Form **990-EZ**

Department of the Treasury Internal Revenue Service

Short Form

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)

Spensoring organizations of donor advised funds and contrelling organizations as defined in section 512(b)(13) must file Form

990. All other org. anizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the
year may use this form.

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

OMB No. 1545-1150

2008

Open to Public Inspection

Α	For the 2008 calendar year, or tax year beginning 7/01 , 2008, and ending	6/30	, 2009
B	Check if applicable: C	D Employe	r identification number
	Address change USE URBAN LEAGUE OF MIDDLE TENNESSEE	62-0	795167
	Name change label or 2250 ROSA L. PARKS BLVD	E Telephor	ne number
	Initial return Sype. NASHVILLE, TN 37228	615-	254-0525
	Termination Sec Specific Instruct		
	Amended return lions.		Exemption
\Box	Application pending		<u>r</u>
		ounting method:	Cash X Accrual
	must attach a completed Schedule A (Form 990 or 990-EZ). Othe	r (specify) >	
			organization is not
l	110001101	iired to attach Sci EZ, or 990-PF).	nedule B (Form 990,
J	Organization type (check only one) - IAI SUICO (S) 7 (INSERTOD.) 1934/(881) W 1947		
K	Check ► if the organization is not a section 509(a)(3) supporting organization and its gross rec	ceipts are normall	y not more than
	\$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a c	complete return.	
ī	Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$1,000,000 or more, file Form 99	0	200 440
	instead of Form 990-EZ	🦰 :	
Pa	Revenue, Expenses, and Changes in Net Assets or Fund Balances (Se	e the instructi	ons for Part I.)
	1 Contributions, gifts, grants, and similar amounts received	<u>1</u>	205,827.
	2 Program service revenue including government fees and contracts	2	<u> </u>
	3 Membership dues and assessments	3	
	4 Investment income		
	5a Gross amount from sale of assets other than inventory		
	b Less: cost or other basis and sales expenses. 5b		
R	c Gain or (loss) from sale of assets other than inventory (Subtract In 5b from In 5a) (att sch)	5	•
Ā	6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here		Š.
REVENU	a Gross revenue (not including \$ of contributions		
Ä	reported on line 1)	190,750.	
_	b Less: direct expenses other than fundraising expenses	20,599.	
	c Net income or (loss) from special events and activities (Subtract line 6b from line 6a).		c 170,151.
	7a Gross sales of inventory, less returns and allowances		S 170,131.
	b Less: cost of goods sold		3
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		
	l =		
) 8	
_	9 Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)		
	10 Grants and similar amounts paid (attach schedule)		
E	11 Benefits paid to or for members	<u>11</u>	
P	12 Salaries, other compensation, and employee benefits	12	
H	13 Professional fees and other payments to independent contractors	13	8,690.
Š	14 Occupancy, rent, utilities, and maintenance	14	
Š	15 Printing, publications, postage, and shipping		5,684.
	16 Other expenses (describe > See Statement 2) 16	138,480.
_	17 Total expenses (and lines to tribough 16)	17	
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	
A S S E	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with		
ËŞ	figure reported on prior year's return)	19	
Ţ	20 Other changes in het assets of fund balances (attach explanation) See Stateme	nt 3 20	-8,928.
	21 Net assels or fund balances at end of year. Combine lines 18 through 20	▶ 21	-30 880
Pa	iff the Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file F.	orm 990 instead	of Form 990-F7
	(See the instructions for Part II.)	ginning of year	(B) End of year
22	Cash, savings, and investments	19,022.2	7,063.
23	Land and buildings	17, 258. 2	
24	Other assets (describe > See Statement 4)	92,131.2	
25	1 om appeta	128,411. 29	
26	Total liabilities (describe > See Statement 5	123, 290. 20	*****
_27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	5,121. 2	
BA	A For Privacy Act and Paperwork Reduction Act Notice, see the instructions for Form 990,	~, ~~. , Z	-30,880. Form 990-EZ (2008)
			COID SSUMEZ CONDO

