
		(A) Name, address, of each controlled entity	(B) Employer Identification Number	Descr	(C) iption of nsfer	(D Amount o) f trans	fer
a	 							
b								
С								
		Totals						
107	Did 'Yes	the reporting organization receive any transfers fro s,' complete the schedule below for each controlled	om a controlled entity as de	efined in section	512(b)(13) of the	<u> </u>	Yes	No_X
		(A) Name, address, of each controlled entity	(B) Employer Identification Number	Descr tra	(C) iption of nsfer	(D Amount of) ftrans	fer
а								
b								
С								
		Totals		100				
108	Did ann	the organization have a binding written contract in uities described in question 107 above?	effect on August 17, 2006,	covering the int	erest, rents, royal	ties, and	Yes	No X
Plea Sign Here		Under penalties of periury, I declare that I have examined this reb true, correct, and complete. Declaration of preparer (other than of Signature of officer MR. SAM HOWARD, Chairman Type or print name and title.	yrn, including accompanying sched ficer) is based on all information o		and to the best of my lany knowledge. Date	knowledge and b	elief, it i	5
Paid Pre- pare		Firm's name (or Hoskins & Company PC	YA	5/30/08	employed P	reparer's SSN or eneral instruction 00290898	PTIN (S n X) }	iee
Use Only	,	employed), address, and ZP+4 Nashville, TN 37203	ite 200			5 <u>19135</u> 5) 321-7	333	
BAA					1	Form		2007)

SCHEDULE A (Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information — (See separate instructions.)

2007

Employer identification number

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

► MUST be completed by the above organizations and attached to their Form 990 or 990-EZ.

62-0795167 URBAN LEAGUEOF MIDDLE TENNESSEE Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees Part I (See instructions, List each one, If there are none, enter 'None,') (d) Contributions to employee benefit plans and deferred (b) Title and average (a) Name and address of each (c) Compensation (e) Expense employee paid more than \$50,000 hours per week account and other devoted to position allowances compensation None Total number of other employees paid over \$50,000. Part II — A Compensation of the Five Highest Paid Independent Contractors for Professional Services (See instructions. List each one (whether individuals or firms). If there are none, enter 'None.') (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service (c) Compensation None Total number of others receiving over \$50,000 for professional services. Part II — B | Compensation of the Five Highest Paid Independent Contractors for Other Services (List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter 'None.' See instructions.) (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service (c) Compensation Total number of other contractors receiving over \$50,000 for other services.....

Pa	rt III Statements About Activities (See instructions.)		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If 'Yes,' enter the total expenses paid			
	or incurred in connection with the lobbying activities * \$ N/A (Must equal amounts on line 38, Part VI-A, or line I of Part VI-B.)	_ ا		٠,,
		1		X
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking 'Yes' must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.			
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is 'Yes,' attach a detailed statement explaining the transactions.)			
;	a Sale, exchange, or leasing of property?	2a		X
ı	Lending of money or other extension of credit?	2b		Х
•	Furnishing of goods, services, or facilities?	2c		Х
•	d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d		Х
•	e Transfer of any part of its income or assets?	2e		X
3	a Did the organization make grants for scholarships, fellowships, student loans, etc? (If 'Yes,' attach an explanation of how the organization determines that recipients qualify to receive payments.)	3a		X
1	b Did the organization have a section 403(b) annuity plan for its employees?	3b		Х
4	c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement	3c		Х
	d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d		Х
4:	a Did the organization maintain any donor advised funds? If 'Yes,' complete lines 4b through 4g. If 'No,' complete lines 4f and 4g	4a		Х
1	Did the organization make any taxable distributions under section 4966?	4b	N.	/A
•	Did the organization make a distribution to a donor, donor advisor, or related person?	4c	N.	/A
	d Enter the total number of donor advised funds owned at the end of the tax year			N/A
,	e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year▶			N/A
1	Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts			0
,	g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ▶			0.

