

# 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)

**2009**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

**A For the 2009 calendar year, or tax year beginning** 07/01, 2009, and ending 06/30, 2010

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>URBAN LEAGUE OF PHILADELPHIA</b> Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite 121 SOUTH BROAD STREET, 9TH FL City or town, state or country, and ZIP + 4 PHILADELPHIA, PA 19107 <b>F</b> Name and address of principal officer: <b>PATRICIA A COULTER</b> 121 SOUTH BROAD STREET, 9TH FL PHILADELPHIA, PA 19107	<b>D</b> Employer identification number 23-1429810
		<b>E</b> Telephone number (215) 985-3220
		<b>G</b> Gross receipts \$ 44,912,219.
		<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c) ( 3 ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	<b>J</b> Website: WWW.URBANLEAGUEPHILA.ORG	
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other	<b>L</b> Year of formation: 1917	<b>M</b> State of legal domicile: PA

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <u>OUR MISSION IS TO EMPOWER AFRICAN AMERICANS TO SECURE ECONOMIC SELF-RELIANCE, PARITY, POWER AND CIVIL RIGHTS.</u>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	28
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	28
	<b>5</b> Total number of employees (Part V, line 2a)	<b>5</b>	79
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	479
	<b>7a</b> Total gross unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	0.
<b>7b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	0.	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	<b>9</b> Program service revenue (Part VIII, line 2g)	48,097,374.	44,176,460.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	69,615.	106,254.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,016.	895.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	473,972.	341,670.
		48,643,977.	44,625,279.
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	26,250.	59,500.
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	3,694,466.	3,842,136.
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	<b>b</b> Total fundraising expenses, Part IX, column (D), line 25	147,124.	
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	45,088,521.	40,906,091.
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	48,809,237.	44,807,727.
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	-165,260.	-182,448.	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	Beginning of Year	End of Year
	<b>21</b> Total liabilities (Part X, line 26)	5,037,790.	5,114,839.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	4,420,801.	4,680,298.
	616,989.	434,541.	

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

**Sign Here**  
 Signature of officer: *Patricia Coultter* Date: 14.12.11  
 Type or print name and title: **PATRICIA COULTER, President & CEO**

**Prepared by:**  
 Preparer's signature: *M. Bonardi* Date: 12/23/11  
 Firm's name (or your name if self-employed): **MITCHELL & TITUS, LLP**  
 address, and ZIP + 4: **1818 MARKET STREET, SUITE 2900 PHILADELPHIA, PA 19103-3652**  
 Preparer's identifying number (see instructions): **P00965729**  
 EIN: **13-2781641**  
 Phone no.: **215-561-7300**

May the IRS discuss this return with the preparer shown above? (see instructions) Yes  No

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. \* Form 990 (2009)

**Part III** Statement of Program Service Accomplishments

1 Briefly describe the organization's mission:

OUR MISSION IS TO EMPOWER AFRICAN AMERICANS TO SECURE ECONOMIC SELF-RELIANCE, PARITY, POWER AND CIVIL RIGHTS.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No  
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No  
If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 42,914,987. including grants of \$ ) (Revenue \$ )

OUR CHILD CARE INFORMATION SERVICES (CCIS) PROGRAM HELPS WITH WHAT IS OFTEN A ROADBLOCK FOR WORKING PARENTS - FINDING QUALITY, AFFORDABLE CHILDCARE. THIS PROGRAM PROVIDES SUBSIDY PAYMENTS AND SERVICES FOR MORE THAN 13,280 CHILDREN IN THE NORTHWEST SECTION OF PHILADELPHIA. CCIS PROVIDES INFORMATION AND REFERRALS TO ASSIST WORKING PARENTS IN FINDING, SELECTING AND PAYING FOR CHILDCARE. CCIS CONTINUES TO BE A VALUABLE RESOURCE FOR LOW-INCOME WORKING PARENTS AND FAMILIES IN TRANSITION FROM WELFARE SEEKING AFFORDABLE AND QUALITY CHILDCARE.

