BOSTON, MA

May the IRS discuss this return with the preparer shown above? (see instructions)

For Paperwork Reduction Act Notice, see the separate instructions.

02131-2517

4-40

978-764-8966

Yes No Form 990 (2016)

orm 990 (2016) URBAN LEAGUE OF EASTERN	23-7349132	Page 2
Part III Statement of Program Service Accomplishment		
Check if Schedule O contains a response or note to	o any line in this Paπ III	<u>_</u>
1 Briefly describe the organization's mission THE URBAN LEAGUE AIMS TO ENABLES ADUI SOCIAL BARRIERS, ECONOMIC INEQUITIES, EMPLOYMENT, AND ECONOMIC DEVELOPMENT	, SEXUAL AND DOMESTIC VIC	
2 Did the organization undertake any significant program services during th	ne year which were not listed on the	
prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.		Yes X No
3 Did the organization cease conducting, or make significant changes in ho	ow it conducts, any program	
services?		Yes X No
If "Yes," describe these changes on Schedule O.Describe the organization's program service accomplishments for each o	of its three largest program conjuges, as measurer	1 by
expenses. Section 501(c)(3) and 501(c)(4) organizations are required to the total expenses, and revenue, if any, for each program service reported	report the amount of grants and allocations to oth	
4a (Code) (Expenses \$ 758,977 including grant	ts of\$ 678,553) (Revenue \$)
MATURE WORKER PROGRAM IN PARTNERSHIP WITH THE NATIONAL URBA UNITED STATES DEPARTMENT OF LABOR, THE INNOVATIVE, COMMUNITY-BASED WORKFORCE COMBINES SOFT AND HARD SKILLS TRAININ ARRAY OF EMPLOYERS AND COMMUNITY-BASE PLACEMENT WITH CAREER COACHING AND RE NURTURE AND PROMOTE THE DIGNITY AND I 55+ - THROUGH VARIOUS WORK ASSIGNMENT PARTICIPANTS CAN ENROLL IN MWP FOR UR	HE MATURE WORKER PROGRAM DEVELOPMENT TRAINING PING; WORKS IN COLLABORATION NONPROFIT AGENCIES; AND ETENTION SUPPORT. MWP'S INDEPENDENCE OF OLDER WORLS.	(MWP) IS AN ROGRAM THAT ON WITH AN ND SUPPORTS JO FOCUS IS TO RKERS - AGES
4b (Code) (Expenses \$ 434,766 including grant	ts of\$ 422, 456) (Revenue \$	127,740)
WORKFORCE DEVELOPMENT TRAINING PROGRA	AMS	
COMPUTER LITERACY & INTERNET KNOWLEDGE THE DIGITAL DIVIDE CONTINUES TO GREAT CLIK PROGRAM GIVES CLIENTS THE FOUNDATHE GROUND RUNNING. CLIENTS LEARN THE SOFTWARE, AND HARDWARE BECOMING DIGIT PROGRAM IS OFFERED FOUR TIMES THROUGH ENROLLED AND 33 COMPLETED AND RECEIVE CREDENTIALS.	TLY IMPACT UNDERSERVED CONTION AND MOTIVATION THE SENUTS AND BOLTS OF COMPUTALLY COMPETENT IN THE PROPERTY OF THE YEAR. IN FY 17, ED THEIR MICROSOFT DIGITAL	Y NEED TO HIT UTERS, ROCESS. THE 37 STUDENTS AL LITERACY
	ts of \$ 136,088) (Revenue \$)
DOMESTIC/SEXUAL VIOLENCE SUPPORT DOMESTIC/SEXUAL ABUSE AND VIOLENCE SU SERVICES PROGRAM. THE SERVES AFRICAN FAMILIES IN BOSTON'S INNER-CITY.: 1) TRAINING, PLACEMENT AND ECONOMIC EMPO ABOUT AND FIND SUPPORT FOR S/DV; 2) V LEADERS ABOUT S/DV AND RECEIVE A SAFE TO SERVICES FROM SOMEONE THEY KNOW AN INSTITUTIONS SUCH AS CHURCHES AND ULE INFORMATION, SUPPORT, AND REFERRALS; CULTURALLY SPECIFIC INSTITUTIONS TAKE	JPPORT IS A CULTURALLY ST AMERICAN S/DV SURVIVORS VICTIMS ACCESSING ULEM DWERMENT SERVICES WILL BY VICTIMS WILL BE ABLE TO ! E AND EFFECTIVE RESPONSE ND TRUST; 3) CULTURALLY SEM WILL BECOME VITAL ACCI 4) VICTIMS WILL SEE TRUS	PECIFIC AND THEIR 'S JOB E ABLE TO TALK TALK WITH FAIT AND REFERRALS SPECIFIC ESS POINTS FOR STED,
4d Other program services (Describe in Schedule O.)		
(Expenses \$ 13,384 including grants of\$) (Revenue \$	
4e Total program service expenses ▶ 1,347,148		
ΔΔ		Form 990 (2016)

Form 990 (2016) URBAN LEAGUE OF EASTERN

Part IV Checklist of Required Schedules

23-7349132

Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," X complete Schedule A X Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to X candidates for public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II X 4 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, X 5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If X "Yes." complete Schedule D, Part I 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, X 7 the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," X complete Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or X debt negotiation services? If "Yes," complete Schedule D, Part IV 9 Did the organization, directly or through a related organization, hold assets in temporarily restricted X endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 10 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 11a Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII <u>1</u>1b X c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11c X Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 11d Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X X 11e Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses \mathbf{X} the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete X 12a Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b 13 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate X foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or X for any foreign organization? If "Yes," complete Schedule F, Parts II and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other X assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on X Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) 17 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III

P	art IV: Checklist of Required Schedules (continued)	<u>-</u>			
$\overline{}$			Τ,	Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20)a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20	b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or				
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	2.	1		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Т		
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	2:	2	i	X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the		Т		
	organization's current and former officers, directors, trustees, key employees, and highest compensated	1	-	- 1	
	employees? If "Yes," complete Schedule J	2:	3	x	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	·	\Box		
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b		İ	- 1	
	through 24d and complete Schedule K If "No," go to line 25a	24	a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24	b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year		T		
	to defease any tax-exempt bonds?	24	c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24	$\overline{}$		
25a					
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25	a	1	X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	· · -	\top	$\neg \neg$	
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?	ļ			
	If "Yes," complete Schedule L, Part I	25	b	1	X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any	· · ·	Т		
	current or former officers, directors, trustees, key employees, highest compensated employees, or	ļ	1	ļ	
	disqualified persons? If "Yes," complete Schedule L, Part II	20	6		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,		Т		
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled				
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	2	7		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	,	* - E	3 -	1. The second se
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)	12 mg	7	16.	
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28		l	X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	,			
	Schedule L, Part IV	28	b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)				
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28	lc		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	- 29	9 📗		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified				
	conservation contributions? If "Yes," complete Schedule M	30	0		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,				
	Part I	3	1		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	,			
	complete Schedule N, Part II	3:	2		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations		1	ľ	
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	3:	3		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,				
	or IV, and Part V, line 1	34	4		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35	ia		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	·			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35	ь		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	Γ	T		
	related organization? If "Yes," complete Schedule R, Part V, line 2	. 30	6]	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization		T		
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,	ļ		Į	
	Part VI	3	7		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and				
	19? Note. All Form 990 filers are required to complete Schedule O.	31	в	\mathbf{x}	

