SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Name	of the organization							Employ	er identifica	ation number		
URE	BAN LEAGUE OF MI	DDLE TENNESSE	Ε					62-0	79516	7		
Par	Reason for Pul	olic Charity Status	s (All organizations	s must	compl	ete thi	s part) See	instruct	tions.		
The	organization is not a priv											
1												
2	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)											
3	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).											
4			d in conjunction with a	hospital	describ	ed in se	ction 1	70(b)(1)((A)(iii). E	nter the ho	spital'	S
	name, city, and state:											
5	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)											
6	A federal, state, or	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)										
7	X An organization that in section 170(b)(1)	normally receives a sub (A)(vi). (Complete Pa	istantial part of its suppo irt 11.)	rt from a	governr	nernai ur	III DE ITO	m the ge	nerai puo	nic describe	J	
8	A community trust of	described in section 1	70(b)(1)(A)(vi). (Comple	ete Part	11.)							
9						tributions	s, memb	ership fe	es, and o	ross receipt	s	
J	investment income a June 30, 1975. See	and unrelated busines section 509(a)(2). (Co		section	511 tax) from t	ousiness	ses acqu	its suppo aired by t	ort from gras he organiza	s ation a	after
10			exclusively to test for p									
11	An organization organ more publicly suppo describes the type of	An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.										
			: Type III - Functio							unctionally		ated
е.	By checking this box other than foundation section 509(a)(2).	x, I certify that the org managers and other th	anization is not control an one or more publicly	lled dire supporte	ctly or ind d organia	ndirectly zations d	by one lescribed	or more in secti	e disqual on 509(a)	ified persor (1) or	าร	
f	If the organization rec check this box		nation from the IRS that									. 🛘
g	Since August 17, 20	06, has the organizati	ion accepted any gift of	r contril	bution fr	om any	of the f	ollowing	persons	;?	Yes	No
			ontrols, either alone or pported organization?									
			bed in (i) above?							11 g (ii)		
			described in (i) or (ii) a					• • • • • • •		11 g (iii)		
h	Provide the following	g information about th	e supported organization	on(s).								
***************************************	(i) Name of supported organization	(ii) EIN	(III) Type of organization (described on lines 1-9 above or IRC section (see Instructions))	organia	Is the zation in i) listed in overning ment?	(v) Did ye the organ column (supp	ou notify izalion in i) of your iort?	(vi) i organiz colui organiz U.	(vi) to the organization in column () organized in the U.S.?		etary	
				Yes	No	Yes	No	Yes	No			
(A)												
-												
(B)	AND PARTONNAL AND PARTONNAL PROPERTY.											
(C)												
												,
(D)							1			· ·····		-
(E)									6. Desait			
					18 1 1 3 1 3 1 3 1 3 1 3 1 3 1 3 1 3 1 3	1. Jan. 1. Jan		in China Li	THE CAP			
Total						an _k	100	A 10 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1	nt confi			
BAA	For Paperwork Reductio	n Act Notice, see the	Instructions for Form	990 or 9	90-EZ.		S	chedule	A (Form	990 or 990-l	EZ) 20	13