4b (Code: ) (Expenses \$ 273,740. including grants of \$ ) (Revenue \$ )

OUR HOUSING DEPARTMENT ASSISTS INDIVIDUALS BY PROVIDING HOUSING COUNSELING FOR THOSE FACING FORECLOSURE, SHERIFF'S SALES AND PREDATORY LENDING. OUR HOMEOWNER EDUCATION PROGRAM PROVIDES MULTIPLE FREE WORKSHOPS FOR POTENTIAL FIRST-TIME HOMEBUYERS, GIVING THEM A WEALTH OF KNOWLEDGE AS THEY AIM TO BUILD WEALTH THROUGH ACHIEVING THE AMERICAN DREAM OF HOMEOWNERSHIP. WE COUNSEL INDIVIDUALS ON FAIR HOUSING RIGHTS INFORMATION, REAL ESTATE SELECTION, LENDING PRACTICES, MONEY MANAGEMENT, BUDGETING, CREDIT REPAIR AND BROKER SELECTION. ESCROW COUNSELING IS ALSO AVAILABLE FOR CLIENTS LIVING IN SUBSTANDARD HOUSING WITH LICENSING AND INSPECTION VIOLATIONS.

4c (Code: ) (Expenses \$ 363,673. including grants of \$ ) (Revenue \$ 38,654.)

OUR CAREER AND HUMAN CAPITAL DEVELOPMENT DEPARTMENT REACHES THE COMMUNITY IN A VARIETY OF WAYS, INCLUDING AN IN-HOUSE CAREER CENTER, AN ONLINE JOB SEARCH PROGRAM AND THROUGH REGULAR PROFESSIONAL DEVELOPMENT PROGRAMS. THE PEOPLE WE SERVE INCLUDE THE UNEMPLOYED, UNDEREMPLOYED AND CURRENT PROFESSIONALS SEEKING TO ADVANCE IN MANAGEMENT. THE SERVICES OFFERED INCLUDE SEMINARS, INDIVIDUAL CAREER CONSULTATIONS, CAREER APTITUDE TESTING, ACCESS TO JOB POSTINGS, AND INDUSTRY-SPECIFIC JOB TRAINING. THE URBAN LEAGUE EMPLOYMENT NETWORK (ULEN) IS OUR ONLINE ARM THAT ALLOWS PEOPLE TO POST THEIR RESUMES AND APPLY FOR JOBS NATIONWIDE.

4d Other program services. (Describe in Schedule O.)

(Expenses \$ 163,127. including grants of \$ 59,500. ) (Revenue \$ 77,624. )

4e Total program service expenses ► 43,715,527.

Part IV Checklist of Required Schedules

Table with 3 columns: Question, Yes, No. Rows 1-20 contain various organizational requirements and their status (Yes/No).

**Part IV Checklist of Required Schedules (continued)**

		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i> . . . . .		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III.</i> . . . . .	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> . . . . .	X	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to question 25</i> . . . . .		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .		
25 a	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> . . . . .		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i> . . . . .		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i> . . . . .		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i> . . . . .		X
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i> . . . . .		X
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i> . . . . .		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> . . . . .		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .		X
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> . . . . .		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O. . . . .	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 1a through 12a regarding IRS filings and tax compliance.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body (28); 1b Enter the number of voting members that are independent (28); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (X); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? (X); 4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? (X); 5 Did the organization become aware during the year of a material diversion of the organization's assets? (X); 6 Does the organization have members or stockholders? (X); 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? (X); 7b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? (X); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (X); b Each committee with authority to act on behalf of the governing body? (X); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (X).

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Does the organization have local chapters, branches, or affiliates? (X); 10b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?; 11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? (X); 11A Describe in Schedule O the process, if any, used by the organization to review this Form 990.; 12a Does the organization have a written conflict of interest policy? If "No," go to line 13 (X); 12b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (X); 12c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done (X); 13 Does the organization have a written whistleblower policy? (X); 14 Does the organization have a written document retention and destruction policy? (X); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official (X); b Other officers or key employees of the organization (X); 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (X); 16b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed PA;
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. [X] Own website [ ] Another's website [X] Upon request
19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: REGINE METELLUS 121 SOUTH BROAD STREET, 9TH FL PHILADELPHIA, PA 19107 215-985-3220

