Form **990**

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)

2006

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Α	For the 2006 calendar year, or tax year beginning 7/01 , 2006, and ending 6/30	, 2007
В	**************************************	nployer Identification Number
	Address change Please use IRS label URBAN LEAGUEOF MIDDLE TENNESSEE 6	2-0795167
	Name change or print 1219 9TH AVENUE NO E Te	lephone number
	Initial return See NASHVILLE, TN 37208	15-254-0525
		counting Cash X Accrual
	Amended return	Other (specify)
	Application pending • Section 501(c)(3) organizations and 4947(a)(1) nonexempt H and I are not applicable to	
	charitable trusts must attach a completed Schedule A H (a) is this a group return	· — —
	(Form 990 or 990-EZ).	
G	Web site: ► N/A H (c) Are all affiliates incli	uded?Yes No
J	Organization type (If 'No.' attach a list.	See instructions.)
	(check only one) X 501(c) 3 ◀ (insert no.) 4947(a)(1) or 527 H (d) Is this a separate ret	
K	Check here ► if the organization is not a 509(a)(3) supporting organization and its organization covered	1,43 121,40
	gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.	
	in Check A	the organization is not required
	3.33. 13. 13. 13. 13. 13. 13. 13. 13. 13	B (Form 990, 990-EZ, or 990-PF).
Pa	art I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the inst	ructions.)
	1 Contributions, gifts, grants, and similar amounts received:	
	a Contributions to donor advised funds	
	b Direct public support (not included on line 1a)	
	c Indirect public support (not included on line 1a)	
	d Government contributions (grants) (not included on line 1a)	
	e Total (add fines 175, 490 noncash \$)	le _ 175,490.
	2 Program service revenue including government fees and contracts (from Part VII, line 93)	. 2
	3 Membership dues and assessments	
	4 Interest on savings and temporary cash investments	. 4
	5 Dividends and interest from securities	
	6a Gross rents 6a	
	b Less: rental expenses 6b	
	c Net rental income or (loss). Subtract line 6b from line 6a	6c
_	7 Other investment income (describe) 7
K E V E X U	(A) Securities (B) Other	
E	8a Gross amount from sales of assets other than inventory.	
Ŭ	h Land and the three and aples our area	
E	c Gain or (loss) (attach schedule)	
	d Net gain or (loss). Combine line 8c, columns (A) and (B)	
	9 Special events and activities (attach schedule). If any amount is from gaming, check here	
	a Gross revenue (not including \$ of contributions	
	reported on line 1b) 9a 274, 688	
	b Less: direct expenses other than fundraising expenses 9b 32, 906	
	c Net income or (loss) from special events. Subtract line 9b from line 9a	 (
	10 a Gross sales of inventory, less returns and allowances	
	b Less: cost of goods sold	
	c Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a.	10c
	11 Other revenue (from Part VII, line 103)	
	12 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	
_	13 Program services (from line 44, column (B))	
E E	14 Management and general (from line 44, column (C)).	
P	15 Fundraising (from line 44, column (D)).	
Ň	16 Payments to affiliates (attach schedule)	
Ē	1 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	
_		
N S	19 Net assets or fund balances at beginning of year (from line 73, column (A)).	
Ţ	20 Other changes in net assets or fund balances (attach explanation)	
3	s 21 Net assets or fund balances at end of year, Combine lines 18, 19, and 20	21 -4,615.

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.