Form 990-EZ (2008) URBAN LEAGUE OF	MIDDLE TENNESSEE		62-0	795167 Page 2
Part III Statement of Program Se		s (See the instructi	ons.)	Expenses
What is the organization's primary exempt purpose? CC	MMUNITY SERVICES		(Re	equired for 501(c)(3)
Describe what was achieved in carrying out the describe the services provided, the number of program title.	ne organization's exempt purp f persons benefited, or other	ooses. In a clear and corelevant information for	oncise manner, 494 r each for	d (4) organizations and l7(a)(1) trusts; optional others.)
28 See Statement 6				
(Grants \$) If the	is amount includes foreign g	rania shadi bara	28	
29	us amount includes foreign go	rants, theta here		<u> </u>
(Grants \$) If th	is amount includes foreign g	rants, check here	▶ 29	a
30				
	is amount includes foreign gr	rants, check here	▶ 30	a
31 Other program services (attach schedule (Grants \$) If the	s) is amount includes foreign gr	rante chack hara		<u>,</u>
32 Total program service expenses (add li	nes 28a through 31a)	ants, check here	▶ 32	
Part IV List of Officers, Directors	Trustees, and Key Em	ployees. 4 ist each o	ne even if not compe	reated See the instre
THE TAXABLE PROPERTY.	(b) Title and average hours	(c) Compensation (If		
(a) Name and address	(b) Title and average hours per week devoted to position	****	(d) Contributions to employee benefit plans and deferred compensation	
PATRICIA STOKES	President & CEO	66,154.	1,710	. 0.
2250 ROSA L. PARKS BLVD NASHVILLE, TN 37228	40.00			
SAM HOWARD	Chairman		0.	. 0.
216 CENTERVIEW DRIVE, SUITE BRENTWOOD, TN 37027	30 10.00			}
VONZELLA BRYANT	Treasurer	0.	0	. 0.
2250 ROSA L PARKS BLVD NASHVILLE, TN 37228	5.00	0.	ľ	
MARK PETERS	Secretary	0.	0.	0.
511 UNION STREET, SUITE 2100 NASHVILLE, TN 37219-8966	5.00			
]
			· · · · · · · · · · · · · · · · · · ·	
				
	ĺ			
				ļ
BAA	TEEA0812L 0	1/14/09		Form 990-EZ (2008)

Pe	Other Information (Note the statement requirement in General Instruction V.)			
			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity.	33		х
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes	34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.			
	a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?	35a		x
	b If 'Yes,' has it filed a lax return on Form 990-T for this year?	35 b		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' complete applicable parts of Schedule N	36		Х
37	a Enter amount of political expenditures, direct or indirect, as described in the instructions		X.	X
	a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?	38a		X
	b If 'Yes,' complete Schedule L, Part II and enter the total amount involved			
	501(c)(7) organizations. Enter:			
	a Initiation fees and capital contributions included on line 9			
	b Gross receipts, included on line 9, for public use of club facilities			
40	a 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ►		22	
	b 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' complete Schedule L, Part I	40L		· v
	c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	40b		<u> </u>
	year under sections 4912, 4955, and 4958			
(e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T	40e	Birth M.	X
	List the states with which a copy of this return is filed None			
42	a The books are in care of ► SHIRLEY CLAY Located at ► 2250 ROSA L. PARKS BLVD NASHVILLE TN ZIP + 4 ► 37228	<u>4-0!</u>	5 <u>25</u>	
1	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		Yes	
	financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country: >	42b	88A	X
	11 Tes, enter the name of the loreign country: >			
				劉
•	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts. At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here			N/A
	and enter the amount of tax-exempt interest received or accrued during the tax year	r		N/A
44	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44	Yes	No X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	45	寸	<u></u>
BAA		m 990	EZ (Z	