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if the organization did not compensate any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
SCOTT BASS DIRECTOR	1.50	X					0.	0.	0.	
THOMAS S BIEMER LEGAL COUNSEL	1.00	X					0.	0.	0.	
JEFFREY N BROWN DIRECTOR	.50	X					0.	0.	0.	
TANYA BURNETT DIRECTOR	.50	X					0.	0.	0.	
CHARLES CARRINGTON TREASURER	1.50	X		X			0.	0.	0.	
ANDREA CUSTIS DIRECTOR	1.00	X					0.	0.	0.	
HAROLD EPPS DIRECTOR	1.00	X					0.	0.	0.	
DAVE FITTS DIRECTOR	.50	X					0.	0.	0.	
TANGEE GIBSON DIRECTOR	1.00	X					0.	0.	0.	
IRENE HANNAN DIRECTOR	1.00	X					0.	0.	0.	
HARRY JOHNSON DIRECTOR	.50	X					0.	0.	0.	
REV. KEVIN JOHNSON DIRECTOR	1.00	X					0.	0.	0.	
ROBERT KEYES BOARD VICE CHAIRMAN	1.50	X		X			0.	0.	0.	
ROGER A. KRONE DIRECTOR	1.00	X					0.	0.	0.	
MELLANIE K. LASSITER DIRECTOR	1.50	X					0.	0.	0.	
KIMBERLY BONNER MASSEY DIRECTOR	1.50	X					0.	0.	0.	

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
ERIC MAYBERRY DIRECTOR	.50	X					0.	0.	0.	
JOE MBOGO DIRECTOR	1.50	X					0.	0.	0.	
JOHN MIMS DIRECTOR	.50	X					0.	0.	0.	
KEVIN D. NESBITT DIRECTOR	1.50	X					0.	0.	0.	
DIONNE SAVAGE, ESQ. DIRECTOR	1.50	X					0.	0.	0.	
PATRICIA SMITH, ESQ DIRECTOR	.50	X					0.	0.	0.	
OTHA SPRIGGS, III BOARD CHAIRMAN	1.00	X		X			0.	0.	0.	
ROSEMARY TURNER SECRETARY	1.50	X		X			0.	0.	0.	
PATRICK WALSH DIRECTOR	1.00	X					0.	0.	0.	
JOYCE WARREN DIRECTOR	1.00	X					0.	0.	0.	
TINA WATERS DIRECTOR	1.50	X					0.	0.	0.	
CYNTHIA F. WOLLMAN DIRECTOR	.50	X					0.	0.	0.	
PATRICIA A. COULTER PRESIDENT & CEO	35.00			X			173,626.	0.	12,815.	
<b>1b Total</b> CONTINUED AT SCHEDULE J-2							290,560.	0.	24,542.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **2**

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person		X

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 3		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **18**