Part IV Reason for Non-Private I	Foundation Status (See instructions.)						
I certify that the organization is not a private for	oundation because it is: (F	Please check only ONE app	licable box.)	}				
5 A church, convention of churches, o	r association of churches.	Section 170(b)(1)(A)(i).						
6 A school. Section 170(b)(1)(A)(ii). (A	Also complete Part V.)							
7 A hospital or a cooperative hospital	service organization. Sect	tion 170(b)(1)(A)(iii).						
8 A federal, state, or local governmen	t or governmental unit. Se	ection 170(b)(1)(A)(v).						
9		a hospital. Section 170(b)(1		ter the hospita	il's name, city,			
10 An organization operated for the ber (Also complete the Support Schedul	nefit of a college or univer le in Part IV-A.)	sity owned or operated by a	a governmer	ntal unit. Secti	on 170(b)(1)(A)(iv).			
11a X An organization that normally receive Section 170(b)(1)(A)(vi). (Also comp	es a substantial part of its lete the Support Schedul e	s support from a governmen e in Part IV-A.)	ital unit or fr	rom the genera	al public.			
11b A community trust. Section 170(b)(1))(A)(vi). (Also complete th	e Support Schedule in Part	t IV-A.)					
An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc, functions — subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in Part IV-A.)								
An organization that is not controlled requirements of section 509(a)(3). C	by any disqualified perso	ons (other than foundation r	nanagers) a	ind otherwise i	meets the			
Type I Type II	Type III-Functio	nally Integrated	Type III	-Other				
	_	out the supported organiza						
(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	ibed organization listed in 12 the supporting		(e) Amount of support			
			Yes	No				
997710-10-10								
Total			•		^			
Total		****		,	0.			
14 An organization organized and opera	ated to test for public safe	ty. Section 509(a)(4). (See			990 or 990-EZ) 2007			

	IIV-A Support Schedule (inting.
	: You may use the worksheet in th	e instructions for conv	erting from the accru			
begi	ndar year (or fiscal year nning in)	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15	Gifts, grants, and contributions received, (Do not include unusual grants. See line 28.)	175,490.	229,548.	409,496.	502,228.	1,316,762.
16	Membership fees received					0.
17	Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc, purpose					0.
18	Gross income from interest, dividends, amts rec'd from payments on securities loans (sec. 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less sec. 511 taxes) from businesses acquired by the organzation after June 30, 1975	74.	63.	29.		166.
19	Net income from unrelated business activities not included in line 18					0.
20	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0.
21	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					0.
22	Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets. See . Stmt . 6.	121.	5,207.			5,328.
	Total of lines 15 through 22	175,685.	234,818.	409,525.	502,228.	
	Line 23 minus line 17	175,685.	234,818.	409,525.	502,228.	1,322,256.
25	Enter 1% of line 23	1,757.	2,348.	4,095.	5,022.	
26	Organizations described on lines		er 2% of amount in co	olumn (e), line 24	► 26a	26,445.
ł	Prepare a list for your records to show the supported organization) whose total gifts f return. Enter the total of all these excess a	or 2003 through 2006 exceed	ed the amount shown in lir	ne 26a. Do not file this list	with your	
(: Total support for section 509(a)(1) test: Enter line 24, c	olumn (e)			1,322,256.
	ł Add: Amounts from column (e) fo	r lines: 18	166. 5,328.	19		= 4,4
		22		26b	26d	
	Public support (line 26c minus lin					
27	Public support percentage (line 2 Organizations described on line for amounts included in lines 15, name of, and total amounts receisuch amounts for each year:	12: N/A				
	(2006)	(2005)	(2004)_		_ (2003)	
	b For any amount included in line 1 to show the name of, and amoun \$5,000. (Include in the list organi: After computing the difference be differences (the excess amounts) (2006) c Add: Amounts from column (e) for 17 d Add: Line 27a total	7 that was received for t received for each year attions described in line tween the amount rec	om each person (othear, that was more tha nes 5 through 11b, as eived and the larger	er than 'disqualified pa an the larger of (1) the s well as individuals.) amount described in (ersons'), prepare a li amount on line 25 fo Do not file this list w (1) or (2), enter the su	st for your records or the year or (2) ith your return. um of these
(: Add: Amounts from column (e) fo	or lines: 15		16		1
	17	20	·····	21	27c	
(Add: Line 27a total.,	an	d line 27b total		27 d	
•	Public support (line 27c total min	us line 27d total)				
1	Total support for section 303(a)(z	<i>)</i> test, Litter amount it	OH BRIC 25, CORUMNI ((O)		
	g Public support percentage (line 2 n Investment income percentage (l					
	Investment income percentage (i					<u></u>