	EZ (2008) URBAN LEAGUE OF MII				62-079		Page 4
Part VI	Section 501(c)(3) organization and complete the tables for lin	s only. All section es 50 and 51	501(c)(3) orga	anizations			
44						Statement Ye	$\overline{}$
46 Did t	he organization engage in direct or indire ublic office? If 'Yes,' complete Schedule	ct political campaign a C. Part I	ctivities on behal	If of or in op	position to candida	ites 46	X
	he organization engage in lobbying activi						X
	e organization operating a school as desc	•	•				X
	he organization make any transfers to an						X
	es,' was the related organization(s) a sec		_				
50 Com	plete this table for the five highest compeved more than \$100,000 of compensation	ensated employees (other from the organization	er than officers, . If there is none	directors, tr	rustees and key em	ployees) who	each
) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensati	ion (d) C	entributions to employee benefit plans and itemed compensation		ie Vd
None _							
Total number	of other employees paid over \$100,000						
51 Comp from	plete this table for the five highest competer is none, enter in the organization. If there is none, enter in the organization is the organization.	ensated independent co None.	ntractors who ea	sch received	more than \$100,0	00 of compens	ation
	(a) Name and address of each independent conti	actor paid more than \$100,000		(b) Ty	rpe of service	(c) Compensi	ition
None_							
					-		
			{				
			1				
							
Total numb	per of other independent contractors rece	iving over \$100,000	►				
	Under penalties of perjury, I declare that I have examinue, correct, and complete. Declaration of preparer (ined this return, including acco other than officer) is based on a	mpanying schedules a all information of which	nd statements, h preparer has a	and to the best of my known to the knowledge.	rwledge and belief,	t is
Sign				1			
Here	Signature of officer			. D	ate	- -	
	ĭ						
	PATRICIA STOKES	·····		Pre	sident & CEC	<u>) </u>	
	PATRICIA STOKES Type or print name and title.		· · · · · · · · · · · · · · · · · · ·	Pre			
Paid	Preparer's signature Harvey E. Hosk		Date C	Pre	Check if S	oparer's Identifying ea instructions) 00290898	Number
Pre- parer's	Preparer's signature Harvey E. Hoskins & Company			\	Check if Si	oparer's Identifying ee instructions)	Number
Pre- parer's Use	Type or print name and title. Preparer's signeture Harvey E. Hosk: Firm's name (or Hoskins & Company yours if self.	ny PC		\	Check if Salf- employed ► P	oparer's Identifying ee instructions)	
Pre- parer's Use Only	Preparer's signeture Harvey E. Hosk. Firm's name (or Hoskins & Company of the Co	ny PC eet Suite 200 7203	2/.	\	Check if Salf- employed ► P	oparer's Identifying es instructions) 00290898 62-151913	 5

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

To be completed by all section 501 (c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

► Attach to Form 990 or Form 990-EZ. ► See separate Instructions.