**Part VII Statement of Revenue**

23-1429810

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . . . .	1a					
	1b	Membership dues . . . . .	1b	31,351.				
	1c	Fundraising events . . . . .	1c	89,230.				
	1d	Related organizations . . . . .	1d					
	1e	Government grants (contributions) . . . . .	1e	43,132,313.				
	1f	All other contributions, gifts, grants, and similar amounts not included above . . . . .	1f	923,566.				
	g	Noncash contributions included in lines 1a-1f: \$ . . . . .						
	h	<b>Total.</b> Add lines 1a-1f . . . . .		44,176,460.				
Program Service Revenue				<b>Business Code</b>				
	2a	LEADERSHIP TUITION . . . . .	611430	67,600.	67,600.			
	b	EMPLOYER RECRUITING SERVICES . . . . .	561300	18,680.	18,680.			
	c	CAREER/ENTREPRENEURIAL COACHING . . . . .	541610	18,721.	18,721.			
	d	ONLINE JOB POSTING . . . . .	561300	1,253.	1,253.			
	e	_____ . . . . .						
	f	All other program service revenue . . . . .						
	g	<b>Total.</b> Add lines 2a-2f . . . . .		106,254.				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) . . . . .		895.			895.	
	4	Income from investment of tax-exempt bond proceeds . . . . .		0.				
	5	Royalties . . . . .		0.				
	6a	Gross Rents . . . . .	(i) Real	(ii) Personal				
	b	Less: rental expenses . . . . .						
	c	Rental income or (loss) . . . . .						
	d	Net rental income or (loss) . . . . .		0.				
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	b	Less: cost or other basis and sales expenses . . . . .						
	c	Gain or (loss) . . . . .						
	d	Net gain or (loss) . . . . .		0.				
8a	Gross income from fundraising events (not including \$ 89,230. of contributions reported on line 1c). See Part IV, line 18 . . . . .	a	618,586.					
b	Less: direct expenses . . . . .	b	286,940.					
c	Net income or (loss) from fundraising events . . . . .		331,646.			331,646.		
9a	Gross income from gaming activities. See Part IV, line 19 . . . . .	a						
b	Less: direct expenses . . . . .	b						
c	Net income or (loss) from gaming activities . . . . .		0.					
10a	Gross sales of inventory, less returns and allowances . . . . .	a						
b	Less: cost of goods sold . . . . .	b						
c	Net income or (loss) from sales of inventory . . . . .		0.					
<b>Miscellaneous Revenue</b>			<b>Business Code</b>					
11a	OTHER REVENUE . . . . .	900099	10,024.	10,024.				
b	_____ . . . . .							
c	_____ . . . . .							
d	All other revenue . . . . .							
e	<b>Total.</b> Add lines 11a-11d . . . . .		10,024.					
12	<b>Total Revenue.</b> See instructions . . . . .		44,625,279.	116,278.		332,541.		

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.  
 All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 . . .	0.			
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22 . . . . .	59,500.	59,500.		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 . . . . .	0.			
4 Benefits paid to or for members . . . . .	0.			
5 Compensation of current officers, directors, trustees, and key employees . . . . .	282,245.	120,298.	161,947.	0.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . .	0.			
7 Other salaries and wages . . . . .	2,662,565.	2,240,626.	300,406.	121,533.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . .	36,242.	27,073.	7,299.	1,870.
9 Other employee benefits . . . . .	647,437.	566,897.	65,725.	14,815.
10 Payroll taxes . . . . .	213,647.	174,918.	29,823.	8,906.
11 Fees for services (non-employees):				
a Management . . . . .	0.			
b Legal . . . . .	0.			
c Accounting . . . . .	37,512.	0.	37,512.	0.
d Lobbying . . . . .	0.			
e Professional fundraising services. See Part IV, line 17	0.			
f Investment management fees . . . . .	0.			
g Other . . . . .	39,875,260.	39,822,003.	53,257.	0.
12 Advertising and promotion . . . . .	2,164.	0.	2,164.	0.
13 Office expenses . . . . .	327,917.	257,197.	70,720.	0.
14 Information technology . . . . .	0.			
15 Royalties . . . . .	0.			
16 Occupancy . . . . .	429,176.	303,424.	125,752.	0.
17 Travel . . . . .	18,949.	6,827.	12,122.	0.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings . . . . .	21,706.	13,225.	8,481.	0.
20 Interest . . . . .	69,399.	69,399.	0.	0.
21 Payments to affiliates . . . . .	0.			
22 Depreciation, depletion, and amortization . . . . .	12,998.	0.	12,998.	0.
23 Insurance . . . . .	50,802.	37,794.	13,008.	0.
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a DUES & MEMBERSHIPS . . . . .	17,377.	1,000.	16,377.	0.
b BANK/PAYROLL FEES . . . . .	16,505.	8,737.	7,768.	0.
c MISCELLANEOUS . . . . .	26,326.	6,609.	19,717.	0.
d . . . . .				
e . . . . .				
f All other expenses . . . . .				0.
25 Total functional expenses. Add lines 1 through 24f	44,807,727.	43,715,527.	945,076.	147,124.
26 Joint Costs. Check here <input type="checkbox"/> If following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation . . . . .				