Private School Questionnaire (See instructions.) (To be completed ONLY by schools that checked the box on line 6 in Part IV)					
			Yes	No	
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29			
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30			
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?	31			
	If 'Yes,' please describe; if 'No,' please explain. (If you need more space, attach a separate statement.)				
32	Does the organization maintain the following:				
	a Records indicating the racial composition of the student body, faculty, and administrative staff?	32 a			
1	b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32 b			
	c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32 c			
•	d Copies of all material used by the organization or on its behalf to solicit contributions?	32 d			
	If you answered 'No' to any of the above, please explain. (If you need more space, attach a separate statement.)				
		-			
33	Does the organization discriminate by race in any way with respect to:				
;	a Students' rights or privileges?	33a			
1	b Admissions policies?	33b			
•	c Employment of faculty or administrative staff?	33c			
•	d Scholarships or other financial assistance?	33d	•		
	e Educational policies?	33e			
	f Use of facilities?	33f			
•	g Athletic programs?	33 g			
ı	h Other extracurricular activities?	33h			
•	if you answered 'Yes' to any of the above, please explain. (If you need more space, attach a separate statement.)		2000		
		-			
34	a Does the organization receive any financial aid or assistance from a governmental agency?	34 a			
ı	b Has the organization's right to such aid ever been revoked or suspended?	34 b			
	If you answered 'Yes' to either 34a or b, please explain using an attached statement.				
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev Proc 75·50, 1975-2 C.B. 587, covering racial nondiscrimination? If 'No,' attach an explanation	35			