OMB No. 1545-0047

2008

Open to Public Inspection

Employer identification number

	AN LEAGUE OF M								795167			
Pâr	Reason for Pu	ıblic Charity Statu	ıs (All organizations	must d	comple	te this	part.) (see	instruct	lions)		
The d			use it is: (Please check o	•								
1			ociation of churches des		section	n 170(b)	(T)(A)(T)).				
2			A)(ii). (Altach Schedule I									
3			e organization described									
4			ed in conjunction with a h	ospital o	describe	d in sec	tion 17	'0(b)(1)(4)(iii) . Er	nter the hosp	oital's	
_	name, city, and st											
5	170(b)(1)(A)(iv). (Complete Part II.)	of a college or university			-	_	rnmenta	l unit de:	scribed in si	ection	l
6 7	An organization th		governmental unit descri a substantial part of its su art II.)					it or fron	n the ger	neral public	descri	ibed
8		described in section	170(b)(1)(A)(vi). (Comple	te Part I	l.)							
9	invesiment income	t normally receives: (1) ed to its exempt function e and unrelated busing e section 509(a)(2). (0	more than 33-1/3 % of its : ns — subject to certain exce ass taxable income (less complete Part III.)	support f eptions, a section !	rom cont and (2) r 511 tax)	ributions to more from b	s, memb than 33- usiness	ership fe 1/3 % of es acqu	es, and o its suppo ired by th	pross receipts ort from gross ne organizat	s S ion af	ter
10	An organization or	ganized and operated	exclusively to test for pu	ıblic safe	ety. See	section	1 509(a)	(4). (se	e instruc	tions)		
11	An organization or	ganized and operated	exclusively for the benef described in section 509(a zation and complete lines	fit of, to	perform	the fur	etions o	of or ca	rzy out th	e nurnoses	of on e box	e or that
	a Type I	b ☐Type II	c Type III						dП	Type III- (
ę	By checking this b	ox, I certify that the or anagers and other tha	rganization is not controll in one or more publicly so	led direc upported	tly or in I organi	directly zations	by one describe	or more ed in se	disqualiction 509	fied person	s othe	er
f	If the organization	received a written del	termination from the IRS	that is a	Type I	Type i	or Typ	e (II sup	porting o	organization	,	П
g	check this box	2006 has the organiza	ation accepted any gift or		ution fr		of the f	ollowing	DATEADE		• • • • •	Ц
8	Office August 17, 2	Lood, rids the organize	mon accepted any gift of	COMMID	acion in	on any	or are n	OHOWING	heraona		Yes	No
	(i) a person who	directly or indirectly	controls, either alone or lupported organization?	logether	with pe	rsons d	escribe	d in (ii) :	and (iii)		103	
										11g (I)		
			cribed in (i) above?							11 g (ii)		
_	* *	• •	n described in (i) or (ii) al				• • • • • • •	• • • • • • •		11 g (III)		
h	Provide the following	1	the organizations the org									
	Name of Supported Organization	(i) Ein	(ii) Type of organization (described on lines 1-9 above or IRC section (see Instructions))	(M) i organizati (i) listed cove docur	I In your	cci.	ou notify sization in (1) of upport?	(vi) (organizat (i) organi U.:	s the ion in col. zed in the S.?	(vii) Amount	of Supp	ert
				Yes	No	Yes	No	Yes	No			
												_
											•	
							25					
otal				多級是			多麗					

Schedule A (Form 990 or 990-EZ) 2008 URBAN LEAGUE OF MIDDLE TENNESSEE 62-0795167

[Părt III] 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.)

Sec	tion A. Public Support	ed the cox on the	3 3, 7, 01 0 01 1 ai				
Cale	ndar year (or fiscal year nning in) >	(a) 2004	(ь) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.')	409,496.	229,548.	175,490.	405,200.	396,577.	1,616,311.
	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						0.
3	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.
4	Total. Add lines 1-3	409,496.	229,548.	175,490.	405,200.	396,577.	1,616,311.
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						1,616,311.
Sec	tion B. Total Support						
Cale begi	ndar year (or fiscal year nning in) >	(a) 2004	(ъ) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7	Amounts from line 4	409,496.	229,548.	175,490.	405,200.	396,577.	1,616,311.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources.	29.	63.	74.	11.	·	177.
9	Net income form unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income. Do not include gain or loss form the sale of capital assets (Explain in Part IV.). See . Part. IV		5,207.	121.		1,865.	7,193.
11	Total support. Add lines 7 through 10						1,623,681.
12	Gross receipts from related activ	rities, etc. (see in:	structions)			12	0.
	First five years. If the Form 990 organization, check this box and	stop here		nd, third, fourth,	or fifth tax year a	s a section 501(c)	(3) ▶ □
Sec							
14	Public support percentage for 20	008 (line 6, colum	n (f) divided by lir	ne 11, column (f).		14	99.6%
	Public support percentage for 20						99.6%
	33-1/3 support test — 2008. If the and stop here. The organization						
ł	33-1/3 support test — 2007. If the and stop here. The organization	e organization did qualifies as a pul	I not check a box blicly supported o	on line 13, or 16arganization	a, and line 15 is 3	3-1/3% or more, o	check this box
	10%-facts-and-circumstances to or more, and if the organization the organization meets the 'facts	meets the 'tacts-a s-and-circumstand	and-circumstance ces' test. The org	s' test, check this anization qualifies	s as a publicly su	pported organizati	on ►
ŀ	10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-an	est - 2007. If the meets the 'facts- d-circumstances'	organization did r and-circumstance test. The organi	not check a box or s' test, check this zation qualifies as	n line 13, 16a, 16 box and stop her a publicly suppo	b, or 17a, and line re. Explain in Parl orted organization.	15 is 10% IV how the
18 BAA	Private foundation. If the organi	zation did not che	eck a box on line,	13, 16a, 16b, 17a			structions 1 90 or 990-EZ) 2008
					30	HOUSING PARTICULARY	VI VI LA CUUD