D	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 funds (attach sch)			-					
	(cash \$								
	non-cash \$)								
	If this amount includes foreign grants, check here ▶ ☐	22 a							
22 b	Other grants and allocations (att sch)								
	(cash \$								
	non-cash \$)								
	If this amount includes foreign grants, check here >	22 b				성, 이 시 및 115명을 향해보여 1폭. 등하기 방송 건강보다 기를 가고 국			
23	Specific assistance to individuals								
	(attach schedule)	23							
24	Benefits paid to or for members (attach schedule)	24							
25 a	Compensation of current officers,								
	directors, key employees, etc listed in Part V-A (attach sch). See . Stmt . 2	25 a	87,077.	12,191.	47,021.	27,865.			
H	Compensation of former officers,	254	07,077.	12,171.	47,021.	27,003.			
-	directors, key employees, etc listed in Part V-B (attach sch)	25 ь	0.	0	0	0			
c	: Compensation and other distributions, not	250	U.	0.	0.	0.			
	included above, to disqualified persons (as defined under section 4958(f)(1)) and persons								
	described in section 4958(c)(3)(8) (attach schedule)	25 c	0.	0.	0.	0			
26	,	250			0.	0.			
20	Salaries and wages of employees not included on lines 25a, b, and c	26	72,078.	66,676.	5,402.				
27	Pension plan contributions not								
	included on lines 25a, b, and c	27							
28	Employee benefits not included on lines 25a - 27	28	15,953.	7,684.	5,362.	2,907.			
29	Payroll taxes.	29	14,960.	7,205.	5,029.	2,726.			
30	Professional fundraising fees	30							
31	Accounting fees	31	6,750.	5,738.	1,012.				
32	Legal fees	32 33	4 607	1 201	2 222				
33 34	Telephone	34	4,697. 9,393.	1,391. 6,717.	2,333. 2,497.	973. 179.			
35	Postage and shipping		958.	0,111.	129.	829.			
36	Occupancy.	36	28,422.	23,333.	4,540.	549.			
37	Equipment rental and maintenance	37	3,715.	3,163.	459.	93.			
38	Printing and publications	38	<u>5,694.</u>	437.	3,339.	1,918.			
39 40	Travel	39 40	15,223. 6,113.	165. 14.	12,375. 4,387.	2,683. 1,712.			
41	Interest	41	11,310.		11,310.	1, /12.			
42	Depreciation, depletion, etc (attach schedule)	42	5,357.		5,357.				
	Other expenses not covered above (itemize):	42.	122 220	F1 046	44 160	27 102			
a E	See Statement 3	43 a	122,338.	51,046.	44,169.	27,123.			
		43 c	-						
c	•	43 d							
е	-	43 e							
f		431				•			
	'	43 g	-						
44	Total functional expenses, Add lines 22a through 43g. (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15)	44	410,038.	185,760.	154,721.	69,557.			
Joint	t Costs. Check . ▶ 🔲 if you are following		98-2.						
	any joint costs from a combined education								
If 'Ye	es,' enter (i) the aggregate amount of thes: (iii) the amount al:			; (ii) the a eneral \$	mount allocated to Prog	gram services le amount allocated			
• –	\$; (iii) the amount allocated to Management and general \$; and (iv) the amount allocated o Fundraising \$								

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Part III Statement of Program Service Accomplishments

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
please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

icase make suite the return	is complete and accurate and i	itally describes, in a art in, the organization's programs and e	
What is the organization's pri	imary exempt purpose? > _C	OMMUNITY SERVICES	Program Service Expenses (Required for 501(c)(3) and
III organizations must descri lients served, publications issu	ibe their exempt purpose achievued, etc. Discuss achievements the	vements in a clear and concise manner. State the number of nat are not measurable. (Section 501(c)(3) and (4) organ- iso enter the amount of grants and allocations to others.)	f (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; but optional for others.)
		Iso enter the amount of grants and allocations to others.)	optional for others.)
a <u>See Statement</u>	4	-	
(Grants and allocations) If this amount includes foreign grants, check here	185,760.
) If this amount includes foreign grants, check here >	
с			
(Grants and allocations	\$) If this amount includes foreign grants, check here	
d			
(Grants and allocations) If this amount includes foreign grants, check here	
	S		
(Grants and allocations) If this amount includes foreign grants, check here	
f Total of Program Servi			► 185,760.
			=

BAA

Form 990 (2006)

	IV Balance Sheets (See the instructions.)	_ 	1	
Note:	Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.	(A) Beginning of year		(B) End of year
45	Cash - non-interest-bearing	58,608.	45	26,440.
46	Savings and temporary cash investments		46	
			. }	
47	7a Accounts receivable		47.	
	b Less: allowance for doubtful accounts		47 c	
48	8a Pledges receivable		48 c	
	b Less: allowance for doubtful accounts	6,794.	49	
- 1	9 Grants receivable	<u>0,754.</u>	45	
5	0 a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)		50 a	
	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 5	1a Other notes and loans receivable			
S S E T	(attach schedule)		1	
S	b Less: allowance for doubtful accounts		51 c	
	2 Inventories for sale or use		52	10 441
	3 Prepaid expenses and deferred charges		53	10,441
5	4a Investments – publicly-traded securities		54 a	
	b Investments – other securities (attach sch) ► Cost FMV		54 B	
5	5a Investments – land, buildings, & equipment: basis 55a			
	b Less: accumulated depreciation		55 c	
۱.	(attach schedule)		56	
	66 Investments – other (attach schedule)		30	
5	57a Land, buildings, and equipment: basis			
	b Less: accumulated depreciation (attach schedule)	17,441.	57 c	55,600
	68 Other assets, including program-related investments	2,7,222	+ + +	
3	(describe > See Statement 6).	37,500.	58	19,850
	59 Total assets (must equal line 74). Add lines 45 through 58		-	112,331
	60 Accounts payable and accrued expenses	1.5 - 5.0		31,185
1	61 Grants payable		61	
	62 Deferred revenue		62	
!			3.5	
B 6	Loans from officers, directors, trustees, and key employees (attach schedule)		63	
اا	64a Tax-exempt bond liabilities (attach schedule)		64 a	
Ť	b Mortgages and other notes payable (attach schedule)		. 64 b	85,761
E S	65 Other liabilities (describe).		65	
1	66 Total liabilities. Add lines 60 through 65	132,387	. 66	116,946
	Organizations that follow SFAS 117, check here X and complete lines 67			
Ę	through 69 and lines 73 and 74.			
17	67 Unrestricted	-12,044	. 67	-4,615
ş	68 Temporarily restricted		68	
4 V V V V V V V V V V V V V V V V V V V	69 Permanently restricted		69	
1.	Organizations that do not follow SFAS 117, check here and complete lines			
R	70 through 74.			
ב בי	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
B	72 Retained earnings, endowment, accumulated income, or other funds		72	
	73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through			
AZCES	72. (Column (A) must equal line 19 and column (B) must equal line 21)			-4,615
- 1	74 Total liabilities and net assets/fund balances. Add lines 66 and 73	120,343	. 74	112,331