Par	VI-A Lobbying E	xpenditures by Ele ed ONLY by an eligible	ecting Public Char organization that filed F	ties (See instructi orm 5768)	ons.)		N/A
Chec	k ► a if the organi	zation belongs to an affi	liated group. Check	▶ b if you ch			ol' provisions apply.
		imits on Lobbying	•	-1X	Affiliate tot	a) d group als	(b) To be completed for all electing
		r 'expenditures' means					organizations
36	Total lobbying expenditu	•	•		36 37		
37 38	Total lobbying expenditudes Total lobbying expenditudes	•	• •		38		
39	Other exempt purpose	- · · · · · · · · · · · · · · · · · · ·	•		39		
40	Total exempt purpose e				40		
41	Lobbying nontaxable an						
	If the amount on line 40		lobbying nontaxable ar	E998	44.0		
	Not over \$500,000	20%	of the amount on line	10	100		
	Over \$500,000 but not over \$1						20000
	Over \$1,000,000 but not over \$				41		
	Over \$1,500,000 but not over \$		•	1 10000			0.0000000000000000000000000000000000000
	Over \$17,000,000			[·····	42		
42 43	Grassroots nontaxable : Subtract line 42 from lin	•	· · · · · · · · · · · · · · · · · · ·		43		
43	Subtract line 41 from lin				44		
	Caution: If there is an a			*****			0.0000000000000000000000000000000000000
	(Some orga	nizations that made a se	Averaging Period ection 501(h) election de the instructions for li	o not have to comp	lete all of the fiv	e columns	below.
			Lobbying Expen	ditures During 4 -Yo	ear Averaging P	eriod	
	Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2006	(c) 2005		d) 104	(e) Total
45	Lobbying nontaxable amount						
46	Lobbying ceifing amount (150% of line 45(e))	Phone Total		12 13 13 13 13 13 13 13 13 13 13 13 13 13		100	
47							
	Total lobbying expenditures	,	ć				
48	Total lobbying expenditures Grassroots non-taxable amount						
	expenditures Grassroots non-						
49	Grassroots non-taxable amount Grassroots ceiling amount (150% of line 48(e)) Grassroots lobbying expenditures						
49	Grassroots non-taxable amount Grassroots ceiling amount (150% of line 48(e)) Grassroots lobbying		ting Public Chariti at did not complete Par	es t Vi-A) (See instruc	tions.)		N/A
48 49 50	Grassroots non-taxable amount Grassroots ceiling amount (150% of line 48(e)) Grassroots lobbying expenditures	ctivity by Nonelectonly by organizations the				Yes No	N/A Amount
48 49 50 Par During atter	Grassroots non-taxable amount Grassroots ceiling amount (150% of line 48(e)) Grassroots lobbying expenditures IVI-B Lobbying A (For reporting on the year, did the organ and to influence public on a Volunteers	ctivity by Nonelectory by organizations the nization attempt to influsion on a legislative m	ence national, state or l atter or referendum, the	ocal legislation, incrough the use of:	luding any	Yes No	
48 49 50 Par During atter	Grassroots non-taxable amount Grassroots ceiling amount (150% of line 48(e)) Grassroots lobbying expenditures **EVI-B*** Lobbying A (For reporting of the year, did the organ to influence public of a Volunteers	ctivity by Nonelectionly by organizations the nization attempt to influding on a legislative ment (Include compensations)	ence national, state or l atter or referendum, the on in expenses reporte	ocal legislation, incrough the use of: d on lines c through	luding any	Yes No	
48 49 50 Par During atter	Grassroots non-taxable amount Grassroots ceiling amount (150% of line 48(e)) Grassroots lobbying expenditures **TVI-B*** Lobbying A (For reporting of the year, did the organpt to influence public op a Volunteers	ctivity by Nonelectonly by organizations the nization attempt to infludinion on a legislative ment (Include compensations)	ence national, state or l atter or referendum, the on in expenses reporte	ocal legislation, incrough the use of: d on lines c through	luding any	Yes No	
48 49 50 Par During atter	Grassroots non-taxable amount (150% of line 48(e)) Grassroots ceiling amount (150% of line 48(e)) Grassroots lobbying expenditures (For reporting of the year, did the organpt to influence public on the public of the year, did the organpt to influence public of the year, did the organpt to influence public of the year, did the organpt to influence public of the year, did the organpt to influence public of the year, did the organpt to influence public of the year when year and the year when year and year when year when year and year when year year when year year when year year when year year year year year.	ctivity by Nonelectonly by organizations that inization attempt to infludintion on a legislative ment (Include compensations)	ence national, state or l atter or referendum, the on in expenses reported	ocal legislation, incough the use of: d on lines c through	luding any	Yes No	
48 49 50 Par During atter	Grassroots non-taxable amount (150% of line 48(e)) Grassroots ceiling amount (150% of line 48(e)) Grassroots lobbying expenditures	ctivity by Nonelectory by organizations that inization attempt to infludint on a legislative ment (Include compensations) agislators, or the publication of the publication of the publication of the publications of the publicat	ence national, state or latter or referendum, the on in expenses reported	ocal legislation, incough the use of:	luding any	Yes No	
48 49 50 Par During atter	Grassroots non-taxable amount (150% of line 48(e)) Grassroots ceiling amount (150% of line 48(e)) Grassroots lobbying expenditures (For reporting of the year, did the organpt to influence public on the public of the year, did the organpt to influence public of the year, did the organpt to influence public of the year, did the organpt to influence public of the year, did the organpt to influence public of the year, did the organpt to influence public of the year when year and the year when year and year when year when year and year when year year when year year when year year when year year year year year.	ctivity by Nonelectory by organizations that inization attempt to influent information on a legislative ment (Include compensations) are gislators, or the public ed or broadcast statement in the public ed o	ence national, state or latter or referendum, the on in expenses reported ents.	ocal legislation, incough the use of:	luding any	Yes No	

Page 7

Part VIII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See instructions)

51 Did the	e reporting organization o	directly or in	directly engage in any of the fol	lowing with any other organization described relating to political organizations?	l in section	1 501 (c)
			o a noncharitable exempt organ			Yes	
					51 a (i)		X
					a (ii)		Х
• •	transactions:						
		ets with a no	oncharitable exempt organization	J	b (i)		Х
• • •	-				b (ii)		Х
			The state of the s		b (iii)		Х
					b (iv)		Х
					b (v)		Х
• • •	•			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			Х
` '			•	96S			Х
d if the s	answer to any of the aboveds, other assets, or serious areas	ve is 'Yes,' o vices given	complete the following schedule by the reporting organization. If	. Column (b) should always show the fair ma the organization received less than fair mar ne goods, other assets, or services received	arket value ket value	of in ,	
(a) Line no.	(b) Amount involved		(c) noncharitable exempt organizat				ts
N/A							
N/A							
	organization directly or in bed in section 501(c) of t s,' complete the following		liated with, or related to, one or her than section 501(c)(3)) or in	more tax-exempt organizations section 527?	► ☐ Ye	s X	No
A 11 1 V	(a)		(b)	(c)			
	Name of organization		Type of organization	(c) Description of relation	nship		
N/A							
	······································						
					· ·		