	1990 (2016) URBAN LEAGUE OF EASTERN 23-7349	132			<u> </u>	age o
Pa	Statements Regarding Other IRS Filings and Tax Compliance	rt \/				\Box
<u> </u>	Check if Schedule O contains a response or note to any line in this Pa	art v			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1à	6	N	100	7.0
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0	73		\$. \$5. ** ***.
c	Did the organization comply with backup withholding rules for reportable payments to vendors an		L- 	7		1 7 3
•	reportable gaming (gambling) winnings to prize winners?	-		1c		سائند لام
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	ı		J 3 75		T.
	Statements, filed for the calendar year ending with or within the year covered by this return	2a	19	÷		1,2,7,18
b	If at least one is reported on line 2a, did the organization file all required federal employment tax	return		2b	X	7.000
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruc		•	1 2	3 4	3.
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	,		3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Sched	tule O	•	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or of					
	over, a financial account in a foreign country (such as a bank account, securities account, or other			1	l	Į.
	account)?			4a	l	X
b	If "Yes," enter the name of the foreign country.	•	•	7 (A)	1 15 Act	34.70
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Finance	ial Ac	counts	1760.7 156-7	1	
	(FBAR).			100 (300 g	1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	الم الم
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year	163		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter tra	-	on?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and of	id the				
	organization solicit any contributions that were not tax deductible as charitable contributions?			6a		X
þ	If "Yes," did the organization include with every solicitation an express statement that such contri	bution	s or			
	gifts were not tax deductible?			6b		<u> </u>
7	Organizations that may receive deductible contributions under section 170(c).	•		42. 8-20		£
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly	for go	oods		All makens	Indiana sa
	and services provided to the payor?			7a	X	<u> </u>
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	X	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which	ıt was				
	required to file Form 8282?			7с		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d		1.4677	7	- 15,2 %
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal bene	efit co	ntract?	7e	<u> </u>	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit of	contrac	ct?	7f		X
- g	If the organization received a contribution of qualified intellectual property, did the organization file	le Forr	n 8899 as required?	7g		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	anızatı	on file a Form 1098-C?	7h		X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund main	tained	by the		ا ئىللىنىدە	12°
	sponsoring organization have excess business holdings at any time during the year?			8	<u> </u>	<u>↓</u>
9	Sponsoring organizations maintaining donor advised funds.			12 WE	Ties	
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a	L	<u>↓</u>
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter			1 3 3 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	7 - 57 7 - 67	77 - 27 21
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				يدا گِم الريا. ع _{يد} (غات
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		- 163 m	4 3 5	⊕ , g = ,
11	Section 501(c)(12) organizations. Enter.			43.5	13 12.	ا چُر فادا درسین فادا
а	Gross income from members or shareholders	11a			2	
þ	Gross income from other sources (Do not net amounts due or paid to other sources			15 5	1171	
	against amounts due or received from them.)	11b			1 (°)	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of	Form	1041?	12a	<u> </u>	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	<u> </u>		334	13
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			13.3		1
a	Is the organization licensed to issue qualified health plans in more than one state?			13a	ļ	
	Note. See the instructions for additional information the organization must report on Schedule O.	•		الأسراء الأسالة الأسراء الإسالة		라 -1- 네~ 다
b	Enter the amount of reserves the organization is required to maintain by the states in which		1	2 / T		154
	the organization is licensed to issue qualified health plans	13b	ļ			126
C	Enter the amount of reserves on hand	13c	<u> </u>	i vaj	121	1
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a	 	X
<u>b</u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Sch	edule	0	14b	ا	<u></u>
DAA				For	ա 996	0 (2016

23-7349132 Form 990 (2016) URBAN LEAGUE OF EASTERN Page_6 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. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. Enter the number of voting members included in line 1a, above, who are independent 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? 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? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 5 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 6 6 Did the organization have members or stockholders? 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? usil Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the follow ına : X a The governing body? 8a X b Each committee with authority to act on behalf of the governing body? 8b 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code. No 10a X 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b X 11a 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c X 13 Did the organization have a written whistleblower policy? 13 14 Did 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? The organization's CEO, Executive Director, or top management official 15a 15b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 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? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ MA Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year State the name, address, and telephone number of the person who possesses the organization's books and records

C/O

ULEM

88 WARREN ST.

02119

ROXBURY

JACQUELINE GEORGE

9132

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

Check if Schedule O contains a response or note to any line in this Part VII

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.
- 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, if any 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 neither the organization nor any related organization compensated any current officer, director, or trustee. Reportable Reportable Estimated Position Name and Title Average compensation compensation from amount of (do not check more than one hours per from related other box, unless person is both an week compensation officer and a director/trustee) the organizations (list any (W-2/1099-MISC) from the organization hours for (W-2/1099-MISC) organization nstitutional trustee related and related organizations employee organizations below dotted trustee line) (1) JOSEPH FEASTER 1.00 0 0 0 BOARD MEMBER X 0.00 (2) JACKIE GADSDEN 1.00 0 BOARD MEMBER 0.00 X 0 0 (3) MARIAN GREEN-ROBINSON 1.00 0 0 0 X BOARD MEMBER 0.00 (4) ANDREA KERSHAW 1.00 0 0 BOARD CHAIR 0.00 X 0 (5) PAUL MCGUIGGAN 1.00 X X 0 0 0 TREASURER 0.00 (6) RONIA STEWART 1.00 0.00 X X 0 0 0 CLERK (7) RACHELLE VILLARSON 1.00 0 0 0 BOARD MEMBER 0.00 X (8) DC WARE 1.00 0 0 BOARD MEMBER 0.00 X (9) CHRIS BUCHANAN 1.00 BOARD MEMBER 0 0 0 0.00 X (10) BRENDA COLE 1.00 BOARD MEMBER 0 0 0 0.00 X (11) VINCENT LOPORCHIO 1.00 0 0 BOARD MEMBER 0.00 Form 990 (2016) DAA

Form 990 (2016) URBAN LEAGUE OF EASTERN

Part VII Section A. Officer	s, Directors, Ti	rust	ees,	Key	En	plo	/ees	s, and Highest Compens	ated Employees (continu	ied)
(A)	(B)	Ì			C)			(D)	(E)	(F)
Name and title	Average hours per	(de	o not o		sition more	than	one	Reportable compensation	Reportable compensation from	Estimated amount of
	week	bo	x, unle	ess pe	erson	ıs bot	h an	from	related	other
	(list any hours for				т_	or/trus	·	the organization	organizations (W-2/1099-MISC)	compensation from the
	related	or nd	1 2	Officer	€		Former	(W-2/1099-MISC)		organization
	organizations below dotted	individual i	Į į	ğ	a a	loges of] =			and related organizations
	line)	or trustee	natu		(ey employee	°§	ŀ			-
	ĺ	stee	nstitutional trustee	ľ	ľ	Highest compensated employee				
(20) TAUNYA WILLI	AMS-CADI	F:		├	1-	<u> </u>	├			
(20) IRONIA WILLI	1.00	Γ.	ן ד			}	ļ			
BOARD MEMBER	0.00	x						0	0	0
(21) DOROTHEA JON	ES									
	1.00	l		l		ł			}	
BOARD MEMBER	0.00	X	├-	 	├	╀	 	0	0	0
(22) JOHNNY GREEN				Į	1		1			
BOARD MEMBER	1.00	x		ĺ		(İ	o	o	o
	IAMS	1	\vdash	┢	+	t^-	╂─	·		
(==, 11125 H	1.00	•]]]	}		
BOARD MEMBER	0.00	X						0	0	0
(24) DARNELL WILL		İ	l	Ì	Ì	1	l	1		
	40.00	.}			1	l	ł	127 700	,	E COA
PRESIDENT & CEO (25) JACQUELINE G	0.00	-	-	X	-	╁	╁	137,799	0	5,604
(25) DACQUELINE G	40.00	1	l			1	1			
VP OF FINANCE	0.00	1		\mathbf{x}	}		ł	104,074	o	14,557
(26) SAMUEL GERSO		 	-	-	-	\top	 	104/0/4		
	0.00					Ì	1			
DIRECTOR EMERITUS	0.00	Ĺ.					x	0	0	0
(27) JOYCE LONDON		EI	1			Ţ				
	0.00		1	1	1		_			
DIRECTOR EMERITUS	0.00	<u> </u>	L		<u> </u>	<u>. </u>	X	041 073	0	
1b Sub-total								241,873	 	20,161
c Total from continuation sh d Total (add lines 1b and 1c)	eets to Part VII	ı, 5e	CTIO	ПА						
2 Total number of individuals	including but no	at lim	nted	to th	nose	liste	d a	bove) who received more	than \$100,000 of	
reportable compensation fro	•									
2. Did the agreement of but agree	f			4-		_			anastad	Yes No
3 Did the organization list any employee on line 1a? If "Yes									ensated	3
4 For any individual listed on I	ne 1a, is the su	m of	rep	ortat	ole c	omp	ens	ation and other compensa		15 (P.A. 2) AND (PARA) TO SAY 3 TO TOMATO (SAN AND
organization and related org	anızatıons great	ter ti	nan S	150	,000)?	"Ye	s," complete Schedule J fo	or such	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
individualDid any person listed on line	1a receive or a	CCTII	Ie co	mne	ansa	tion:	fron	any unrelated organization	on or individual	4
for services rendered to the										5
Section B. Independent Contrac										
Complete this table for your compensation from the organical compensation.	five highest con	nper	sate	d in	depe	ende	nt c	ontractors that received m	ore than \$100,000 of within the organization's	tax vear
Name on	(A) d business address		<u>iipei</u>	154(1	<u> </u>	<u> </u>	T	Description of the control of the co	(B) otion of services	(C) Compensation
Name an	d business address	_					十		olion of services	Compensation
							1			
		_					\vdash			
]			
							T			
2 Total number of independent	t contractors (=	اء داه	m = 1		04 10		<u> </u>	those listed chave) who		
2 Total number of independent received more than \$100,00										
DAA										Form 990 (2016)

Total number of independent contractors (including but not limited to those listed above) who

received more than \$100,000 of compensation from the organization

Form **990** (2016)