Partill Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I.)

Sec	tion A. Public Support	CACCO CAC DOX OTT	11.0 3 017 21(1.7		·		
		(=) 2004	(h) 200E	(a) 2006	(4) 2007	(-) 2000	/O Tabel
1	ndar year (or fiscal yr beginning in) > Gifts, grants, contributions and membership fees received. (Oo not include 'unusual grants.')	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
	Gross receipts from admissions, merchandise sold or services performed, or						
	facilities furnished in a activity that is related to the organization's tax-exempt purpose.						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
	Total. Add lines 1-5		· · · · · · · · · · · · · · · · · · ·				<u> </u>
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000			·			
	Add lines 7a and 7b			 			
	Public support (Subtract line				 		
·	7c from line 6.)		AND THE SECOND		254 0 V 1 3 S		<u></u>
Sec	tion B. Total Support	AMERICAN STREET	A TABLE CONTRACTOR AND A CO.	33.94-180.C41200	A MANAGEMENT AND A PARTY OF THE	10.20 S. 10.20 S. 10.20	<u>1</u>
		(a) 2004	(b) 2005	(0) 2006	(4) 2007	(%) 2009	(O Total
Cale	ndar year (or fiscal yr beginning in) 🟲	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
Cale:		(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
Caler 9 10 a	Arnounts from line 6	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
Caler 9 10 a	Amounts from line 6	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
Caler 9 10 a	Amounts from line 6	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
Caler 9 10 a b c 11 12 13	Amounts from line 6						
Cale: 9 10 a b c 11 12 13	Amounts from line 6						
Cale: 9 10 a b c 11 12 13 14	Amounts from line 6	is for the organiz	alion's first, seco				
Cale 9 10 a b 11 12 13 14 Sec	Amounts from line 6	is for the organiz I stop hereblic Support F	alion's first, seco	nd, third, fourth,	or fifth tax year a	s a section 501	(c)(3)
Cale 9 10 a b 11 12 13 14 Sec 15	Amounts from line 6	is for the organiz stop hereblic Support F	alion's first, seco 'ercentage n (f) divided by li	nd, third, fourth,	or fifth tax year a	s a section 501	(c)(3) > \(\)
Cale 9 10 a b 11 12 13 14 Sec 15 16	Amounts from line 6	is for the organiz stop hereblic Support F 008 (line 8, colum 2007 Schedule A,	ation's first, seco 'ercentage n (f) divided by lin Part IV-A, line 2	nd, third, fourth, ne 13, column (f)	or fifth tax year a	s a section 501	(c)(3)
Cale 9 10 a b 11 12 13 14 Sec 15 16 Sec	Amounts from line 6	is for the organiz is stop hereblic Support F 2008 (line 8, colum 2007 Schedule A,	ation's first, seco Percentage n (f) divided by lin Part IV-A, line 2 ne Percentage	nd, third, fourth, ne 13, column (f) 7g	or fifth lax year a	s a section 501	(c)(3) > \(\sigma\) 5 \(\gamma\) 6 \(\gamma\)
Cale 9 10 a b 11 12 13 14 Sec 17	Amounts from line 6	is for the organized stop hereblic Support F008 (line 8, column 2007 Schedule A, restment Incortor 2008 (line 10c,	ation's first, seco Percentage n (f) divided by lin Part IV-A, line 2 ne Percentag column (f) divide	nd, third, fourth, ne 13, column (f) 7ge	or fifth tax year a	s a section 501	(c)(3) \rightarrow \bigcap \limits \frac{\pi}{6} \frac{\pi}{\pi}
Cale 9 10 a b c c 11 12 13 14 Sec 15 16 Sec 17 18	Amounts from line 6	is for the organiz d stop hereblic Support F 2007 Schedule A, restment Incor for 2008 (line 10c, from 2007 Schedu	ation's first, seconomics for the seconomics first, seconomics for the	nd, third, fourth, ne 13, column (1) 7ge ed by line 13, column (2)	or fifth tax year a	s a section 501	(c)(3)
Cale 9 10 a b c c 11 12 13 14 Sec 15 16 Sec 17 18 19 a	Amounts from line 6	is for the organiz I stop here	ation's first, secon ercentage n (f) divided by ling ext IV-A, line ext IV-A, line ext IV-A, line and the column (f) divided ext	nd, third, fourth, ne 13, column (f) 7ge ed by line 13, column 27h	or fifth tax year a	s a section 501 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	(c)(3)
Cale 9 10 a b c 11 12 13 14 Sec 15 16 Sec 17 18 19 a	Amounts from line 6	is for the organiz I stop here	ation's first, secon ercentage n (f) divided by ling ext IV-A, line ext IV-A, line ext IV-A, line and the column (f) divided ext	nd, third, fourth, ne 13, column (f) 7ge ed by line 13, column 27h	or fifth tax year a	s a section 501 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	(c)(3)