Schedule A (Form 990 or 990-EZ) 2013 URBAN LEAGUE OF MIDDLE TENNESSEE

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Se	ction A. Public Support	.,	T		<u> </u>	Υ		
Cal	endar year (or fiscal year inning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total	
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	353,817.	398,207.	456,759.	444,876.	610,585.	2,264,244.	
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.	
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.	
4	Total. Add lines 1 through 3	353,817.	398,207.	456,759.	444,876.	610,585.	2,264,244.	
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)						0.	
6	Public support. Subtract line 5 from line 4						2,264,244.	
Sec	tion B. Total Support							
Cale	endar year (or fiscal year nning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total	
7	Amounts from line 4	353,817.	398,207.	456,759.	444,876.	610,585.	2,264,244.	
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.						0.	
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.	
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.).		2,356.			20,003.	22,359.	
11	Total support. Add lines 7 through 10						2,286,603.	
12	Gross receipts from related activ	rities, etc (see ins	tructions)			12	0.	
13	First five years, If the Form 990 is organization, check this box and	for the organization stop here	's first, second, thi	rd, fourth, or fifth ta	ax year as a section	n 501(c)(3)	≻ □	
Sec	tion C. Computation of Pul	blic Support P	ercentage					
14	Public support percentage for 20	13 (line 6, column	ı (f) divided by lin	e 11, column (f)).		14	99.02%	
	Public support percentage from 2						99.79%	
	33-1/3% support test -2013 . If and stop here. The organization	quaimes as a pur	iliciy supported or	yanızanon			21	
	b 33-1/3% support test — 2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.							
	10%-facts-and-circumstances te or more, and if the organization is the organization meets the facts							
b	10%-facts-and-circumstances te or more, and if the organization rorganization meets the 'facts-and	st — 2012. If the omeets the 'facts-ad-circumstances' t	rganization did no nd-circumstances est. The organizat	ot check a box on test, check this lition qualifies as a	line 13, 16a, 16b box and stop here publicly supporte	or 17a, and line Explain in Part organization	15 is 10% IV how the	
18	Private foundation. If the organiz	zation did not che	ck a box on line 1	3, 16a, 16b, 17a,				
BAA					Sch	edule A (Form 99)	0 or 990-EZ) 2013	

Partill Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

36	ction A. Public Support						
Cal	endar year (or fiscal yr beginning in) > I Gifts, grants, contributions and membership fees received. (Do not include any unusual grants.)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
2	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			1,			
3	Gross receipts from activities that are not an unrelated trade or business under section 513.						
.4	organization's benefit and either paid to or expended on						
5	its behalf					NOT TO THE REAL PROPERTY OF THE PROPERTY OF TH	
6 7	Total. Add lines 1 through 5 a Amounts included on lines 1, 2, and 3 received from disqualified persons						
	b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year				2 -		
	c Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6.)						
Sec	ction B. Total Support						
	ndar year (or fiscal yr beginning in) >	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
700	Amounts from line 6						
10:	a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.						
	unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	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 (Explain in Part IV.).						
	Total Support. (Add Ins 9,10c, 11 and 12.)						
14	First five years. If the Form 990 organization, check this box and	is for the organiza stop here	tion's first, second	d, third, fourth, o	r fifth tax year as a	a section 501(c)(3)	▶ □
Sec	tion C. Computation of Pul	olic Support Po	ercentage				
	Public support percentage for 20						%
	Public support percentage from 2					16	96
	tion D. Computation of Inve						
	Investment income percentage for						% •
	Investment income percentage fr						8
	33-1/3% support tests - 2013. If is not more than 33-1/3%, check	this box and stop	here. The organiz	zation qualifies a	s a publicly suppor	rted organization.	
	33-1/3% support tests - 2012. If line 18 is not more than 33-1/3%,						
20	Private foundation. If the organiz	ation did not ched	k a box on line 14	1, 19a, or 19b, ch			
			TFFA04031. C			edule A (Form 990 c	

2013

SCHEDULE A, PART IV - SUPPLEMENTAL INFORMATION PAGE 5

HADDIN	LEACHE	OF KRIDDI	E TENNESSE	
UKBAN	LEAGUE	OF MIDDL	E LEMMESSE	

62-0795167

PART II, LINE 10 - OTHER INCO	OME
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NATURE AND SOURCE	2013	2012	2011	2010	2009
MISCELLANEOUS INCOME TOTAL	\$ 20,003. \$ 20,003.	s 0.	<u>\$</u> 0	\$ 2,356. \$ 2,356	\$ 0

Schedule B (Form 990, 990-EZ, or 990-PF)

Form 990 or 990-EZ

Filers of:

Form 990-PF

General Rule

Special Rules

Organization type (check one):

contributor. (Complete Parts I and II.)