Form **990** (2016)

Total number of independent contractors (including but not limited to those listed above) who

received more than \$100,000 of compensation from the organization

ifts, Grants

Program Service Revenue

305,756 88,439

> Busn. Code 561300

4,434

4,434

1,786,271

4,434

132,174

Other Revenue

8a Gross income from fundraising events

of contributions reported on line 1c)

9a Gross income from gaming activities

10a Gross sales of inventory, less returns and allowances b Less cost of goods sold

Total. Add lines 11a-11d

Total revenue. See instructions

c Net income or (loss) from fundraising events

c Net income or (loss) from gaming activities

c Net income or (loss) from sales of inventory Miscellaneous Revenue

(not including \$

See Part IV, line 18

b Less direct expenses

See Part IV. line 19 b Less direct expenses

11a OTHER REVENUE

d All other revenue

823 Form **990** (2016)

b

Form 990 (2016) URBAN LEAGUE OF EASTERN

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) Check if Schedule O contains a response or note to any line in this Part IX (A) Total expenses (B) Program service (D) Do not include amounts reported on lines 6b, Fundraising 7b, 8b, 9b, and 10b of Part VIII. general expenses expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals See Part IV. line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 23,170 166,766 77.212 267,148 trustees, and key employees 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and 4,072 4,072 persons described in section 4958(c)(3)(B) 48,174 12,365 948,205 887,666 Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 46,641 567 1,067 48,275 Other employee benefits 9,124 74,260 13,083 Payroll taxes 96,467 Fees for services (non-employees) a Management b Legal 20,058 20,058 c Accounting d Lobbying - mily and the state of the state of the e Professional fundraising services. See Part IV, line 1 Investment management fees Other (If line 11g amount exceeds 10% of line 25, column 1,688 60,681 36,112 (A) amount, list line 11g expenses on Schedule O) 98,481 2,059 1,959 100 12 Advertising and promotion 3,980 35,397 23,186 8,231 Office expenses 10,244 1,446 Information technology 13,180 1,490 15 Royalties 43,288 6,379 58,554 8,887 Оссиралсу 11,300 8,297 17 Travel 22.797 3,200 Payments of travel or entertainment expenses for any federal, state, or local public officials 18,330 10,658 7,556 116 19 Conferences, conventions, and meetings 6,211 6,211 20 Interest 7,750 2,925 21 Payments to affiliates 14,900 4,225 22 Depreciation, depletion, and amortization 126,346 104,672 9,006 12,668 35,599 23,519 9,188 2,892 23 Insurance Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) PROGRAM SUPPLIES 11,866 177 12,043 2,157 8,040 **MISCELLANEOUS** 10,197 BAD DEBT 1,559 59 1,500 C d e All other expenses 1,839,878 1,347,148 321,744 170,986 Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and ۴ fundraising solicitation Check here ▶ if following SOP 98-2 (ASC 958-720) DAA Form 990 (2016)

P	art X				
•		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest bearing	236,111	1	316,255
	2	Savings and temporary cash investments	373,303	2	208,303
	3	Pledges and grants receivable, net	184,003		168,075
	4	Accounts receivable, net	102,618		51,743
		Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees.	1. T. T. T. T. T. T. T. T. T. T. T. T. T.		
		Complete Part II of Schedule L	ر از از از از از از از از از از از از از	23.7%	4 to the training of the state
	6	Loans and other receivables from other disqualified persons (as defined under section	Prog. 120, 127 27 1 1 1 1 1 1 1 1 1	- 4	
Assets		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers a sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	ning in the control of the control o	6	
Ass	7	Notes and loans receivable, net		8	
-	8	Inventories for sale or use	20,592	9	2,830
	9	Prepaid expenses and deferred charges	1 1 1974 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	, i', "	1 - thi 1 mar 1 th the with the command is a summit of
	10a	Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D 10a 2,399,079	[1] [[[[]]] [[] [] [] [] []	<u> </u>	िक्त (सिहेंस के ने प्रदारीकों कि विकेश किन्ने मेर्डर के स्वर्ण की समय कि सिहेंस के स्वर्ण
	١.	1 500 055	789,349	10c	669,702
	1		109,349	11	009,102
	11	Investments—publicly traded securities		12	
	12	Investments—other securities. See Part IV, line 11			
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	1 705 076	15	1 416 000
	16	Total assets. Add lines 1 through 15 (must equal line 34)	1,705,976		1,416,908 95,144
	17	Accounts payable and accrued expenses	196,072		33,144
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	त्या । ज्या । एक क्षाप्त का क्षाप्त के किया है किया है इ.स.च्या १ ज्या ।	21	राजा हे कुलादेशीचा करा करा । जा हा स्था
ies	22	Loans and other payables to current and former officers, directors,		1, -1	
Liabilities	ŀ	trustees, key employees, highest compensated employees, and	والمنافظة المشاملة فالماسانية	14 . 145	Line Latinada and Marie Milate Latin
iat	l	disqualified persons Complete Part II of Schedule L	201 506	22	107.063
_	23	Secured mortgages and notes payable to unrelated third parties	321,596		187,063
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24) Complete Part X		۱	
		of Schedule D	F17 660	25	000 007
_	26	Total liabilities. Add lines 17 through 25	517,668	26	282,207
S	l	Organizations that follow SFAS 117 (ASC 958), check here ▶ 🗵 and		34.4	
ĕ	1	complete lines 27 through 29, and lines 33 and 34.		il Zelá	العديدة والمتألف المتاسسة أساسة
<u>a</u>	27	Unrestricted net assets	571,425	27	409,098
8	28	Temporarily restricted net assets	243,580		517,300
Š	29	Permanently restricted net assets	373,303	29	208,303
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ and		10 T S	- 1/1 m/1 / 2 / 2 / 2 / 2 / 2 / 2 / 2 / 2 / 2 /
Ş	1	complete lines 30 through 34.	real of the contra	لأ يراف [
se	30	Capital stock or trust principal, or current funds		30	
As	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Vet	32	Retained earnings, endowment, accumulated income, or other funds	4 444 45	32	4 404 504
_	33	Total net assets or fund balances	1,188,308		
	34	Total liabilities and net assets/fund balances	1,705,976	34	1,416,908

om,	990 (2016) URBAN LEAGUE OF EASTERN	23-7349132			Pag	e 12
	rt XI. Reconciliation of Net Assets					
•	Check if Schedule O contains a response or note to any line in the	nis Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)		1	1,78		
2	Total expenses (must equal Part IX, column (A), line 25)		. 2	<u>1,83</u>		
3	Revenue less expenses Subtract line 2 from line 1		3		3,6	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, colur	nn (A))	4	<u>1,18</u>	<u> 18 , 3</u>	<u>808</u>
5	Net unrealized gains (losses) on investments		5		_	
6	Donated services and use of facilities		6			
7	Investment expenses		. 7			
8	Prior period adjustments		8			
9	Other changes in net assets or fund balances (explain in Schedule O)		9			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equa	l Part X, line				
	33, column (B))		10	1,13	14,7	<u>/01</u>
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in the	nis Part XII				
					Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual	Other			1431	
	If the organization changed its method of accounting from a prior year or checked	"Other," explain in				多點質
	Schedule O.			ak-chinks	ما د کاست شده	1212 mg 174
2a	Were the organization's financial statements compiled or reviewed by an independ	dent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year	ar were compiled or		7,5,7		- 124 - 14
	reviewed on a separate basis, consolidated basis, or both			7.74	- (-)	
	Separate basis Consolidated basis Both consolidated and sepa	rate basis		177.3	3 1	三流
b	Were the organization's financial statements audited by an independent accountain	nt?	•	2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year	ar were audited on a		1 - 2	17.77	- 3
	separate basis, consolidated basis, or both			1 1	السائلو أثار الم السائل المائل المائل	را بازد د و مازد د
	X Separate basis Consolidated basis Both consolidated and separate	ırate basıs		ئىر ئې ھەنىلىدىكى	eses il.	ائي ٿا۔ انساھ انسام ع
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes res	sponsibility for oversight				
	of the audit, review, or compilation of its financial statements and selection of an i	ndependent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during	g the tax year, explain in				- 13 ¹⁴ 13
	Schedule O.			5,27		per 1
3a	As a result of a federal award, was the organization required to undergo an audit of	or audits as set forth in				
	the Single Audit Act and OMB Circular A-133?			3a	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization	ion did not undergo the				
	required audit or audits, explain why in Schedule O and describe any steps taken			3b_	X	
				Forn	n 990	(2016)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