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See the instructions.)

	instructions.)	· — · · · · · · · · · · · · · · · · · ·	
а	Total revenue, gains, and other support per audited financial statements	a	417,467.
b	Amounts included on line a but not on Part I, line 12:	19	
	1Net unrealized gains on investments		
	2Donated services and use of facilities		
	3Recoveries of prior year grants		
	4Other (specify):		
	b4		
	Add lines b1 through b4.	ь	
c	Subtract line b from line a	 	417,467.
п	Amounts included on Part I, line 12, but not on line a:		
_	1 Investment expenses not included on Part I, line 6b	1.5-1	
	2Other (specify):		
	ופנ ו		
	Add lines d1 and d2		
•	Total revenue (Part I, line 12). Add lines c and d		417,467.
P:	art IV-B Reconciliation of Expenses per Audited Financial Statements with Exp		127, 1071
<u> </u>	artis processionation of Expenses per reacted i mandar etatements with Exp	1	· -
а	Total expenses and losses per audited financial statements	<u>a</u>	410,038.
b	Amounts included on line a but not on Part I, line 17:		
	1 Donated services and use of facilities		
	2Prior year adjustments reported on Part I, line 20b2		
	3Losses reported on Part I, line 20b3		
	4Other (specify):	7	
	b4		
	Add lines b1 through b4.	b	
С	Subtract line b from line a	с	410,038.
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):		
	d2		
	Add lines d1 and d2	d	
е	Total expenses (Part I, line 17). Add lines c and d		410,038.
P			director, trustee
	art V-A Current Officers, Directors, Trustees, and Key Employees (List each pers or key employee at any time during the year even if they were not compensated.) (See to	he instructions.)	a 30tor, tradice,

(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	87,077.	0.	0.
1219 NINTH AVENUE NORTH	40			
NASHVILLE, TN 37208				
MR. SAM HOWARD	Chairman	0.	0.	0.
216 CENTERVIEW DRIVE, SUITE	30 10			
BRENTWOOD, TN 37027				
MS. VONZELLA BRYANT	Treasurer	0.	0.	0.
	5			
NASHVILLE, TN 37027				
MR. MARK PETERS	Secretary	0.	0.	0.
511 UNION STREET, SUITE 2100	5			
NASHVILLE, TN 37219-8966				
7.4	TEE A010EL 0	1/19/07		Form 000 (2006)

Form 990 (2006) URBAN LEAGUEUF MIDDLE	TENNESSEE		62-07951	.6/	P.	age 6
Part V-A Current Officers, Directors, Tru	stees, and Key Em	ployees (continue	d)		Yes	No
75 a Enter the total number of officers, directors, and trustees p	ermitted to vote on organizati	on business as board meeting	s. ► 4			
b Are any officers, directors, trustees, or key em- listed in Schedule A, Part I, or highest comper A, Part II-A or II-B, related to each other throu identifies the individuals and explains the related	nsated professional and Joh family or business r	d other independent cor relationships? If 'Yes.' a	itractors listed in Schedu	ees ule 75 b		Х
c Do any officers, directors, trustees, or key employees listed in form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of 'related organization'						
If 'Yes,' attach a statement that includes the in	nformation described in	the instructions.				
d Does the organization have a written conflict of	of interest policy?			75 d		
Part V-B Former Officers, Directors, Tru Benefits (If any former officer, direct during the year, list that person below a the instructions.)	stees, and Key Emor, trustee, or key emo	ployees That Receilovee received compens	eived Compensation	n or Othe (described riate colum	below n. Se	e
(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	account	opense and ot ances	ther
None						
Part VI Other Information (See the inst	ructions.)		,		Yes	No
76 Did the organization make a change in its acti	vities or methods of co	inducting activities?		76		X
77 Were any changes made in the organizing or						X
If 'Yes,' attach a conformed copy of the chang	jes.			1.4	1 3	
78a Did the organization have unrelated business	gross income of \$1,000	or more during the year	ar covered by this return	1? 78 a		X
b If 'Yes,' has it filed a tax return on Form 990-1	Γ for this year?	• • • • • • • • • • • • • • • • • • • •		78Ь	N,	A
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement						
80 a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?						Х
b If 'Yes,' enter the name of the organization ► N/A and check whether it is exempt or nonexempt.						
81 a Enter direct and indirect political expenditures	. (See line 81 instruction	ons.)	81 a	0.		
b Did the organization file Form 1120-POL for the	nis year?	<u></u>				<u> </u>
BAA				Form	990	(2006)