Schedule A	(Form	990 or 9	990-EZ	2008	OKR	AN LI	CAGUE	OF	MTDD.	LE TE	NNE2	SEE		62-	079516	57	Page 4
Part IV	Supp Part I	lemen I, line	tal Inf 17a o	ormal r 17b;	i on. C	Compl art III,	ete th line 1	is par 2. Pr	t to pi ovide	rovide any ot	the e	explanated distribution of the second contract of the second contrac	lion rec	uired b nation.	y Part (see ir	II, line Istruction	10; ons)
		 _						 -			-						
		_:					. 										
																	
					 .												
						· 											
						. – – –											
						. – – –											
			. – – –			. – –											
-						. 											
						. -											
														- -			
																	
						. 											

8 	Sched					ntal Inforn	nation	Pa(62-079	_
Part II, Line 10 - 0	Other Incom	e							
Nature and Son	ırce		2008	2	2007	 2006	2005	2004	
MISCELLANEOUS	INCOME Total	. <u>\$</u>	1,865. 1,865.	\$	0.	\$ 121. 121. \$	5,207. 5,207. §	(<u>0.</u>

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

2008

Department of the Treasury Internal Revenue Service Must be completed by organizations that answer 'Yes' to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

Open to Public Inspection

Name of the organization						Employer identific	ation number
URBAN LEAGUE OF MIDDLE T	ENNESSEE					62-079516	7
Part Fundralsing Activities.		the orga	nization	answered 'Yes' to	Form		
1 Indicate whether the organization							
Mail solicitations		•		Solicitation of non-		• • •	
Email solicitations				Solicitation of gove	-	-	
Phone solicitations				Special fundraising		•	
In-person solicitations					,		
2a Did the organization have written employees listed in Form 990, Pa	or oral agreeme	ent with an	ny individu	nal (including officers, di professional fundraising	irectors,	trustees or key	Yes No
b If 'Yes,' list the ten highest paid in compensated at least \$5,000 by the							
	1	I					
(i) Name of individual or entity (fundraiser)	(ii) Activity	have custou	fundraiser ty or control ibutions?	(iv) Gross receipts from activity	(or r fundra	nount paid to etained by) hiser listed in col.(i)	(vi) Amount paid to (or retained by) organization
		Yes	No		-		
	İ	132					
			1				
		 				·	
					_		
		ļ					
		ļ					
	I	1					-
Total			▶			ļ	
	otion in resista	ad as lies.		lieit friede en bee free			
List all states in which the organiz or licensing.	ation is register	ea or ncei	isea to so	nicit lunds of has been i	nounea	t is exempt tro	m registration
				·			
				·			