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

Inspection Employer identification number

Nam	e of th	e organization	URBAN LEAGU MASSACHUSET					Employer ide 23-734	ntification number 19132
P	art	Reas				ns mus	t compl	ete this part.) See instr	
The	orga		t a private foundation bec						~
1		A church, co	nvention of churches, or a	ssociation	of churches describe	ed in sec	tion 170	(b)(1)(A)(i).	29
2		A school des	scribed in section 170(b)(1)(A)(ii). (Attach Schedule E (F	orm 990	or 990-E	Z).)	()
3		A hospital or	r a cooperative hospital se	rvice orga	nization described in	section	170(b)(1)	(A)(iii).	
4		A medical re	search organization opera	ated in con	ijunction with a hospi	tal descri	bed in se	ction 170(b)(1)(A)(iii). Ente	r the hospital's name,
		city, and sta	te						
5					ege or university owr	ned or op	erated by	a governmental unit describ	ed in
_			(b)(1)(A)(iv). (Complete P						
6	\vdash		ate, or local government o	-					
7		described in	section 170(b)(1)(A)(vi).	(Complete	e Part II.)		governme	ental unit or from the general	public
8		A community	y trust described in sectio	n 170(b)(1	I)(A)(vi). (Complete F	Part II.)			
9		or university						conjunction with a land-gran e, city, and state of the colleg	
40	X	university			than 22 1/20/ of the o				
10	Λ	•	•	. ,				butions, membership fees, a id (2) no more than 33 1/3%	•
		support from		and unrel	ated business taxabl	e income	(less sec	ction 511 tax) from businesse	
11	П		tion organized and operate						
12	П	-						ictions of, or to carry out the	purposes
		of one or mo	re publicly supported orga	inizations	described in section	509(a)(1) or secti	on 509(a)(2). See section !	509(a)(3).
		Check the b	ox in lines 12a through 12d	d that desc	cribes the type of sup	porting o	rganizatio	on and complete lines 12e, 1	2f, and 12g.
	а	the supp	orted organization(s) the p	ower to re	egularly appoint or ele	ect a maj	ority of th	ed organization(s), typically l e directors or trustees of the	
			ng organization. You mus	-	•				
	b	control o		orting org	anization vested in th	ne same		pported organization(s), by hat control or manage the su	_
	С	\neg	•		•		nnection	with, and functionally integra	ated with
	·		orted organization(s) (see						atou with,
-	d	Type III	non-functionally integra	ted. A sup	porting organization	operated	in conne	ction with its supported orga	nızatıon(s)
								ion requirement and an atter	ntiveness
			nent (see instructions) You		•		-		***
	е		nis box if the organization i ally integrated, or Type III i					it is a Type I, Type II, Type	III
	f		mber of supported organiz		onany intogrator cup,	porting of	gameano	••	
	g		following information abou		orted organization(s).		• ••	•	
(e of supported	(II) EIN		Type of organization scribed on lines 1–10		organization ur governing	(v) Amount of monetary support (see	(vi) Amount of other support (see
	٠.,	ya.m.cu.ion		-	ve (see instructions))		ment?	instructions)	instructions)
						Yes	No		
(A)	ı								
						 			
(B)	1								
(C)									
(D)		-							
(E)			 	 		 			
			and the contract of the	1 2 1 10	n# 4 1 4 5 5	1	,	! 	
Tot	. I						10 mm 1 mm 1 mm 1 mm 1 mm 1 mm 1 mm 1 m		

DAA

		AN LEAGU				-7349132	Page 2
	Support Schedule for C (Complete only if you ch						
-	Part III. If the organization						uality urider
Sec	tion A. Public Support	il lails to quali	iy under the te	sata iiated beit	ow, piease con	inplete Lart, in. j	
	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
Q		(4) 2012	(5) 2010	(0) 2011	(4) 2010	(-1,20,10)	(1) 10.0.1
1	Gifts, grants, contributions, and						
	membership fees received. (Do not include any "unusual grants.")						
	• • •					1	
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf		L				
3	The value of services or facilities furnished by a governmental unit to the organization without charge			1		/	
4	Total. Add lines 1 through 3						
5	The portion of total contributions by		到。苏泽东	。群岛南郊东 东		的科技演	
	each person (other than a	ייני לייני אין אין אין אין אין אין אין אין אין אי)(%)	
	governmental unit or publicly						
	supported organization) included on line 1 that exceeds 2% of the amount		And the state of t				
	shown on line 11, column (f)		は (PARTY ST		The state of	
6	Public support. Subtract line 5 from line 4	中国 一大大學教工人		A Standard	والمرابع والمراوع المرابع والمسروعة والمرابع	·大美二、中一 编声号启	
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2012	(b) 201,3	(c) 2014	(d) 2015	(e) 2016	(f) Total
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, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets						
	(Explain in Part VI)	क प्रकार - ज्या विकास	Tris no the single of		F 100 C 10 C 10 C 10 C 10 C 10 C 10 C 10	77327373737	
11	Total support. Add lines 7 through 10	Zuria Kara		<u>-r-1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1</u>	- 5 17 ally 32 42 - 418		
12	Gross receipts from related activities, et					. 12	
13	First five years. If the Form 990 is for the		irst, second, third	, fourth, or fifth ta	ix year as a sectio	n 501(c)(3)	
<u> </u>	organization, check this box and stop h						
	tion C. Computation of Public			1 (2)		1441	
14	Public support percentage for 2016 (line			·lumn (t))		. 14	
15	Public support percentage from 2015 Sc					15	%_
16a	, ,			λ.	14 is 33 1/3% or m	ore, check this	▶ □
	box and stop here. The organization qu						🗆
b	33 1/3% support test—2015. If the orga				line 15 is 33 1/3%	or more, check	▶ □
	this box and stop here. The organization						•
17a	10%-facts-and-circumstances test—2						
	10% or more, and if the organization me						
	Part VI how the organization meets the	'facts-and-circums	stances" test. The	organization qua	alifies as a publicly	supported	. \Box
	organizatión	ŀ			, <u> </u>		▶ 🔲
b	10%-facts-and-circumstances test—2	•			`		
	15 is 10% or more, and if the organization	on meets the "fact	s-and-cırcumstan	ces" test, check t	this box and stop	here.	
	Explain in Part VI how the organization i	neets the "facts-a	nd-circumstances	s" test. The organ	iization qualifies ai	s a publicly	_
	supported organization	,	_		\		▶ 🗍
18	Private foundation. If the organization	did not check a bo	x on line 13, 16a	, 16b, 17a, or 17t	o, check this box a	nd see	
	instructions	!	,		\		▶ 🗀
/			· · · ·			chedule A (Form 99	0 or 990-FZ) 2016
/		j			/3		
		1					
		,					

Schedule A (Form 990 or 990-EZ) 2016 URBAN LEAGUE OF EASTERN 23-7349132 Page 3

Part III: Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.

	If the organization fails to	qualify under	the tests liste	d below, pleas	se complete Pa	art II.)	
Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership						
	fees received (Do not include any "unusual grants ")	2,406,852	2,106,002	2,296,348	2,344,630	1,435,957	10,589,789
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	428,252	138,834	221,223	225,537	437,930	1,45 <u>1</u> ,776
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	2,835,104	2,244,836	2,517,571	2,570,167	1,873,887	12,041,565
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons	5,855	4,100	6,099	12,245		28,299
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						
С	Add lines 7a and 7b	5,855	4,100	6,099	12,245		28,299
8	Public support. (Subtract line 7c from line 6.)						12,013,266
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6	2,835,104	2,244,836	2,517,571	2,570,167	1,873,887	12,041,565
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,848	1,672	1,491	1,019	823	6,853
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b	1,848	1,672	1,491	1,019	823	6,853
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 VI)	464,659	19,379	87,639	88,670	4,434	664,781
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	3,301,611	2,265,887		2,659,856		12,713,199
14	First five years. If the Form 990 is for the		rst, second, third	, fourth, or fifth tax	year as a section	n 501(c)(3)	
_	organization, check this box and stop he						
	tion C. Computation of Public						
15	Public support percentage for 2016 (line		*	lumn (f))		15	94.49%
16	Public support percentage from 2015 Sc					16]	92.57%
	ction D. Computation of Investm			42 1 (6)			
17	Investment income percentage for 2016	•	• •	: 13, column (f))	• •	17	<u>%</u>
18	Investment income percentage from 201 33 1/3% support tests—2016. If the org		•	line 14 and line 4	E is more than 31	18	
19a b	17 is not more than 33 1/3%, check this 33 1/3% support tests—2015. If the org	box and stop here	e. The organization	on qualifies as a p	ublicly supported	organization	▶ 🛣
D	line 18 is not more than 33 1/3%, check						▶ □
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Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination
- Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below
- Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document)
- Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
- Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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11 Has the organization accepted a gift or contribution from any of the following persons? A person who derectly or indexictly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? 11 A family member of a person described in (a) and (b) above? C. A 35% controlled entity of a person described in (a) or (b) above? (if "Yes" to a, b, or c, provide detail in Part VI. Section B. Type I Supporting Organizations I Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year! (*If "As, describe in Part VI how the supported organization's effectives to resulted among the supported organization, describe how the powers to appoint and/or remove derictors or trustees were alkoned among the supported organization, describe how the powers to appoint and/or remove derictors or trustees were alkoned among the supported organization, describe how the powers to graph of an appoint and/or remove derictors or trustees were alkoned among the supported organization, and the supported organization of the supported organization or supported organization or trustees of ask of the supported organization or the event of the supported organization or the supported organization or the	<u>:Pa</u>	rt IV: Supporting Organizations (continued)			
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	b		1 - 1 - 1	772.37	- C. A. C.
		of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this reg		لييا	