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	Other Information (continue					Yes No
-	time during the calendar year, did	_	on maintain an off	fice outside of the U	Inited States?	91 c X
	,' enter the name of the foreign countr on 4947(a)(1) nonexempt charitable					NT/N ►
						N/A
	nter the amount of tax-exempt inter Analysis of Income-Produc				52	M/A
rait VII.	Analysis of medice 1 roduc		business income		ction 512, 513, or 514	
Note: Enter	gross amounts unless	(A)			(D)	(E) Related or exempt
otherwise in		Business code	(B) Amount	(C) Exclusion code	Amount	function income
93 Prog	gram service revenue:					
a						
d						
e						
	licare/Medicaid payments					
-	& contracts from government agencies					
	nbership dues and assessments.	-		3		
	est on savings & temporary cash invmnts. dends & interest from securities.					
	rental income or (loss) from real estate:			. P.M.		esta talak ing jerusi
	t-financed property					<u> </u>
	debt-financed property		· · · · · · · · · · · · · · · · · · ·			
	rental income or (loss) from pers prop					
	er investment income	İ			-	
	n or (loss) from sales of assets					
	er than inventory			_	241,782.	
	s profit or (loss) from sales of inventory		- -		241,702.	
	er revenue: a					
	TEREST INCOME			1	74.	
	SCELLANEOUS INCOME			1	121.	
d		İ				
e						
104 Subt	otal (add columns (B), (D), and (E))	- 1			241,977.	
105 Tota	al (add line 104, columns (B), (D), a	and (E))			-	241,977.
	105 plus line 1e, Part I, should equ					
Part VIII	Relationship of Activities to	the Accon	n p lishment of	Exempt Purpos	es (See the instruc	tions.)
Line No.	Explain how each activity for which	h income is re	ported in column (E) of Part VII contri	ibuted importantly to th	e accomplishment
NT / 7	of the organization's exempt purpo	JSES (Other tha	in by providing run	ids for such purpose	es).	
N/A						
			 -			
				_		
Part IX	Information Regarding Tax	able Subsic	liaries and Dis	regarded Entitie	es (See the instruc	tions.)
	(A)	(B)		(C)	(D)	(E)
Name	address, and EIN of corporation,	Percentage	of Natura	e of activities	Total	End-of-year
	nership, or disregarded entity	ownership into		e or activities	income	assets
N/A			ે			
			8			
			010			
B : 13/	1		8	1 1990 - 200	1	L
	Information Regarding Tra					
	organization, during the year, receive any fu			· ·		Yes X No
	ne organization, during the year, pa f 'Yes' to <i>(b), file Form 8870 and Fo</i>	• •		r, on a personal ber	iem contract/	. Lies VINO
Note: //	res to (b), the Futil 00/0 and FO	1111 4/20 (See	msaucions).			E 000 (0005)

Form 990 (2006) URBAN LEAGUEOF MIDDLE TENNESSEE

62-0795167

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	organization is a controlling organization	n as defined in secti	on 512(b)(13).	nete offiy if the	;					
					Yes No					
106 Did 'Ye	d the reporting organization make any transfers to a es, complete the schedule below for each controlled	a controlled entity as defined entity	ned in section 512	2(b)(13) of the Co	de? If					
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	ı Descri	C) ption of nsfer	(D) Amount of transfer					
a										
b										
c										
-	Totals									
107 Did 'Ye	d the reporting organization receive any transfers fres, complete the schedule below for each controlled	om a controlled entity as	defined in section	n 512(b)(13) of th	e Code? If					
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	n Descri tra	C) ption of nsfer	(D) Amount of transfer					
a										
b										
c										
	Totals									
108 Did	d the organization have a binding written contract in nuities described in question 107 above?	n effect on August 17, 20	06, covering the i		1 1 X					
Under penalties of perjury. I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge a true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Please Sign Here ROSALYN CARPENTER, President & CEO Type or print name and title.				nowledge and belief, it is						
Paid Pre-	Preparer's Angelita Latham, CPA	C	Date		Preparer's SSN or PTIN (See Seneral Instruction W)					
parer's Use Only	Firm's name (or yours if self-employed), address, and ZIP + 4 Hoskins & Company PC 1900 Church Street Su Nashville, TN 37203	ite 200		EIN N/A						
BAA	5. 000 (0000)									

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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.) ► MUST be completed by the above organizations and attached to their Form 990 or 990-EZ. 2006

OMB No. 1545-0047

Name of the organization Employer identification number URBAN LEAGUEOF MIDDLE TENNESSEE 62-0795167 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.') (a) Name and address of each (b) Title and average (c) Compensation (d) Contributions (e) Expense employee paid more than \$50,000 to employee benefit plans and deferred 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 (c) Compensation (b) Type of service 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.....