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service ► Information about Schedule B (Form 990, 990-EZ, 990-PF) and its instructions is at www.irs.gov/form990. Name of the organization

Employer idenlification number URBAN LEAGUE OF MIDDLE TENNESSEE 62-0795167 Section: X 501(c)(3) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one [X] For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33-1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc, purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc, purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively

Caution: An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF) but it must answer 'No' on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

	e B (Form 990, 990-EZ, or 990-PF) (2013)	Page	
Name of o	rganization I LEAGUE OF MIDDLE TENNESSEE		oloyer identification number -0795167
	Contributors (see instructions). Use duplicate copies of Part I if additional space		
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ZYCRON COMPUTER SERVICES 2620 CLARKSVILLE HWY	- \$ 15,77	Person X Payroll 8. Noncash
	NASHVILLE, IN 37208		(Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	NISSAN P O BOX 685001 FRANKLIN, TN 37068-5001	\$25,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	HCA P O BOX 550 NASHVILLE, TN 37202	\$ 35,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	DELL CORPORATION ONE DELL WAY AUSTIN, TX 78682	\$25,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions.)
BAA	TEEA0702L 12/27/13	Schedule B (Form 99	0, 990-EZ, or 990-PF) (2013)

BAA

Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

	B (Form 990, 990-EZ, or 990-PF) (2013)			Page	1 to	1	of Part III		
Name of orga URBAN	enization LEAGUE OF MIDDLE TENNESSEE				Employer idea 62-0795		number		
Part III	Exclusively religious, charitable, organizations that total more that For organizations completing Part III, enter to contributions of \$1,000 or less for the year Use duplicate copies of Part III if addition	n \$1,000 for the year. Com otal of <i>exclusively</i> religious, charit r. (Enter this information once.	olete columns (a) through (e):	(7), (8) or (10)	ntry. N/A		
(a) No. from Part I	· ·	(c) Use of gift		Desc	(d) ription of hov	v gift is	held		
	N/A								
*** **** **** ****	we that had her had had had been been here had been been been been and here and								
	(e) Transfer of gift								
	Transferee's name, addre	ationship of t	ransferor to	transfer	'ee				
(a) No. from Part I	(b) (c) Purpose of gift Use of gift			Descr	(d) iption of how	glft is	held		
arms andre have how									
	(e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee								
	Transferee's name, addre	ss, and ZIP + 4	Rela	tionship of ti	ransferor to t	ransfere	ee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		Descri	(d) ption of how	gift Is I	neld		
	(e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee								
	Translated 5 Hame, admits		Notat						
		tion your tipe tool took took took took took took took							
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		Descrip	(d) otion of how	glft is h	eld		
		(e)		the best seed seed seed the			gendy Greek years Mank or		
	Transferee's name, addres:	(e) Transfer of gift Transferee's name, address, and ZIP + 4 Relation				nsferee	·		
E									
AA			Schedul	e B (Form 990), 990-EZ, or 9	90-PF) ((2013)		

SCHEDULE D (Form 990)

Supplemental Financial Statements

Complete if the organization answered 'Yes,' to Form 990,
Part IV, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