**Part X Balance Sheet**

		(A)		(B)	
		Beginning of year		End of year	
Assets	1	Cash - non-interest-bearing	150.	1	66,448.
	2	Savings and temporary cash investments	2,734,370.	2	4,403,058.
	3	Pledges and grants receivable, net	2,140,532.	3	473,049.
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	110,279.		
	10b	Less: accumulated depreciation	81,932.		
			12,673.	10c	28,347.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
15	Other assets. See Part IV, line 11	150,065.	15	143,937.	
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	5,037,790.	16	5,114,839.	
Liabilities	17	Accounts payable and accrued expenses	580,812.	17	473,501.
	18	Grants payable		18	
	19	Deferred revenue	58,538.	19	20,897.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	511.	21	511.
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities. Complete Part X of Schedule D	3,780,940.	25	4,185,389.
	26	<b>Total liabilities.</b> Add lines 17 through 25	4,420,801.	26	4,680,298.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	452,759.	27	243,644.
	28	Temporarily restricted net assets	164,230.	28	190,897.
	29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
33	<b>Total net assets or fund balances</b>	616,989.	33	434,541.	
34	<b>Total liabilities and net assets/fund balances</b>	5,037,790.	34	5,114,839.	

**Part X** Financial Statements and Reporting

**1** Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.

**2a** Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . .

**b** Were the organization's financial statements audited by an independent accountant? . . . . .

**c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? . . . . .  
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

**d** If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis

**3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . . . .

**b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
<b>2a</b>		X
<b>2b</b>	X	
<b>2c</b>	X	
<b>3a</b>	X	
<b>3b</b>	X	

Form **990** (2009)



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.)

Section A. Public Support

Table with 7 columns: (a) 2005, (b) 2006, (c) 2007, (d) 2008, (e) 2009, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2005, (b) 2006, (c) 2007, (d) 2008, (e) 2009, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc. (see instructions); 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 2 columns: Description, Percentage. Rows include: 14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 99.90%; 15 Public support percentage from 2008 Schedule A, Part II, line 14 99.05%; 16a 33 1/3 % support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization [X]; 16b 33 1/3 % support test - 2008. 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 [ ]; 17a 10%-facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization [ ]; 17b 10%-facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization [ ]; 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions [ ].

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . . .						
3 Gross receipts from activities that are not an unrelated trade or business 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 . . . . .						
6 Total. Add lines 1 through 5 . . . . .						
7a 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 . . . . .						
c Add lines 7a and 7b . . . . .						
8 Public support (Subtract line 7c from line 6.) . . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6 . . . . .						
10 a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
c 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.) . . . . .						
13 Total support. (Add lines 9, 10c, 11, and 12.) . . . . .						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here . . . . . ▶ <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) . . . . .	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15 . . . . .	16	%

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) . . . . .	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17 . . . . .	18	%

- 19 a 33 1/3 % support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization ▶
- b 33 1/3 % support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization ▶
- 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶

**Part IV** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

ATTACHMENT 1

SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2005	2006	2007	2008	2009	TOTAL
OTHER REVENUE	29,537.	61,700.	9,553.	9,099.	20,756.	130,645.
TOTALS	<u>29,537.</u>	<u>61,700.</u>	<u>9,553.</u>	<u>9,099.</u>	<u>20,756.</u>	<u>130,645.</u>

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

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, 990-EZ, or 990-PF.

OMB No. 1545-0047

**2009**

Name of the organization

URBAN LEAGUE OF PHILADELPHIA

Employer identification number

23-1429810

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust not treated as a private foundation

527 political organization

Form 990-PF

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.

**General Rule**

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 contributor. Complete Parts I and II.