Sche	edule A (Form 990 or 990-EZ) 2006 URBAN LEAGUEOF MIDDLE TENNESSEE 62-079516	7	F	age 2
Pai	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.)	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.		. T.→ E.	
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
1	b Lending of money or other extension of credit?	2 b		<u>x</u>
	c Furnishing of goods, services, or facilities?	2 c		<u>x</u>
(d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2 d		<u>x</u>
(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
	b Did the organization have a section 403(b) annuity plan for its employees?	3 b	<u>, </u>	X
	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		X
	d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	. <u>3 c</u>	1	X
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	3	Х
	b Did the organization make any taxable distributions under section 4966?		o N	I/A
	c Did the organization make a distribution to a donor, donor advisor, or related person?	-	2 N	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
	f 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.

Par	t IV	Reason for Non-Private	Foundation Status (S	See instructions.)			- v ago c	
l cer	tify that	the organization is not a private	foundation because it is:	(Please check only ONE ap	plicable box	:.)		
5	A	church, convention of churches,	or association of churches	. Section 170(b)(1)(A)(i).				
6	6 A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)							
7	7 A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).							
8	8 A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).							
9		medical research organization op d state •	perated in conjunction with	a hospital. Section 170(b)	(1)(A)(iii). Ei	nter the hos	pital's name, city, 	
10	Ar (A	organization operated for the be so complete the Support Sched	enefit of a college or unive ule in Part IV-A.)	rsity owned or operated by	a governme	ental unit. Si	ection 170(b)(1)(A)(iv).	
11 a	X Ar Se	organization that normally receiction 170(b)(1)(A)(vi). (Also com	ives a substantial part of it plete the Support Schedu	s support from a governme lle in Part IV-A.)	ental unit or	from the ge	neral public.	
11 b	_ A	community trust. Section 170(b)((1)(A)(vi). (Also complete t	the Support Schedule in Pa	art IV-A.)			
12	fro fro	organization that normally recei m activities related to its charital m gross investment income and ganization after June 30, 1975. S	ble, etc. functions – subje unrelated business taxable	ct to certain exceptions, an e income (less section 511	id (2) no mo tax) from b	re than 33-1 usinesses a	1/3% of its support	
13	Ar rec	organization that is not controllequirements of section 509(a)(3).	ed by any disqualified pers Check the box that describ	sons (other than foundation oes the type of supporting o	managers) organization	and otherwi : ►	se meets the	
		Type Type		onally Integrated	Type III		2)	
	Provide the following information about the supported organizations. (See instructions.) (a) (b) (c) Type of organization(s) (e) Is the supported organization listed in the supporting organization's governing documents?						(e) Amount of	
					Yes	No		
								
							-	
						<u> </u>	0	
Tota		••••••	•••••••••••••••••••••••••••••••••••••••	······································	·····	******	0.	
14 RAA	Аг	organization organized and ope	erated to test for public saf	fety. Section 509(a)(4). (Se			m 990 or 990-F7) 200	

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting.