m990. Den to Public Inspection
Employer identification number

TIE	BAN LEAGUE OF MIDDLE TENNESSEE	62-0795167							
,									
1 0	Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered 'Yes' to Form 990, Part IV, line 6.								
•	(a) Donor advised funds	(b) Funds and other accounts							
1	***************************************	(b) I dilus and other accounts							
2	- White the state of the state								
3									
4									
105									
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor are the organization's property, subject to the organization's exclusive legal control?	Yes No							
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds of charitable purposes and not for the benefit of the donor or donor advisor, or for any other pur impermissible private benefit?	an be used only rpose conferring Yes No							
Pa	Conservation Easements. Complete if the organization answered 'Yes' to Form 990, Part IV, line 7.								
1	Purpose(s) of conservation easements held by the organization (check all that apply).								
		n historically important land area							
		certified historic structure							
	Preservation of open space								
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of last day of the tax year.								
	1 to	Held at the End of the Tax Year							
	a Total number of conservation easements	2a							
	o Total acreage restricted by conservation easements	2b							
	Number of conservation easements on a certified historic structure included in (a)	2 c							
•	d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2 d							
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the or tax year ►	ganization during the							
4	Number of states where property subject to conservation easement is located ►								
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handlin and enforcement of the conservation easements it holds?	g of violations,							
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during								
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the ▶\$	year							
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section and section 170(h)(4)(B)(ii)?	170(h)(4)(B)(i) Yes No							
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense stainclude, if applicable, the text of the footnote to the organization's financial statements that describes the control of the control of the footnote to the organization of the control o	atement, and balance sheet, and							
	conservation easements.								
Par	Organizations Maintaining Collections of Art, Historical Treasures, or Oth Complete if the organization answered 'Yes' to Form 990, Part IV, line 8.	ner Similar Assets.							
	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue s art, historical treasures, or other similar assets held for public exhibition, education, or research in further in Part XIII, the text of the footnote to its financial statements that describes these items.								
	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue state historical treasures, or other similar assets held for public exhibition, education, or research in furtherance following amounts relating to these items:								
	(i) Revenues included in Form 990, Part VIII, line 1	→ t							
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gramounts required to be reported under SFAS 116 (ASC 958) relating to these items:	ain, provide the following							
	Revenues included in Form 990, Part VIII, line 1								
b	Assets included in Form 990, Part A								

Schedule D (Form 990) 2013 URBAN LEAGU	E OF WIDDIE LEND	VESSEE	62-07	95167	Page
Part III Organizations Maintaining Co	llections of Art, Hist	orical Treasures,	or Other Similar As	sets (conti	inued)
3 Using the organization's acquisition, accession	, and other records, check	any of the following that	are a significant use of it	s collection	
items (check all that apply):	4 TJ		_		
a Public exhibition		or exchange program			
b Scholarly research c Preservation for future generations	e [] Othe		***		
	ulions and audain boulde	6 the east 15	_!		
4 Provide a description of the organization's colle Part XIII.	ictions and explain now the	ey turther the organization	in s exempt purpose in		
5 During the year, did the organization solicit to be sold to raise funds rather than to be m	or receive donations of a	rt, historical treasures,	or other similar assets	[
to be sold to raise funds rather than to be n	naintained as part of the	organization's collection	n?	Yes	No
Part IV Escrow and Custodial Arrange line 9, or reported an amount of	ements. Complete if on Form 990, Part X,	the organization a line 21.	nswered 'Yes' to Fo	orm 990, Pa	art IV,
1 a Is the organization an agent, trustee, custod	lian, or other intermedian	v for contributions or o	ther assets not included]	Name Agent A
on Form 990, Part X?				Yes	No
b If 'Yes,' explain the arrangement in Part XIII	and complete the follow	ing table:			
				Amount	
c Beginning balance				Name of the last o	*******
d Additions during the year					
e Distributions during the year					
f Ending balance					
2a Did the organization include an amount on F	. 하는 것이 없는 그 그 사람들이 그 그 이번 것이 없는 것이 없었다.			(1000)000	No
b If 'Yes,' explain the arrangement in Part XIII	. Check here it the explai	ntion has been provide	o in Part XIII		· [_]
Part V Endowment Funds. Complete i	f the organization ar	reward 'Vac' to E	orm 000 Dort IV liv	20.10	***************************************
(a) Curre					ooro book
1 a Beginning of year balance	(b) Frior year	(c) Iwo years na	on (u) Theo years back	(e) rour ye	Jais Dark
b Contributions					
,					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities					
and programs					
f Administrative expenses					
g End of year balance					
2 Provide the estimated percentage of the curr	ent year end balance (lin	e Ig, column (a)) held	l as:		
a Board designated or quasi-endowment 🕨	8				
b Permanent endowment ►	6				
c Temporarily restricted endowment ►	ું જે				
The percentages in lines 2a, 2b, and 2c should	ild equal 100%.				
3 a Are there endowment funds not in the possession	n of the organization that a	re held and administere	d for the		
organization by:				Yes	No
(i) unrelated organizations				3a(i)	
(ii) related organizations					
b If 'Yes' to 3a(ii), are the related organizations				3b	
4 Describe in Part XIII the intended uses of the		nt funds.			
Part VI Land, Buildings, and Equipmen		000 5 1 11 / 11	44 0 5 00		
Complete if the organization ans	swered 'Yes' to Form		Tra. See Form 990), Part X, II	ne IU.
Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book v	value
1a Land	(introdution)	240.0 (00101)	deprediation		
b Buildings		36,540.	36,540.		0.
c Leasehold improvements		28,241.	28,241.		0.
d Equipment		26,146.	26,146.		0.
e Other.		62,625.	62,625.		0.
otal. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part X. co				0.
BAA				ile D (Form 99	
71 PM 57 (7)				70	357