**Special Rules**

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, aggregate 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 aggregate 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 religious, charitable, etc., contributions of \$5,000 or more during the year . . . . . ▶ \$ \_\_\_\_\_

**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 line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

Name of organization <b>URBAN LEAGUE OF PHILADELPHIA</b>	Employer identification number <b>23-1429810</b>
--	---

**Part I** Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	COMMONWEALTH OF PA DEP OF PUBLIC WELFARE  BERTOLINO BUILDING, 4TH FLR PO BOX 2675  HARRISBURG, PA 17105	\$ 42,797,833.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

**SCHEDULE D  
(Form 990)**

**Supplemental Financial Statements**

OMB No. 1545-0047

**2009**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization

URBAN LEAGUE OF PHILADELPHIA

Employer identification number

23-1429810

**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 Total number at end of year . . . . .		
2 Aggregate contributions to (during year) . . . . .		
3 Aggregate grants from (during year) . . . . .		
4 Aggregate value at end of year . . . . .		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds 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 can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? . . . . .  Yes  No

**Part II 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).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Year
a Total number of conservation easements . . . . .	2a
b Total acreage restricted by conservation easements . . . . .	2b
c Number of conservation easements on a certified historic structure included in (a) . . . . .	2c
d Number of conservation easements included in (c) acquired after 8/17/06 . . . . .	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

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, handling of violations, and enforcement of the conservation easements it holds? . . . . .  Yes  No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ \_\_\_\_\_

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 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? . . . . .  Yes  No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.** Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 . . . . . ▶ \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X . . . . . ▶ \$ \_\_\_\_\_

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:

a Revenues included in Form 990, Part VIII, line 1 . . . . . ▶ \$ \_\_\_\_\_

b Assets included in Form 990, Part X . . . . . ▶ \$ \_\_\_\_\_

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets(continued)

3 Using the organization's acquisition, access, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a Public exhibition, b Scholarly research, c Preservation for future generations, d Loan or exchange programs, e Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XI V and complete the following table:

Table with 2 columns: Description, Amount. Rows: 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XI V.

Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10.

Table with 6 columns: (a) Current Year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows: 1a-1g: Beginning of year balance, Contributions, Net investment earnings, gains, and losses, Grants or scholarships, Other expenditures for facilities and programs, Administrative expenses, End of year balance

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment %
b Permanent endowment %
c Term endowment %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

Table with 2 columns: Yes, No. Rows: 3a(i) unrelated organizations, 3a(ii) related organizations, 3b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Table with 5 columns: (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows: 1a Land, b Buildings, c Leasehold improvements, d Equipment, e Other, Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)



**Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements**

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	44,625,279.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	44,807,727.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-182,448.
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	-182,448.

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

1	Total revenue, gains, and other support per audited financial statements	1	44,945,265.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	33,046.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	286,940.
e	Add lines 2a through 2d	2e	319,986.
3	Subtract line 2e from line 1	3	44,625,279.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	44,625,279.

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

1	Total expenses and losses per audited financial statements	1	45,127,713.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	33,046.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	286,940.
e	Add lines 2a through 2d	2e	319,986.
3	Subtract line 2e from line 1	3	44,807,727.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	44,807,727.

**Part XIV Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

SEE PAGE 5

**Part XIV** Supplemental information (continued)

## ARRANGEMENT FOR ESCROW DISTRIBUTIONS

FORM 990, SCHEDULE D, PART IV, LINE 2B

THE ESCROW BALANCES HELD BY ULP RESULT FROM LANDLORD-TENANT DISPUTES.  
THESE DISPUTES ARE RESOLVED IN A COURT OF LAW, AND ULP DISBURSES THE  
BALANCES IN THE ESCROW ACCOUNT IN ACCORDANCE WITH THE COURT'S DECISION.

## SPECIAL EVENTS EXPENSE

FORM 990, SCHEDULE D, PART XII, LINE 2D &amp; PART XIII, LINE 2D

SPECIAL EVENT EXPENSE OF \$286,940 WAS EXCLUDED FROM REVENUE AND EXPENSES.



**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total events	
		GALA (event type)	LUNCHEON (event type)	3 (total number)	(add col. (a) through col. (c))	
Revenue	1	Gross receipts	569,929.	60,990.	76,897.	707,816.
	2	Less: Charitable contributions	48,300.	16,080.	24,850.	89,230.
	3	Gross income (line 1 minus line 2)	521,629.	44,910.	52,047.	618,586.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs	1,500.	0.	1,000.	2,500.
	7	Food and beverages	80,632.	17,530.	36,029.	134,191.
	8	Entertainment	17,500.	0.	2,600.	20,100.
	9	Other direct expenses	92,535.	21,396.	16,218.	130,149.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				
11	Net income summary. Combine line 3, column (d), and line 10					331,646.