Schedu	le-A (Form 990 or 990-EZ) 2016 URBAN LEAGUE OF EASTERN		23-7349	132 Page 6
	Type III Non-Functionally Integrated 509(a)(3) Supporting	g Organ	izations	
` 1 .	Check here if the organization satisfied the Integral Part Test as a qualifying trus		· •	
	instructions. All other Type III non-functionally integrated supporting organization	ons must o	complete Sections A throu	igh E
Secti	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
_4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
coll	lection of gross income or for management, conservation, or			
ma	intenance of property held for production of income (see instructions)	_6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Secti	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see	1 4 1 1 2 3 1 2 3 4 4	The state of the s	ا الله المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع br>المراجع المراجع
inst	tructions for short tax year or assets held for part of year)	25,00		1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
	a Average monthly value of securities	1a		
	b Average monthly cash balances	1b		
	c Fair market value of other non-exempt-use assets	1c		
	d Total (add lines 1a, 1b, and 1c)	1d		
	e Discount claimed for blockage or other	10,00		「はまして、よっては、あってものはない
	factors (explain in detail in Part VI)	ر ميد باشاء ع ار يام دارا	ر با المراقب المراقب المراقب المراقب المراقب المراقب المراقب المراقب المراقب المراقب المراقب المراقب المراقب ا المراقب المراقب	
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
_ see	e instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Secti	ion C - Distributable Amount			Current Year
_ 1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	一种意思 化阿克伯斯	
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	المدينة المراج ا	
	Enter greater of line 2 or line 3.	4	مَمْ أَوْمِهِمْ مُعْلَمُ مِنْ مُعْلَمُ مُنْ مُعْلَمُ مِنْ مُعْلَمُ مِنْ مُعْلَمُ مُعْلَمُ مُعْلَمُ م	
5		5	The first of the second of the second of the second	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
em	ergency temporary reduction (see instructions).	6		

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

instructions)

	19 A (Form 990 of 990-EZ) 2016 URBAN LEAGUE OF E		23-1349	
	Type III Non-Functionally Integrated 509(a)(3)	Supporting Organ	izations (continued)	
	on D - Distributions			Current Year
	Amounts paid to supported organizations to accomplish exempt pur			
2	Amounts paid to perform activity that directly furthers exempt purpos	ses of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purposes of sur	oported organizations		
4	Amounts paid to acquire exempt-use assets			
_ <u>5</u> _6	Qualified set-aside amounts (prior IRS approval required) Other distributions (describe in Part VI). See instructions.			
- 0 7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the organ	uzation is responsive		
U	(provide details in Part VI) See instructions	iization is responsive		
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
	Eine o amount divided by Eine o amount	(i)	(ii)	(iii)
	Section E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions	Distributable
			Pre-2016	Amount for 2016
1	Distributable amount for 2016 from Section C, line 6	"是是""你是一支是本种理论。	· · · · · · · · · · · · · · · · · · ·	
	Underdistributions, if any, for years prior to 2016	医萎缩 医牙髓性囊性皮肤管	**************************************	المراسا والمراسا والمراج والمراج والمراسات
2	(reasonable cause required-explain in Part VI) See			A STATE OF THE PROPERTY OF THE
	Instructions			्रिकेट ए केंग्रेट प्रमुख्य
_3	Excess distributions carryover, if any, to 2016	三年 一年 日本 一年 こうしかい	alternative and the second of the second	1777 177 177 177 177 177
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	From 2014	文文章 的教育中心是 100 mg 100 h		- Land of the state of the stat
	From 2015	The strain of th	they are provided to the second of the secon	
	Total of lines 3a through e	स्कृतिक स्था हुई हा चटा सूर्व प्राप्त		The state of the s
	Applied to underdistributions of prior years	도 중에 하는 사람이 없는 것이 없는 하는 것이다. 그 사람이 하는 것이 없다는 것이 없다는 것이 없다는 것이 없다는 것이 없다는 것이 되었다. 그 것이 없다는 것이 되었다. 그 것이 없다는 것이 되었다. 그 없는 것이 없다는 것이 없다는 것이 없다는 것이 없다는 것이 없다는 것이 없다는 것이 없다는 것이 없다는 것이 없다는 것이 없다. 그 없다는 것이 없다는 것이 없다는 것이 없다는 것이 없다는 것이 없다는 것이다.	1 1 1 1 1 2 2 2 2 2	And the second of the second o
<u>n</u>	Applied to 2016 distributable amount	· · · · · · · · · · · · · · · · · · ·		and the second s
_ 	Carryover from 2011 not applied (see instructions)	8 \$ C (5) 2 1 (0.8 (A) 2 0 (A) 1		THE THE SECTION OF TH
	Remainder. Subtract lines 3g, 3h, and 3i from 3f Distributions for 2016 from	s and the following special come the	و الماري الماري الماري الماري الماري الماري الماري الماري الماري الماري الماري الماري الماري الماري الماري الم	The second of the second of the second
4	Section D, line 7 \$		Care and the said and the said the said.	
	Applied to underdistributions of prior years	" " " " " " " " " " " " " " " " " " "	35.5	and the formation of the first property of
	Applied to 2016 distributions of prior years Applied to 2016 distributable amount	新年三月1日本日本	المارية المارية المارية المارية المارية المارية المارية المارية المارية المارية المارية المارية المارية المارية	en a California (m. p. March 1 1 2 2
_	Remainder. Subtract lines 4a and 4b from 4.		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	and the first of the property of the contract of
5	Remaining underdistributions for years prior to 2016, if	空雪型的复数形式 第二月,也不		ित्र प्रकृतिक विकास स्थाप
•	any Subtract lines 3g and 4a from line 2. For result			कर्म को नहें की है। है कि निर्माण की की की की है। जान की की करने कार्यों के की कार्य के के की की की किस्ता के की की की की की की की की की की की की की
	greater than zero, explain in Part VI. See instructions.			()
6	Remaining underdistributions for 2016. Subtract lines 3h	समान होता है, से दिना देनहीं नेहार हुई		
	and 4b from line 1. For result greater than zero, explain in	[=] -]		
	Part VI See instructions.	[李] [李] [李] [李] [李] [李] [李] [李] [李] [李]		
7	Excess distributions carryover to 2017. Add lines 3j		"是我们的是我们是有一个。" "我是我们是我们是我们是我们的是我们们是我们的一个人,我们们们们们们们们们们们们们们们们们们们们们们们们们们们们们们们们们们们们	
	and 4c		ا المرابع المرابع المرابع المرابع المرابع المرابع المرابع المرابع المرابع المرابع المرابع المرابع المرابع المرا	
8	Breakdown of line 7	· · · · · · · · · · · · · · · · · · ·	A Children Control of the Control of	and the second of the second of the second of
а		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	見しは物でも行ける。自	
b	Excess from 2013		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	그 그 나는 그들이 이 분석에는 것 본에다는데
С	Excess from 2014	The first production of the pro-	Ng - 1 (1469年 - 기) 이 이 이 수는 그리고 있는 것이 하는 그는 그 - 1,11 그 이 이 이 이 이 이 이 이 이 이 이 이 이 이 이 이 이 이	वर्षे अविदेश के ती वर्षे प्राप्ति
ď	Excess from 2015	ショチャン 1 3 大手ナンドーナッと、	Brand of the roof by the the	المداء المراجي المراجي والمراجع المراجع
Δ.	Excess from 2016	standard to the standard of	and for the second second	() # \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$

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Schedule A (Fo	orm 990 or 990-EZ	z) 2016 URBAN 1	LEAGUE OF EA	STERN	23-73491	
Part:VI	III, line 12; B, lines 1 a	Part IV, Section A, I and 2, Part IV, Section	lines 1, 2, 3b, 3c, 4l on C, line 1; Part IV	o, 4c, 5a, 6, 9a, 9 , Section D, lines	Part II, line 10; Part II, l b, 9c, 11a, 11b, and 11 2 and 3; Part IV, Section	c; Part IV, Section on E, lines 1c, 2a, 2b,
					n D, lines 5, 6, and 8, ar tion. (See inst <u>ructions.)</u>	nd Part V, Section E,
ד שמעם					non. (Occ mondono.)	
	•	E 12 - OTHER		·		
SPECIA	LL EVENT:	S AND MISCEL	LANEOUS	\$ 664,	18T · ·	•
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Schedule A (Form 990 or 990-EZ) 2016