<u>Note</u>	: You may use the worksheet in the	ne instructions for con	verting from the accr	ual to the cash metho	od of accounting.	
begi	ndar year (or fiscal year nning in)	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
15	Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	229,548.	409, 496.	502,228.	422,470.	
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, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	63.	29.		63.	155.
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 7	5,207.	-			5,207.
23	Total of lines 15 through 22		409,525.	502,228.	422,533.	
24	Line 23 minus line 17	234,818.	409,525.	502,228.	422,533.	1,569,104.
25	Enter 1% of line 23	2,348.	4,095.	5,022.		
26	Organizations described on line	s 10 or 11: a Ent	er 2% of amcunt in c	olumn (e), line 24	► 26 a	31,382.
ŀ	Prepare a list for your records to show th supported organization) whose total gifts return. Enter the total of all these excess	for 2002 through 2005 excee	ded the amount shown in I	ine 26a. Do not file this li	st with your	
(Total support for section 509(a)(1) test: Enter line 24,	column (e)		▶ 260	1,569,104.
	Add: Amounts from column (e) f	or lines: 18	155. 5,207.	19 26 b		
	Public support (line 26c minus li					
27	Public support percentage (line Organizations described on line For amounts included in lines 15 name of, and total amounts rece such amounts for each year:	e 12: N/A 5, 16, and 17 that were eived in each year from	e received from a 'dis m, each 'disqualified	squalified person,' pre person.' Do not file th	epare a list for your r nis list with your retu	ecords to show the urn. Enter the sum of
	(2005)	(2004)	_ (2003) _		_ (2002)	
	b For any amount included in line to show the name of, and amou \$5,000. (Include in the list organ After computing the difference b differences (the excess amounts	nt received for each y lizations described in etween the amount re to for each year:	ear, that was more the lines 5 through 11b, a eceived and the large	nan the larger of (1) t as well as individuals r amount described in	he amount on line 25 .) Do not file this lis n (1) or (2), enter the	5 for the year or (2) t with your return. sum of these
	(2005) Add: Amounts from column (e) if 17 Add: Line 27a total	(2004)	(2003) _		_ (2002)	
(Add: Amounts from column (e)	for lines: 15		16	 1	1
	17	20 _		21	27	c
(17 d Add: Line 27a total Public support (line 27c total mine) Total support for section 509(a)(aı	nd line 27b total			d
(Public support (line 27c total mi	nus line 27d total)				
1	Total support for section 509(a)(2) test: Enter amount	rrom line 23, column	1 (e) F[2/f]		_ 1292
	g Public support percentage (line n Investment income pe rcenta <mark>g</mark> e	Lie (numerator) dividina 18. column (a) (r	ueu by line Z7I (deno lumerator) divided b	uline 27f (denominal	(or)) > 27	gj <u>s</u> h %
	macsiment income percentage	dine to committel (idinerator) divided b	y mile 271 (denominal	27	•••

²⁸ Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

(To be completed ONLY by schools that checked the box on line 6 in Part IV) N/A Yes No 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 29 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 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.) Does the organization maintain the following: a Records indicating the racial composition of the student body, faculty, and administrative staff? 32 a 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 32 c with student admissions, programs, and scholarships?..... 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.) Does the organization discriminate by race in any way with respect to: a Students' rights or privileges?..... 33 a b Admissions policies?..... 33 b c Employment of faculty or administrative staff? 33 c d Scholarships or other financial assistance?..... 33 d 33 e 33 f g Athletic programs?... 33 g 33 h If you answered 'Yes' to any of the above, please explain. (If you need more space, attach a separate statement.) 34a Does the organization receive any financial aid or assistance from a governmental agency?... 34 a b Has the organization's right to such aid ever been revoked or suspended?..... 34 t If you answered 'Yes' to either 34a or b, please explain using an attached statement. 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.