**Part III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))	
		Yes % No	Yes % No	Yes % No		
Revenue	1	Gross revenue				
Direct Expenses	2	Cash prizes				
	3	Noncash prizes				
	4	Rent/facility costs				
	5	Other direct expenses				
6	Volunteer labor	Yes % No	Yes % No	Yes % No		
7	Direct expense summary. Add lines 2 through 5 in column (d)					( )
8	Net gaming income summary. Combine line 1, column d, and line 7					

	Yes	No
9 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? _____	9a	
b If "No," explain: _____		
10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a	
b If "Yes," explain: _____		
11 Does the organization operate gaming activities with nonmembers? _____	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 gaming? _____	12	





**Part III** Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
SCHOLARSHIPS	31	59,500.	0.	N/A	N/A

**Part IV** Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

MONITORING THE USE OF GRANT FUNDS IN THE U.S.

FORM 990 SCHEDULE I, PART I, LINE 2

THE URBAN LEAGUE OF PHILADELPHIA'S POLICY IS TO PAY SCHOLARSHIP AWARDS

DIRECTLY TO THE SCHOOL SO THAT THE ORGANIZATION CAN ENSURE THAT THE FUNDS

ARE USED IN ACCORDANCE WITH SCHOLARSHIP AWARD GUIDELINES. ULP ALSO

REQUIRES CURRENT TRANSCRIPT INFORMATION TO CONFIRM THAT THE STUDENT IS

PROPERLY ENROLLED BEFORE ANY PAYMENTS ARE MADE.

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2009**

**Open to Public Inspection**

Name of the organization

URBAN LEAGUE OF PHILADELPHIA

Employer identification number

23-1429810

**Part I Questions Regarding Compensation**

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees   |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If any of the boxes on line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> Compensation committee   | <input checked="" type="checkbox"/> Written employment contract                     |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a Receive a severance payment or change-of-control payment?
- b Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.**

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a The organization?
- b Any related organization?
- If "Yes" to line 5a or 5b, describe in Part III.

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a The organization?
- b Any related organization?
- If "Yes" to line 6a or 6b, describe in Part III.

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2009







SCHEDULE O  
(Form 990)

Department of the Treasury  
Internal Revenue Service  
Name of the organization

URBAN LEAGUE OF PHILADELPHIA

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on  
Form 990 or to provide any additional information.  
▶ Attach to Form 990.

OMB No. 1545-0047

2009

Open to Public  
Inspection

Employer identification number

23-1429810

ATTACHMENT 2

DESCRIPTION OF OTHER PROGRAM SERVICES

FORM 990, PART III, LINE 4D

ULP'S PRIMARY OTHER PROGRAM IS AN ENTREPRENEURSHIP CENTER SUPPORTING NEW  
AND GROWING SMALL BUSINESSES. IN ADDITON, ULP PROVIDES SCHOLARSHIPS TO  
COLLEGE STUDENTS TO SUPPORT THEIR EDUCATION ACHIEVEMENT.

DESCRIBE THE PROCESS USED BY MANAGEMENT &/OR GOVERNING BODY TO REVIEW 990  
FORM 990, PART VI, QUESTION 11

MANAGEMENT WILL WORK CLOSELY WITH ITS ACCOUNTING FIRM TO PREPARE THE 990.  
ONCE A FINAL DRAFT IS COMPLETED, IT WILL BE FORWARDED TO THE BOARD OF  
DIRECTORS FOR REVIEW. BOARD MEMBERS WILL HAVE THE OPPORTUNITY TO SUBMIT  
QUESTIONS AND COMMENTS TO THE 990. THESE WILL BE ACCUMULATED AND REVIEWED  
BY THE FINANCE COMMITTEE OF THE BOARD OF DIRECTORS. AFTER ALL QUESTIONS  
ARE RESOLVED AND RESPONDED TO THE BOARD WILL BE ASKED TO VOTE  
ELECTRONICALLY TO APPROVE THE 990. ONCE APPROVED, THE FORM WILL BE  
SUBMITTED TO THE IRS.