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding
Fundraising or Gaming Activities

Complete If the organization answered 'Yes' to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ. See separate instructions.

Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization						Employer identific	ration number			
URBAN LEAGUE OF MIDDLE TENNESSEE 62-0795167										
Part I Fundraising Activities. Complete if the organization answered 'Yes' to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.										
1 Indicate whether the organization	raised funds th	rough any	of the fol	lowing activities. Check	all that	apply.				
a X Mail solicitations e Solicitation of non-government grants										
b X Internet and email solicitation										
c Phone solicitations			,			granto				
d In-person solicitations										
2 a Did the organization have a written of employees listed in Form 990, Pa	rt VII) or entity	in connec	tion with p	rofessional fundraising	services	?	Yes X No			
b If 'Yes,' list the ten highest paid individual compensated at least \$5,000 by the	viduals or entities ne organization	s (fundrais	ers) pursua	int to agreements under	which the	fundraiser is to	be			
(i) Name and address of individual or enlity (fundraiser)	(ii) Activity	(iii) Did have custo of cont	fundraiser dy or control ributions?	(iv) Gross receipts from activity	(or re	ount paid to etained by) iser listed in lumn (i)	(vi) Amount paid to (or retained by) organization			
		Yes	No							
1							(*)			
2 .										
3										
4							The state of the s			
5				4 4 4						
6				and the second and the second and a second and						
7					***************************************					
8							A CONTRACTOR OF THE CONTRACTOR			
9										
10										
Total							0.			
 List all states in which the organization or licensing. 	n is registered or	licensed t	o solicit co	ntributions or has been n	notified it i	s exempt from r	egistration			
							~~~~~~			
			. – – – -							
	,						week which have from book brone were brone brone areas			
						~~~~~				