hecl	k ► a if the organiz	ation belongs to an affilia	ted group. Check ►	b if y	ou checke	ed 'a' and '	limited contro	ol' provisions apply
	L.	imits on Lobbying E	xpenditures			() Affiliate	a) ed group tals	(b) To be completed for all electing
	<u> </u>	'expenditures' means am	`		,			organizations
	, , ,	ires to influence public op	,•					
7		ires to influence a legislat	• .	-				
8		ires (add lines 36 and 37)						
		expenditures						
	• • • •	xpenditures (add lines 38			40			
11	· ·	nount. Enter the amount for				. List List		
	If the amount on line 40		obying nontaxable amo		2 N =			
		20% of						
		000,000 \$100,000				1.2		
	· · ·	1,500,000 \$175,000			- 41		/.	
		17,000,000 \$225,000				14.5 E		
		\$1,000			1 . 1			
2		amount (enter 25% of line						
13	Subtract line 42 from lin	e 36. Enter -0- if line 42 i	s more than line 36				_	
	Subtract line 41 from lin	e 38. Enter -0- if line 41 i	s more than line 38		44			
14								
4		izations that made a secti	veraging Period Un on 501(h) election do n the instructions for lines	ider Sect ot have to 45 throug	tion 501 complete h 50.)	all of the f		below.
		4 -Year Avizations that made a secti	veraging Period Un	ider Sect ot have to 45 throug	tion 501 complete h 50.)	all of the f	five columns	
- -		4 -Year Avizations that made a secti	veraging Period Un on 501(h) election do n the instructions for lines	ider Sect ot have to 45 throug	tion 501 complete h 50.) g 4 -Year	Averaging	five columns	
_	(Some organ Calendar year (or fiscal year	4 -Year Avizations that made a section See (veraging Period Un on 501 (h) election do n the instructions for lines Lobbying Expenditu (b)	ot have to to thave to to 45 througures During (c)	tion 501 complete h 50.) g 4 -Year	Averaging	five columns Period (d)	below.
15	(Some organ Calendar year (or fiscal year beginning in) ►	4 -Year Avizations that made a section See (veraging Period Un on 501 (h) election do n the instructions for lines Lobbying Expenditu (b)	ot have to to thave to to 45 througures During (c)	tion 501 complete h 50.) g 4 -Year	Averaging	five columns Period (d)	below.
15	(Some organ Calendar year (or fiscal year beginning in) ► Lobbying nontaxable amount	4 -Year Avizations that made a section See (veraging Period Un on 501 (h) election do n the instructions for lines Lobbying Expenditu (b)	ot have to to thave to to 45 througures During (c)	tion 501 complete h 50.) g 4 -Year	Averaging	five columns Period (d)	below.
15	Calendar year (or fiscal year beginning in) ► Lobbying nontaxable amount Lobbying ceiling amount (150% of line 45(e))	4 -Year Avizations that made a section See (veraging Period Un on 501 (h) election do n the instructions for lines Lobbying Expenditu (b)	ot have to to thave to to 45 througures During (c)	tion 501 complete h 50.) g 4 -Year	Averaging	five columns Period (d)	below.
15 46 47	Calendar year (or fiscal year beginning in) ► Lobbying nontaxable amount Lobbying ceiling amount (150% of line 45(e)) Total lobbying expenditures. Grassroots non- taxable amount	4 -Year Avizations that made a section See (veraging Period Un on 501 (h) election do n the instructions for lines Lobbying Expenditu (b)	ot have to to thave to to 45 througures During (c)	tion 501 complete h 50.) g 4 -Year	Averaging	five columns Period (d)	below.
15 16 17 18 19	(Some organ Calendar year (or fiscal year beginning in) ► Lobbying nontaxable amount (150% of line 45(e)) Total lobbying expenditures. Grassroots non- taxable amount (150% of line 48(e)) Grassroots ceiling amount (150% of line 48(e)) Grassroots lobbying expenditures.	4 -Year Avizations that made a section See to the section S	veraging Period Un on 501 (h) election do n the instructions for lines Lobbying Expenditu (b) 2005	der Sect ot have to s 45 throug ures During (c) 2004	tion 501 complete h 50.)	Averaging 2	five columns Period (d)	below.
15 16 17 18	(Some organ Calendar year (or fiscal year beginning in) ► Lobbying nontaxable amount (150% of line 45(e)) Total lobbying expenditures. Grassroots non- taxable amount (150% of line 48(e)) Grassroots ceiling amount (150% of line 48(e)) Grassroots lobbying expenditures.	4 -Year Avizations that made a section See (veraging Period Un on 501 (h) election do n the instructions for lines Lobbying Expenditu (b) 2005	der Sect ot have to s 45 throug ures During (c) 2004	tion 501 complete h 50.)	Averaging 2	five columns Period (d)	below.

Yes	No	Amount			

- c Media advertisements d Mailings to members, legislators, or the public
- e Publications, or published or broadcast statements.
- f Grants to other organizations for lobbying purposes
- g Direct contact with legislators, their staffs, government officials, or a legislative body.....
- i Total lobbying expenditures (add lines c through h.).....
- If 'Yes' to any of the above, also attach a statement giving a detailed description of the lobbying activities.

Schedule A (Form 990 or 990-EZ) 2006

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

51 Did the of the	e reporting organization Code (other than section	directly or in 501(c)(3) o	directly engage in any cf the following anizations) or in section 527, related	ng with any other organization describe	ed in secti	on 50	l(c)
			o a noncharitable exempt organization	- · ·	ſ	Yes	No
		-	· · · · · · · · · · · · · · · · · · ·		51 a (i)		X
					a (ii)		X
	transactions:						
		ets with a no	oncharitable exempt organization		b (i)		Х
					b (ii)	_	<u>x</u>
			· -		b (iii)		X
					b (iv)		X
					b (v)		X
	•				b (vi)		X
• •			•		c		X
						ue of	
the go	ods, other assets, or ser	vices given	by the reporting organization. If the	lumn (b) should always show the fair norganization received less than fair ma bods, other assets, or services received	rket value	in	
(a)	(b)	ingement, si	(c)	(d)	<u>u. </u>		
Line no.	Amount involved	Name of	noncharitable exempt organization	Description of transfers, transactions, and	sharing arrai	ngemen	ts
N/A							
1N/A							
		<u> </u>					
					_		
descri	organization directly or ibed in section 501(c) of	the Code (o	iliated with, or related to, one or mor ther than section 501(c)(3)) or in sec	re tax-exempt organizations tion 527?	► Ye	s X	No
D 11 103	(a)	scriedule.	(b)	(c)			
	Name of organization		Type of organization	(c) Description of relation	nship		
N/A							
11/ 21							
	· · · · · · · · · · · · · · · · · · ·						
		_					
				,			
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<u> </u>		<u>.</u>					
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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	251,478.	0.	251,478.	18,760.	232,718.
	23,210.	0.	23,210.	14,146.	9,064.
	0.	0.	0.	0.	0.
	\$ 274,688.	\$ 0.	\$ 274,688.	\$ 32,906.	\$ 241,782.