DESCRIPTION OF PROCESS TO MONITOR TRANSACTIONS FOR CONFLICTS OF INTEREST  
FORM 990, PART VI, QUESTION 12C

THE CONFLICT OF INTEREST POLICY IS SIGNED BY ALL BOARD MEMBERS EVERY  
YEAR, DOCUMENTING THEIR AGREEMENT AND COMPLIANCE WITH THE POLICY. IF A  
CONFLICT ARISES, THE BOARD MEMBER IN QUESTION WOULD RECUSE  
HIMSELF/HERSELF FROM VOTING.

Name of the organization URBAN LEAGUE OF PHILADELPHIA	Employer identification number 23-1429810
--	--

ATTACHMENT 2 (CONT'D)

PROCESS FOR DETERMINING COMPENSATION FOR THE CEO, OTHER OFFICERS & KEY EMP

FORM 990, PART VI, QUESTION 15A & 15B

THE FOLLOWING DESCRIBES THE PROCESS FOR COMPENSATION REVIEW FOR ULP'S  
PRESIDENT. REVIEW OF THE COMPENSATION ARRANGEMENTS SHALL BE BY THE BOARD.  
THE BOARD SHALL BE COMPRISED OF THOSE BOARD MEMBERS WHO ARE DISINTERESTED  
AND DETACHED FROM THE DISQUALIFIED PERSON INVOLVED IN THE TRANSACTION.  
THE MEMBERS OF THE BOARD SHALL USE COMPARABILITY DATA PRIOR TO THE  
APPROVAL OF ANY COMPENSATION ARRANGEMENTS. COMPENSATION OF OTHER OFFICERS  
AND KEY EMPLOYEES IS DETERMINED BY THE CEO BASED ON PERFORMANCE.

AVAIL OF GOV DOCS, CONFLICT OF INTEREST POLICY, & FIN STMTS TO GEN PUBLIC  
FORM 990, PART VI, QUESTION 19

GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS  
ARE AVAILABLE ON THE ULP WEBSITE AND UPON REQUEST.

MEMBERS AND STOCKHOLDERS

FORM 990, PART VI, LINE 6 AND 7A

MEMBERS PAY AN ANNUAL MEMBERSHIP DUE AND HAVE THE RIGHT TO ELECT MEMBERS  
OF THE ORGANIZATION'S GOVERNING BODY.

AVAILABILITY OF DOCUMENTS FOR PUBLIC INSPECTION

FORM 990, PART VI, LINE 18

THE ORGANIZATION'S FORM 990 IS AVAILABLE ON ITS WEBSITE,  
WWW.URBANLEAGUEPHILA.ORG AND IS MADE AVAILABLE TO THE GENERAL PUBLIC BY  
PROVIDING A COPY UPON REQUEST.

ATTACHMENT 3

Schedule O (Form 990) 2009

Name of the organization

URBAN LEAGUE OF PHILADELPHIA

Employer identification number

23-1429810

ATTACHMENT 3 (CONT'D)

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
SMART START ACADEMY, LLC 1509 E. WADSWORTH AVENUE, #11 PHILADELPHIA, PA 19150-1615	DAY CARE SERVICES	553,770.
TIMOTHY & MONIQUE SALLEY 6531 GERMANTOWN AVENUE PHILADELPHIA, PA 19119-2247	DAY CARE SERVICES	325,048.
BRIGHTSIDE ACADEMY, INC. 707 GRANT STREET GULF TOWER 15TH FLOOR PITTSBURGH, PA 15222-1908	DAY CARE SERVICES	310,136.
MARY MORAGNE SHULE 118 W. CHELTEN AVENUE PHILADELPHIA, PA 19144-3302	DAY CARE SERVICES	242,239.
SEDINA MILES-FENNELL 2100 E. WASHINGTON LANE PHILADELPHIA, PA 19138	DAY CARE SERVICES	235,127.
TOTAL COMPENSATION		<u>1,666,320.</u>