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Federal Statements

Page 1

URBAN LEAGUEOF MIDDLE TENNESSEE

62-0795167

Statement 1
Form 990, Part I, Line 9
Net Income (Loss) from Special Events

Special Events	Gross Receipts	Less Contri- butions	Gross Revenue	Less Direct Expenses	Net Income (Loss)
ANNUAL GALA GOLF TOURNAMENT & RECEPTION SILENT AUCTION Total	277,490.	0.	277,490.	15,016.	262,474.
	18,300.	0.	18,300.	3,136.	15,164.
	0.	0.	0.	0.	0.
	\$ 295,790.	\$ 0.	\$ 295,790.	\$ 18,152.	277,638.

Statement 2 Form 990, Part II, Line 43 Other Expenses

		(A)	(B)	(C)	(D)
		Total	Program <u>Services</u>	Management & General	<u>Fundraising</u>
ADVERTISING BANK CHARGES COMPUTER TECHNOLOGY CONTRACT LABOR DUES AND SUBSCRIPTIONS INSURANCE LICENSES AND FEES MISCELLANEOUS EXPENSE OTHER FUND RAISING OTHER PROGRAM EXPENSES OTHER PROGRAM EXPENSES REPAIRS AND MAINTENANCE TRAINING MATERIALS UTILITIES WORKMENS COMPENSATION		2,719. 1,423. 934. 24,695. 10,495. 7,959. 3,159. 2,167. 400. 3,158. 778. 11,702. 5,168.	537. 7,552. 4,437. 5,239. 45. 400. 2,167. 400. 2,574. 9,644. 4,985.	1,410. 182. 6,308. 5,708. 1,909. 310. 1,761.	2,719. 13. 215. 10,835. 350. 811. 28. 3,159.
	Total 💲	77,301.	\$ 37,980.	\$ 21,191.	\$ 18,130.

Statement 3 Form 990, Part III, Line a Statement of Program Service Accomplishments

	Grants and Allocations	Program Service Expenses
THE AGENCY OPERATES SEVERAL EMPLOYMENT AND EDUCATION PROGRAMS DESIGNED TO OFFER COMPUTER SOFTWARE TRAINING, JOB SEARCH ASSISTANCE, ADULT BASIC EDUCATION, RESUME PREPARATION INTERVIEWING TECHNIQUES FTC. TO WALFFARE		
PREPARATION, INTERVIEWING TECHNIQUES, ETC, TO WALEFARE RECIPIENTS AND LOW INCOME HOUSING TENANTS. Includes Foreign Grants: No		243,594.

\$ 0. \$ 243,594.

\sim	^	^	-
Z	U	u	1

Federal Statements

Page 2

URBAN LEAGUEOF MIDDLE TENNESSEE

62-0795167

Statement 4 Form 990, Part IV, Line 57 Land, Buildings, and Equipment

Category		 Basis	 Accum. Deprec.	Book Value
Furniture and Fixtures Machinery and Equipment Buildings Improvements	Total 3	\$ 62,625. 30,478. 36,540. 28,241. 157,884.	\$ 56,188. 12,956. 36,540. 10,983. 116,667.	\$ 6,437. 17,522. 0. 17,258. 41,217.

Statement 5 Form 990, Part IV, Line 58 Other Assets

ART COLLECTION	Ś	2.000.
MEMBERSHIP DUES RECEIVABLE		60,470.
Rounding		1.
Total	\$	62,471.

Statement 6 Schedule A, Part IV-A, Line 22 Other Income

<u>Description</u>		_(a)	2006	(b) 2005	_(c)	2004	_(d)	2003	_(e)	Total
MISCELLANEOUS INCOME		\$	121.	\$ 207. 5.000.	\$	0.	\$	0.	\$	328. 5,000.
To	tal	\$	121.	\$ 5,207.	\$	0.	\$	0.	\$	5,328.