Statement 2 Form 990, Part II, Line 25a Compensation of Officers, Directors, Etc.

Compensation Received	(A)	(B) Program	(C) Management	(D)	
Name	Total	Services	& General	Fundraising	
MS. ROSALYN CARPENTER	87,077.	12,191.	47,021.	27,865.	
MR. SAM HOWARD	0.	0.	0.	0.1	
MS. VONZELLA BRYANT	0.	0.	0.	0.	
MR. MARK PETERS	0.	0.	0.	0.	

Total	\$ 87	,077.\$	12,191.\$	47,021.\$	27,865.

Employee Benefit Plan Contribution	(A)		(B)	(C)	(D)
			Program	Management	
<u> </u>	Total		<u>Services</u>	<u>& General</u>	Fundraising
MS. ROSALYN CARPENTER		Ō.	0.	0.	0.
MR. SAM HOWARD		0.	0.	0.	0.
MS. VONZELLA BRYANT		0.	0.	0.	0.
MR. MARK PETERS		Ó.	0.	0.	0.

	 		_	
Total	\$ 0.\$	0.\$	0.\$	0.

Expense Acct. & Other Allowances	(A)	(B)	(C)	(D)
		Program	Management	
Name	<u> </u>	Services	& General	Fundraising
MS. ROSALYN CARPENTER	0.	0.	0.	0.
MR. SAM HOWARD	0.	0.	0.	0.
MS. VONZELLA BRYANT	0.	0.	0.	0.
MR. MARK PETERS	0.	0.	0.	0.
Total	\$ 0	9 0	2 0 6	

20	Λ	^
ZU	U	O

Federal Statements

Page 2

URBAN LEAGUEOF MIDDLE TENNESSEE

62-0795167

Statement 3 Form 990, Part II, Line 43 Other Expenses

	(A)	(B)	(C)	(D)
_	Total	Program <u>Services</u>	Management & General	Fundraising
ADVERTISING	685.			685.
BANK CHARGES	1,707.		1,707.	
COMPUTER TECHNOLOGY	500.		230.	270.
CONTRACT LABOR	75,551.	35,723.	15,121.	24,707.
DUES AND SUBSCRIPTIONS	10,786.		10,626.	160.
INSURANCE	6,257.	3,146.	3,000.	111.
JANITORIAL CLEANING	3,002.	2,766.	204.	32.
LICENSES AND FEES	440.		440.	
LOSS ON OFFICE RELOCATIONDONATI	5,572.		5,572.	
MISCELLANEOUS EXPENSE	4,657.	-25.	4,478.	204.
REPAIRS AND MAINTENANCE	536.	329.	197.	10.
UTILITIES	6,814.	5,775.	928.	111.
WORKMAN'S COMPENSATION	5,831.	3,332.	1,666.	833.
Total <u>\$</u>	122,338.	51,046.	\$ 44,169.	\$ 27,123.

Statement 4
Form 990, Part III, Line a
Statement of Program Service Accomplishments

Description

Grants and Service
Allocations 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, ETC, TO WALEFARE RECIPIENTS AND LOW INCOME HOUSING TENANTS.

Includes Foreign Grants: No

185,760.

0. \$ 185,760.

Statement 5 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	\$ 62,625. 30,478. 36,540. 28,241. 157,884.	\$ 54,775. 9,400. 36,540. 1,569. 102,284.	\$	7,850. 21,078. 0. 26,672. 55,600.

006		Federal	Statemen	ts			Page 3
	URBAN LEAGUEOF MIDDLE TENNESSEE						62-079516
Statement 6 Form 990, Part IV, Line 58 Other Assets ART COLLECTION MEMBERSHIP DUES RECE					To	\$ tal <u>\$</u>	2,000. 17,850. 19,850.
Statement 7 Schedule A, Part IV-A, Li Other Income	ne 22						
Description		(a) 2005	(b) 2004	(c)	2003 <u>(d</u>)	2002	(e) Total
MISCELLANEOUS INCOME	Total	\$ 207. 5,000. \$ 5,207.	0.	\$	0. \$ 0. 0. \$ \$	0. \$ 0. <u>0.</u>	5.000

2006 Federal Supporting Detail	Page 1
URBAN LEAGUEOF MIDDLE TENNESSEE	 62-0795167
Contributions, Gifts, and Grants Direct public support	
United Way Allocations. Katrina Project Contributions, including membership dues. Tota	 4,461. 50,000. 44,037. 98,498.
Contributions, Gifts, and Grants Government contributions (grants)	
Workforce Development Families First Program Tota	6,700. 70,292. 76,992.