Part II Fundraising Events. Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

	7	· · · · · · · · · · · · · · · · · ·	T		T	
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
р		•x	ANNUAL GALA	GOLF TOURNAMT	1 1	(add column (a) through column (c))
Ë			(event type)	(event type)	(total number)	
KE>EZOE	1	Gross receipts	176,255.	59,782.	9,245.	245,282.
E	2	Less: Charitable contributions	148,792.	51,852.	1,098.	201,742.
	3	Gross income (line 1 minus line 2)	27,463.	7,930.	8,147.	43,540.
	4	Cash prizes				***
ם	5	Noncash prizes				
D I RECT	6	Rent/facility costs				
- 3	7	Food and beverages				
X P E	8	Entertainment				
EXPEZEN	9	Other direct expenses	27,463.	7,930.	8,147.	43,540.
3		Direct expense summary. Add lines 4 thr				43,540.
		Net income summary. Subtract line 10 fro				
Par		Gaming. Complete if the organiza \$15,000 on Form 990-EZ, line 6a.	tion answered Yes	s to Form 990, Pan	t IV, line 19, or rep	orted more than
		\$15,000 OFF OFFE 930-EZ, THE OX.				
R			(a) Bingo	(b) Pull tabs/Instant bingo/progressive	(c) Other gaming	(d) Total gaming (add column (a)
HCZ H Z H				bingo		through column (c))
N						
E	1	Gross revenue				
-1		arous (orange)				
	2	Cash prizes				
EXPENSES	3	Noncash prizes				
EN	-					
T E	4	Rent/facility costs				
	5	Other direct expenses	Yes %	Yes %	Yes %	n en money and common of
	6	Volunteer labor	Yes %	Yes %	Yes 8	no de
	7	Direct expense summary. Add lines 2 thro	ough 5 in column (d)			z.
	8	Net gaming income summary. Subtract lin	ne 7 from line 1 column	n (d)	>	
	٥	mot garring moonto darimary. Captaget in				
9	Enter	the state(s) in which the organization ope	erates gamino activities	:		
a	s the	e organization licensed to operate gaming	activities in each of the	se slates?		Yes No
		,' explain:				
		,				
-						
		any of the organization's gaming licenses	revoked, suspended o	r terminated during the	tax year?	Yes No
bl	f 'Ye	s,' explain:				
-					hand hash hased hand hand have been room soom from soon	
				*		

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

Open to Publication.

Employer identification number

URBAN LEAGUE OF MIDDLE TENNESSEE	62-0795167
FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS	
PRIOR TO FILING FORM 990 IS REVIEWED BY FINANCE PERSONNEL AND	KEY OFFICERS AND
DIRECTORS.	
FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY	AVAILABLE
NO DOCUMENTS AVAILABLE TO THE PUBLIC.	d had been been soon town town town town town town town t
Description (1984) (198	s hand faces Acad Pook hald value name value gamp along yang hapin plane plane plane hald faces face
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FEDERAL WORKSHEETS

PAGE 1

URBAN LEAGUE OF MIDDLE TENNESSEE

62-0795167

FORM 990, PART III, LINE 4E PROGRAM SERVICES TOTALS

	PROGRAM SERVICES TOTAL	FORM 990	SOURCE
TOTAL EXPENSES	281,821.		PART IX, LINE 25, COL. B
GRANTS	0.		PART IX, LINES 1-3, COL. B
REVENUE	0.		PART VIII, LINE 2, COL. A

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SCHEDULE O - SUPPLEMENTAL INFORMATION

PAGE 2

URBAN LEAGUE OF MIDDLE TENNESSEE

62-0795167

FORM 990, PART IX, LINE 24E OTHER EXPENSES

ž.	(A)	(B) PROGRAM	(C) MANAGEMENT	(D)
	TOTAL	SERVICES	& GENERAL	FUNDRAISING
X				
BAD DEBT EXPENSE	9,500.			9,500.
BANK CHARGES COMPUTER TECHNOLOGY	6,132.	1,351.	4,681.	100.
DUES AND SUBSCRIPTIONS	11,416.	600.	10,816.	100.
EQUIPMENT RENTALS LICENSE & FEES	2,317. 410.		2,317.	
MISCELLANEOUS EXPENSE	7,077.	177.	410. 5,090.	1,810.
POSTAGE AND SHIPPING	669.		220.	449.
PRINTING AND PUBLICATIONS REPAIRS AND MAINTENANCE	2,817.		0 005	2,817.
STIPEND EXPENSES	2,925. 7,819.	7,819.	2,925.	
SUPPLIES	5,630.	4,195.	1,388.	47.
TELEPHONE UTILITIES	6,960.	2,354.	4,606.	
WORKMENS COMPENSATION	1,904.	816.	952.	136.
	TOTAL \$ 65,576.		\$ 33,405.	\$ 14,859.