Pa	rt:III	G (Form 990 or 990-EZ) 2008 URBAN I Fundraising Events. Complete if reported more than \$15,000 on F	the organization a	nswered 'Yes' to F	orm 990 Part IV	95167 Page 2 line 18, or eater than \$5,000.
			(a) Event #1 ANNUAL GALA	(b) Event #2	(c) Other Events	(d) Total Events (Add col. (a) through col. (c))
R			(event typo)	(event type)	(total number)	coi. (c))
REVENUE	1	Gross receipts	190,750.			190,750.
Ē	2	Less: Charitable contributions				
			\			
	3	Gross revenue (line 1 minus line 2)	190,750.			190,750.
	4	Cash prizes				
DIRECT EXPENSES	5	Non-cash prizes				
T E	6	Rent/facility costs				
PEN	7	Olher direct expenses	20,599.			20,599.
Ē	8	Direct expense summary. Add lines 4- th	arough 7 in column (d)			20,599.
	9	Net income summary, Combine lines 3 ar	nd 8 in column (d)		>	170.151
Pai	t III	Gaming. Complete if the organiza \$15,000 on Form 990-EZ, line 6a	ation answered 'Ye	s' to Form 990, Par	rt IV, line 19, or re	ported more than
REYEZ			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col. (a) through col. (c))
RE>EXDE	1	Gross revenue		bingo/progressive	(c) Other gaming	(d) Total gaming (Add col. (a) through col. (c))
	2	Gross revenue	•	bingo/progressive	(c) Other gaming	(d) Total gaming (Add col. (a) through col. (c))
	2		•	bingo/progressive	(c) Other gaming	(d) Total gaming (Add col. (a) through col. (c))
SHUZZH CZHANA	2 3 4	Cash prizes		bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col. (a) through col. (c))
_	2 3 4	Cash prizes		bingo/progressive bingo		(d) Total gaming (Add col. (a) through col. (c))
_	2 3 4 5	Cash prizes		bingo/progressive bingo	(c) Other gaming Yes*	(d) Total gaming (Add col. (a) through col. (c))
	2 3 4 5	Cash prizes	Yes %	Yes*	Yes*	col. (c))
	2 3 4 5 6 7	Cash prizes Non-cash prizes Rent/facility costs. Other direct expenses. Volunteer labor.	Yes % No ough 5 in column (d)	Yes %	Yes* No	col. (c))
ローないいっ	2 3 4 5 6 7 8	Cash prizes Non-cash prizes Rent/facility costs. Other direct expenses. Volunteer labor. Direct expense summary. Add lines 2 three labors are summary. Combine lines 2 three labors are summary.	Yes % No ough 5 in column (d)	Yes \$ No	Yes* No	YES NO
D-RECT 9	2 3 4 5 6 7 8 Ente	Cash prizes Non-cash prizes Rent/facility costs. Other direct expenses. Volunteer labor. Direct expense summary. Add lines 2 three	Yes % No ough 5 in column (d) ines 1 and 7 in column	Yes \$ No	Yes* No	col. (c))

	Enter the state(s) in which the organization operates gaming activities: a Is the organization licensed to operate gaming activities in each of these states?		
	b If 'No,' Explain:		
			壓
10	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a	
1	b If 'Yes,' Explain:		
11		11	
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable camino?	12	