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

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

OMB No 1545-0047 2016 Open to Public

Inspection

	RBAN LEAGUE OF EASTERN		Employer Identification number
	ASSACHUSETTS, INC.		23-7349132
	irt I Organizations Maintaining Donor Advised F	unds or Other Similar Funds	
194 E- 6	Complete if the organization answered "Yes" o	n Form 990 Part IV line 6	or Accounts.
	Complete it the organization anomored 100 c	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	(2) 5 (10) 4 (10) 4 (10)	(5), 3,13, 2,10, 2,13, 3, 2, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3,
1	Aggregate value of contributions to (during year)		
2	• • • • • • • • • • • • • • • • • • • •		
3	Aggregate value of grants from (during year) Aggregate value at end of year		
-	Did the organization inform all donors and donor advisors in writing t	that the assets held in donor advised	<u> </u>
3	•		☐ Yes ☐ No
e	funds are the organization's property, subject to the organization's e Did the organization inform all grantees, donors, and donor advisors		
6			•
	only for charitable purposes and not for the benefit of the donor or deconferring impermissible private benefit?	onor advisor, or for any other purpose	Yes No
E Da	art II Conservation Easements.		
	Complete if the organization answered "Yes" o	n Form 990. Part IV. line 7.	
1	Purpose(s) of conservation easements held by the organization (che		
'	Preservation of land for public use (e.g., recreation or education)	_	anortant land area
	Protection of natural habitat	Preservation of a certified histo	·
	Preservation of open space	Freservation of a certified firsto	inc structure
2	Complete lines 2a through 2d if the organization held a qualified con	econstion contribution in the form of a	concentation
2	easement on the last day of the tax year	iservation contribution in the form of a c	Held at the End of the Tax Year
	·		2a
a h	Total number of conservation easements		2b
b	Total acreage restricted by conservation easements Number of conservation easements on a certified historic structure i	ncluded in (a)	20
ن		• • • •	· -20
a	Number of conservation easements included in (c) acquired after 8/	17/00, and not on a	2d
•	historic structure listed in the National Register	extraculated or terminated by the ara	
3	Number of conservation easements modified, transferred, released,	extinguished, or terminated by the orga	anization during the
	tax year •	is located .	
4	Number of states where property subject to conservation easement	* * *	
5	Does the organization have a written policy regarding the periodic m		Yes No
_	violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handlin		., 🗀 -
6	Stan and volunteer nours devoted to monitoring, inspecting, nandim	g of violations, and emorcing conserva	non easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handling of	violations, and anforcing consequation	accoments during the year
′	Amount of expenses incurred in monitoring, inspecting, nandling of \$	violations, and emorcing conservation e	easements during the year
	· · · · · · · · · · · · · · · · · · ·	for the requirements of continu 170(h)/A	1/(2)(1)
0	Does each conservation easement reported on line 2(d) above satis	ine requirements of section 170(n)(4	Yes No
	and section 170(h)(4)(B)(ii)?		🗀 🗀
9	In Part XIII, describe how the organization reports conservation easily balance sheet, and include, if applicable, the text of the footnote to t		
	organization's accounting for conservation easements.	ne organization s ilitariciai statements i	triat describes the
iy Da	art ill Organizations Maintaining Collections of A	rt Historical Treasures or Ot	her Similar Assets
2	Complete if the organization answered "Yes" o	in Form 990. Part IV. line 8.	ner ommur 755cw.
4-	If the organization elected, as permitted under SFAS 116 (ASC 958)		and balance sheet
Id	works of art, historical treasures, or other similar assets held for pub		
	public service, provide, in Part XIII, the text of the footnote to its fina		
.	If the organization elected, as permitted under SFAS 116 (ASC 958)		
b	works of art, historical treasures, or other similar assets held for pub		
			interaction of
	public service, provide the following amounts relating to these items		•
	(i) Revenue included on Form 990, Part VIII, line 1		
•	(ii) Assets included in Form 990, Part X	or other similar appets for financial and	un provide the
2	If the organization received or held works of art, historical treasures,		in, provide trie
_	following amounts required to be reported under SFAS 116 (ASC 95	oo) relating to these items	. .
a	Revenue included on Form 990, Part VIII, line 1		▶ \$
	Assets included in Form 990, Part X		Schedule D (Form 990) 2016

	dule D (Form 990) 2016 URBAN LE				<u> 23-734</u>		Page Z
∴ Pá	rt III Organizations Maintainin	g Collections of	of Art, Historical	Treasure	s, or Othe	<u>er Similar A</u>	ssets (continued)
3	Using the organization's acquisition, acces collection items (check all that apply)	sion, and other reco	ords, check any of the	following tha	it are a signi	ficant use of its	5
а	Public exhibition	d 🗍 1	Loan or exchange pro	grams			
b	Scholarly research		Other	-			
С	Preservation for future generations		• ••		• •	• •	
4	Provide a description of the organization's	collections and expl	ain how they further t	he organizati	on's exemp	t purpose in Pa	ort
·	XIII.						
5	During the year, did the organization solicit assets to be sold to raise funds rather than		•				Yes No
IADo	rt.IV: Escrow and Custodial A		s part of the organizat	tion's collecti	Off 7		Tes No
F 4	Complete if the organization		es" on Form 990.	Part IV, lir	ne 9, or re	ported an a	mount on Form
	990, Part X, line 21.		•	•	,		
1a	Is the organization an agent, trustee, custo	dian or other interm	ediary for contribution	ns or other as	sets not		
	included on Form 990, Part X?						Yes No
b	If "Yes," explain the arrangement in Part X	III and complete the	following table		•		
							Amount
С	Beginning balance					1c	
d	Additions during the year					1d	
	Distributions during the year	• •	• •			1e	
f	Ending balance	•				1f	
2a	Did the organization include an amount on	Form 990, Part X, I	ine 21, for escrow or	custodial acc	ount liability	?	Yes No
<u>b</u>	If "Yes," explain the arrangement in Part X	III Check here if the	explanation has bee	n provided oi	n Part XIII		
Pa	rt V Endowment Funds.						
	Complete if the organization	on answered "Ye	es" on Form 990,	Part IV, lir	ne 10.		
	L	(a) Current year	(b) Pnor year	(c) Two year	s back (d) Three years back	(e) Four years back
1a	Beginning of year balance	373,303	373,303	62:	2,298	622,1	17 622,062
b	Contributions						
C	Net investment earnings, gains, and						
	losses	823	1,019	:	1,491	1,6	72 1,750
d	Grants or scholarships						
е	Other expenditures for facilities and						
	programs	165,823	1,019	25	0,486	1,4	91 1,695
f	Administrative expenses						
g	End of year balance	208,303	373,303	37.	3,303	622,2	98 622,117
2	Provide the estimated percentage of the co	irrent year end bala	nce (line 1g, column	(a)) held as			
а	Board designated or quasi-endowment ▶	%				-	
b	Permanent endowment ▶100.00 %						
С	Temporarily restricted endowment ▶	%					
	The percentages on lines 2a, 2b, and 2c s	hould equal 100%.					
3a	Are there endowment funds not in the pos-	session of the organ	ization that are held a	and administe	ered for the		
	organization by						Yes No
	(i) unrelated organizations						3a(i) X
	(ii) related organizations	•					3a(ii) X
b	If "Yes" on line 3a(ii), are the related organ	izations listed as red	quired on Schedule R	?	·		3b
4	Describe in Part XIII the intended uses of t						
Pa	rt Vi Land, Buildings, and Equ	uipment.	<u> </u>				
	Complete if the organization		es" on Form 990,	Part IV, Irr	ne 11a. Se	ee Form 990), Part X, line 10.
	Description of property	(a) Cost or other b			(c) Accui		(d) Book value
		(investment)	(othe	er)	depred	ciation	
1a	Land			5,697	15 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m	19.1度できます。	5,697
	Buildings		1,9	72,863	1,3	69,429	603,434
	Leasehold improvements						
	Equipment			14,987		97,511	47,476
е	Other			75,532		62,437	13,095
Total	. Add lines 1a through 1e (Column (d) mus	st equal Form 990, F	Part X, column (B), lin	e 10c.)		▶	669,702