Schedule G (Form 990 or 990-EZ) 2008 URBAN LEAGUE	E OF MIDDLE TENNESSEE	62-079516	7	P	age 3
				YES	NO
13 Indicate the percentage of gaming activity operated in	1:				32
a The organization's facility	*******************************	13a %			
b An outside facility		13b %			300
14 Provide the name and address of the person who pre-	pares the organization's gaming/special e	vents books and records:			
Name: ►					
Address:				3	
15a Does the organization have a contact with a third part	y from whom the organization receives or	ming revenue?	15 a	**************************************	100 ACC
b If 'Yes,' enter the amount of gaming revenue received			***		West's
of gaming revenue retained by the third party \$	- by 11.0 oigninaanon +	and the amount			
c if 'Yes,' enter name and address:	•				
Name: ►					
rane.					
Address: ►					
Audi 655					3 - 1
16 Gaming manager information				2	
To Garning manager information					
Nome. N					\$
Name: ►					
Gaming manager compensation ► \$				-23	
Description of services provided:					
—					
Director/officer Employee	Independent contractor				
17 Mandatory distributions					
a is the organization required under state law to make o	charitable distributions from the gaming pr	oceeds to retain the			
state gaming license?			17a	1000 20	ears and the
b Enter the amount of distributions required under state		ons or spent in the			
organization's own exempt activities during the tax year					
BAA	TEEA3703L 07/18/08	Schedule G (Form 990	or 99	0-EZ)	2008

•

.

2008	Federal Statements	Page 1
	URBAN LEAGUE OF MIDDLE TENNESSEE	62-0795167
Statement 1 Form 990-EZ, Part I, Lir Other Revenue MISCELLANEOUS INCO	ne 8 MEs Total <u>\$</u>	1,865. 1,865.
Statement 2 Form 990-EZ, Part I, Lin Other Expenses	ne 16	
BANK CHARGÉS. COMPUTER TECHNOLOGY CONFERENCES, CONVEY CONTRACT LABOR DEPRECIATION DUES AND SUBSCRIPT EQUIPMENT RENTALS. INSURANCE. LICENSES AND FEES. MISCELLANEOUS EXPEN OTHER PROGRAM EVENY OTHER PROGRAM EXPEN PROPERTY TAXES. REPAIRS AND MAINTEN STIPEND EXPENSES. SUPPLIES EXPENSES. TELEPHONE. TRAINING MATERIALS TRAVEL. UTILITIES.	omotion	516. 1,271. 2,482. 3,801. 22,262. 15,242. 12,928. 5,249. 6,194. 6,453. 370. 470. 12,020. 4,553. 471. 4,682. 6,971. 2,971. 7,157. 300. 6,245. 12,122. 3,750. 138,480.
Statement 3 Form 990-EZ, Part I, Lin Other Changes in Net A	e 20 ssets Or Fund Balances	
	Total \$	-8,928. -8,928.
Statement 4 Form 990-EZ, Part II, Lir Other Assets	ne 24	
ART COLLECTION Furniture and Fixtum Machinery and Equip	Beginning \$ 60,470.\$ 2,000. ares. 6,437. coment 17,522. and Deferred Charges 5,702. Total \$ 92,131. \$	Ending 32,057. 2,000. 4,064. 11,197. 3,625. 52,943.

2008	Federal Statements		Page 2
	URBAN LEAGUE OF MIDDLE TENNESSEE		62-079516
Statement 5 Form 990-EZ, Par Total Liabilities	t II, Line 26		
Accounts Payal ACCRUED EXPENS Secured Mortga	ole and Accrued Expenses	Beginning	
THE AGENCY OPE	gram Service Accomplishments RATES SEVERAL EMPLOYMENT AND EDUCATION PROGRAM NARE TRAINING, JOB SEARCH ASSISTANCE, ADULT BAS NTERVIEWING TECHNIQUES, ETC, TO COMMUNITY RESI	SIC EDUCATION.	RESUME
Form 990-EZ, Par Statement of Pro- THE AGENCY OPE COMPUTER SOFTY PREPARATION, I HOUSING TENANT Statement 7 Form 990-EZ, Par	Gram Service Accomplishments RATES SEVERAL EMPLOYMENT AND EDUCATION PROGRAMMERE TRAINING, JOB SEARCH ASSISTANCE, ADULT BASSISTANCE, ADULT BASSISTENING TECHNIQUES, ETC, TO COMMUNITY RESISE.	SIC EDUCATION.	RESUME

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

No No