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Part VII	Investments—Other Securities.		23-/349132 Page 3
· · ·	Complete if the organization answered "Yes" or		
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial of	derivatives		
	eld equity interests		
(3) Other			
(A)			
(B)			
(C)			
(D) .			
(E)			
(F)			
(G)			
(H)			
	n (b) must equal Form 990, Part X, col (B) line 12.) ▶	<u> </u>	
Part VIII	Investments—Program Related.		
	Complete if the organization answered "Yes" of		
	(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
/1\			Cost of end-of-year market value
(1)			
(3)		 	
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
	n (b) must equal Form 990, Part X, col. (B) line 13) ▶		사용 회에는 이 화가지? 아이지만 된 그 교육을 통해 중에 하는 사람들이 가를 다양하는 이 살고 하다.
Part IX	Other Assets.	n Form 000 Flort	N/ line 11d See Form 000 Flort V line 15
	Complete if the organization answered "Yes" of	on Form 990, Part	(b) Book value
(1)	(a) Boodipaon		(4)
(2)			
(3)	· · · · · · · · · · · · · · · · · · ·		
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Colum	n (b) must equal Form 990, Part X, col (B) line 15.)		
Part X	Other Liabilities.		
	Complete if the organization answered "Yes" of line 25.	on Form 990, Part	IV, line 11e or 11f. See Form 990, Part X,
1.	(a) Description of liability	(b) Book value	
(1) Federal	income taxes		
(2)			
(3)			
(4)	······································		
(5)			الله المراجع المراجع المراجع والمراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع ا المراجع المراجع المراجع المراجع والمراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع
(6)			ر الله و الذي الرائب الله الله الله الله الله الله الله الل
_(7)			
_(8)		<u> </u>	
(9)		<u></u>	انسۇرى بالىمىڭ ئۇزىل ئىرىمىدىكى ئالىكى ئىلىنىدۇرىكى ئىلىنىدىي ئىلانىدۇرىيى ئىلىنىدىدىدىن ئىلىنىدىدىن ئالىرىكى ئالىمەدىدىمى ئالىمىكىدىدىكى ئالىمانىدىدىن ئالىرىكىدى ئالىرىكىدىن ئالىرى ئالىرى ئالىرىكى ئالىرىكى ئالىرىكىدىن ك
	n (b) must equal Form 990, Part X, col. (B) line 25) ▶	<u> </u>	The first that I have been the first
-	uncertain tax positions. In Part XIII, provide the text of the fi		

Schedule D (Form 990) 2016

Sche	dule D (Form 990) 2016 URBAN LEAGUE OF EASTERN	<u>23-73491</u>	3 <u>2 Page 4</u>
	irt XI Reconciliation of Revenue per Audited Financial Stat		er Return.
,	Complete if the organization answered "Yes" on Form 99	90, Part IV, line 12a.	
1	Total revenue, gains, and other support per audited financial statements		1 1,976,102
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
а	Net unrealized gains (losses) on investments	2a	- 1 mg ()
b	Donated services and use of facilities	2b 189,83	
С	Recoveries of prior year grants	2c	[- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
d	Other (Describe in Part XIII)	2d	1.2
е	Add lines 2a through 2d		2e 189,831
3	Subtract line 2e from line 1	• • • • • • • • • • • • • • • • • • • •	3 1,786,271
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1.	1 1 " ' '	हों। हें।
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	Fig. 45 To 19
b	Other (Describe in Part XIII.)	4b	100 (1954) 100 (1954)
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 1,786,271
ੂ Pa	art XII Reconciliation of Expenses per Audited Financial Sta	atements With Expenses	
	Complete if the organization answered "Yes" on Form 99		po
1	Total expenses and losses per audited financial statements	50, 1 att 17, mio 12a.	1 2,029,709
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		973.85
•	Donated services and use of facilities	2a 189,83	
- a - h	Prior year adjustments	2b 20 703	**************************************
6	Other losses	2c	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
٦	Other (Describe in Part XIII)	2d	
d	Add lines 2a through 2d		2e 189,831
е 3	Subtract line 2e from line 1		3 1,839,878
4	Amounts included on Form 990, Part IX, line 25, but not on line 1	1 1	75.2
	• • •	4a	27.5
а	Invoctment expenses not included on Form 900. Bort VIII. line 7h		
h	Investment expenses not included on Form 990, Part VIII, line 7b		국 [왕위
b	Other (Describe in Part XIII.)	4b	- Similar
b c 5	Other (Describe in Part XIII.) Add lines 4a and 4b		46
с 5	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		- Similar
c 5 Pa	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) art XIII Supplemental Information.	4b	4c 5 1,839,878
5 Prov	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) art XIII. Supplemental Information. Inde the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, F	4b	4c 5 1,839,878
5 Prov	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) art XIII Supplemental Information.	4b	4c 5 1,839,878
5 Prov	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) art XIII. Supplemental Information. Inde the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, F	4b	4c 5 1,839,878
5 Prov	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) art XIII. Supplemental Information. Inde the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, F	4b	4c 5 1,839,878
5 Prov	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) art XIII. Supplemental Information. Inde the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, F	4b	4c 5 1,839,878
5 Prov	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) art XIII. Supplemental Information. Inde the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, F	4b	4c 5 1,839,878
5 Prov	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) art XIII. Supplemental Information. Inde the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, F	4b	4c 5 1,839,878
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Pa Prov 2, Pa	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) art XIII. Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Fart XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to pro-	Part IV, lines 1b and 2b, Part V, lines 1b and 2b	4c 5 1,839,878 ne 4, Part X, line
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C 5	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) art XIII. Supplemental Information. Indee the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, For XII, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide the supplemental information.	Part IV, lines 1b and 2b, Part V, lines 1b and 2	4c 5 1,839,878 ne 4, Part X, line
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Prov Prov 2, Pr	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) art XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Fart XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to pro-	Part IV, lines 1b and 2b, Part V, lines 1b and 2b an	4c 5 1,839,878 ne 4, Part X, line
Prov Prov 2, Pr	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) art XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Fart XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to pro-	Part IV, lines 1b and 2b, Part V, lines 1b and 2b an	4c 5 1,839,878 ne 4, Part X, line
Prov Prov 2, Pr	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) art XIII Supplemental Information. Inde the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Fart XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to pro-	Part IV, lines 1b and 2b, Part V, lines 1b and 2b, Part V, lines 1b and 2b, Part V, lines any additional information.	4c 5 1,839,878 ne 4, Part X, line
Prov Prov 2, Pr	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) art XIII Supplemental Information. Inde the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Fart XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to pro-	Part IV, lines 1b and 2b, Part V, lines 1b and 2b, Part V, lines 1b and 2b, Part V, lines any additional information.	4c 5 1,839,878 ne 4, Part X, line
Prov Prov 2, Pa	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) art XIII - Supplemental Information. Indee the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Fart XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to prove the supplemental information.	Part IV, lines 1b and 2b, Part V, lines 1b and 2b, Part V, lines 1b and 2b, Part V, lines any additional information.	4c 5 1,839,878 ne 4, Part X, line
Prov Prov 2, Pa	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) art XIII - Supplemental Information. Indee the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Fart XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to prove the supplemental information.	Part IV, lines 1b and 2b, Part V, lines 1b and 2b, Part V, lines 1b and 2b, Part V, lines any additional information.	4c 5 1,839,878 ne 4, Part X, line
Prov Prov 2, Pa	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) art XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Fart XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to prove the supplemental information.	Part IV, lines 1b and 2b, Part V, lines 1b and 2b, Part V, lines 1b and 2b, Part V, lines any additional information.	4c 5 1,839,878 ne 4, Part X, line
Prov Prov 2, Pa	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) art XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Fart XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to prove the supplemental information.	Part IV, lines 1b and 2b, Part V, lines 1b and 2b, Part V, lines 1b and 2b, Part V, lines any additional information.	4c 5 1,839,878 ne 4, Part X, line
Prov Prov 2, Pa	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) art XIII - Supplemental Information. Indee the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Fart XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to prove the supplemental information.	Part IV, lines 1b and 2b, Part V, lines 1b and 2b, Part V, lines 1b and 2b, Part V, lines any additional information.	4c 5 1,839,878 ne 4, Part X, line
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Prov Prov 2, Pa	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) art XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Fart XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to prove the supplemental information.	Part IV, lines 1b and 2b, Part V, lines 1b and 2b, Part V, lines any additional information.	4c 5 1,839,878 ne 4, Part X, line

Schedule D (F	orm 990) 2016	URBAN	LEAGUE	OF I	EASTERN	2	3-7349132	Page 5
Part XIII	Suppleme	ntal Inforn	nation (cont	inued)				
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SCHEDULE G (Form 990 or 990-EZ

Supplemental Information Regarding Fundraising or Gaming Activities Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

Open to Public

Department of the Treasury

Internal Revenue Service Internation about Scriet		30-L2) and	4 113 11	iladaettoria ia at www.i/s t			inspection 1.50 s.
Name of the organization URBAN LEAGUE OF EA					- 1	Employer identifica	
MASSACHUSETTS, INC				rorod "Voo" on Fo		23-73491	
Part I Fundraising Activities. Complete Form 990-EZ filers are not required				rerea tes on Fa	orm	990, Part IV,	line 17.
1 Indicate whether the organization raised funds through				s. Check all that appl	ly.		
a Mail solicitations	e 🗌 Solicitation	of non-	gove	ernment grants			
b Internet and email solicitations	f Solicitation	of gove	rnm	ent grants			
c Phone solicitations	g 🗌 Special fun	ndraising	j eve	ents			
d In-person solicitations		·					
2a Did the organization have a written or oral agreement or key employees listed in Form 990, Part VII) or entity	with any individua	al (includ	ding	officers, directors, tru	ustee	s,	Yes No
b If "Yes," list the 10 highest paid individuals or entities (
compensated at least \$5,000 by the organization.		(iii) Did fu	nd-T		f	Amount nord to	(vit) Amount noid to
(i) Name and address of individual or entity (fundraiser)	(II) Activity	raiser has custody of control of contributio	ve or of	(IV) Gross receipts from activity	() Amount paid to or retained by) ndraiser listed in cof (i)	(vi) Amount paid to (or retained by) organization
		Yes N	<u>.</u>				
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3 List all states in which the organization is registered o	r licensed to solic	it contrib	butio	ons or has been notifi	ied ıt	is exempt from	·,
registration or licensing.							
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Schedule G (Form 990 or 990-EZ) 2016 URBAN LEAGUE OF EASTERN 23-7349132 Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events ANNUAL GALA JOB FAIR (add col (a) through (total number) cot (c)) (event type) (event type) 263,032 22,122 20,602 305,756 1 Gross receipts 2 Less Contributions 3 Gross income (line 1 minus 22,122 20,602 263,032 305,756 line 2) 4 Cash prizes 5 Noncash prizes Expenses 48,972 2,645 51,617 6 Rent/facility costs 7 Food and beverages Direct 8 Entertainment 30,341 1,336 5,145 36,822 9 Other direct expenses 88,439 10 Direct expense summary Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more Part III: than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (c) Other gaming bingo/progressive bingo col (a) through col (c)) 1 Gross revenue 2 Cash prizes 3 Noncash prizes Direct 4 Rent/facility costs 5 Other direct expenses Yes Yes % Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization conducts gaming activities a Is the organization licensed to conduct gaming activities in each of these states? b If "No," explain

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?

b If "Yes," explain

Sche	edule G (Form 990 or 990-EZ) 2016 URBAN LEAGUE OF EASTERN	23-7349132 Page 3
11 ,	. Does the organization conduct gaming activities with nonmembers?	Yes No
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?	Yes No
13	Indicate the percentage of gaming activity conducted in	
а		13 <u>a</u> %
b		13b %
14	Enter the name and address of the person who prepares the organization's gaming/special events books and	
	records	
	Name ▶	
	Address ▶	
15a	Does the organization have a contract with a third party from whom the organization receives gaming	
	revenue?	· Yes No
b	If "Yes," enter the amount of gaming revenue received by the organization 🔰 and	the
	amount of gaming revenue retained by the third party ▶\$	
С	If "Yes," enter name and address of the third party	
	Name ►	
	Hance P	
	Address ▶	
16	Gaming manager information	
	Name ▶	
	Gaming manager compensation ▶\$	
	Description of services provided ▶	
		^
	Director/officer Employee Independent contractor	
17	Mandatory distributions	
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to	
_	retain the state gaming license?	Yes No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or	
	spent in the organization's own exempt activities during the tax year ▶\$	
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b,	
	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any a	dditional information.
	See instructions	
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SCHEDULE J (Form 990)

Department of the Treasury

Compensation Information

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

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

► Attach to Form 990.

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

Inspection

2016
Open to Public

Internal Revenue Service
Name of the organization

URBAN LEAGUE OF EASTERN MASSACHUSETTS, INC.

Employer identification number 23-7349132

Questions Regarding Compensation Part Is 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items. First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (such as, maid, chauffeur, chef) b If any of the boxes on line 1a are 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 1b 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee Written employment contract Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed on 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? 4a b Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b X c Participate in, or receive payment from, an equity-based compensation arrangement? 4c 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), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of a The organization? 5a b Any related organization? 5b If "Yes" on line 5a or 5b, describe in Part III. For persons listed on 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? 6a b Any related organization? 6b If "Yes" on line 6a or 6b, describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe

Regulations section 53,4958-6(c)?

If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in

ULEM 05/10/2018 12 12 PM

URBAN LEAGUE OF EASTERN

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. 23-7349132 Schedule J (Form 990) 2016 Part II Officers, D

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

The section of administration in the second second in the second second section (II) and (II) and (II) and (II) and (III) and	idat equal tile t	olal all	Same of Police	io, Part VII, Section	A, line Ta, applicab	le column (U) and (E) amounts for that in	idividual.
	(B) Breakdov	WI Of W	(B) Breakdown of W-2 and/or 1099-MISC	-MISC compensation	<u>ပ</u>	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title	(i) Base compensation		(ii) Bonus & incentive compensation	e (III) Other reportable compensation	other deferred compensation	benefits	(B)(ı)+(D)	in column (B) reported as deferred on pnor Form 990
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Schedule J (Form 990) 2016

Part III: Supplemental In Provide the information, expla for any additional information	Part III: Supplemental Information Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information	escriptions requi	red for Part I, lin	es 1a, 1b, 3, 4a	, 4b, 4c, 5a, 5b,	6a, 6b, 7, and 8,	and for Part II.	Also complete	his par
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Schedule J (Form 990) 2016

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

Internal Revenue Service

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

Employer identification number

23-7349132

OMB No 1545-0047

2016

Name of the organization URBAN LEAGUE OF EASTERN MASSACHUSETTS, INC.

FORM 990 - ORGANIZATION'S MISSION OR MOST SIGNIFICANT ACTIVITIES TO DELIVER JOB TRAINING SERVICES AND PROGRAMS THAT AIM TO INCREASE THE ECONOMIC SELF-RELIANCE OF AFRICAN AMERICANS AND OTHER PEOPLE OF COLOR THROUGHOUT ITS SERVICE AREA AND TO ADVOCATE FOR THE CIVIL RIGHTS ISSUES THAT CRITICALLY AFFECT THEIR LIVES.

FORM 990, PART III, LINE 4A - FIRST ACCOMPLISHMENT

PROGRAM - PARTICIPANTS RECEIVE A STIPEND, BUT ARE NOT CONSIDERED ULEM EMPLOYEES. IN FY17, 106 PARTICIPANTS ENROLLED IN MWP AND 12 WERE PLACED INTO FULL TIME JOBS DURING THE YEAR. PROGRAM ENDED IN THE THIRD QUARTER TO DUE TO THE LOSS OF FEDERAL FUNDING.

MATURE WORKERS SKILLS PROGRAM

IN CONJUNCTION WITH BRIGHAM AND WOMEN HOSPITAL AND PARTNERSHIPS WITH OTHER -HUMAN SERVICE AGENCIES, THE URBAN LEAGUE IS ABLE TO SERVE INDIVIDUALS 45 OR OLDER THROUGH THE MWSP WHO ARE UNEMPLOYED AND SEEKING A WAY TO UTILIZE THEIR SKILLS AND RE-ENTER THE JOB MARKET. TRAINEES RECEIVE EXTENSIVE HANDS ON TRAINING AT THE URBAN LEAGUE AND COMMUNITY PARTNERS TO BECOME A CNA, PCA OR HOME HEALTH AIDE. FY 17, WE ENROLLED 26 IN MWSP, 21 TOOK BASIC COMPUTER TRAINING AND 5 HHA PROGRAM AND 5 WERE PLACED.

FORM 990, PART III, LINE 4B - SECOND ACCOMPLISHMENT

FUND ADMINISTRATIVE PREPARATORY PROGRAM

IN COLLABORATION WITH STATE STREET CORPORATION, THE FUND ADMINISTRATIVE PREPARATORY PROGRAM (FAPP) IS A PROFESSIONAL DEVELOPMENT AND TECHNOLOGY

23-7349132

TRAINING PROGRAM FOR PEOPLE INTERESTED IN PREPARING FOR HIRE AS FUND ACCOUNTANTS AND OTHER FINANCIAL POSITIONS AT STATE STREET CORPORATION.

THIS 2-PART PROGRAM OPERATES FOR 7½ MONTHS AND IS OPEN FOR ENROLLMENT TWICE A YEAR. DURING THE FIRST 6 WEEKS, PARTICIPANTS ARE TRAINED IN (1) FINANCIAL LITERACY - OUR CITIZENS BANK DOLLARS AND SENSE TRAINING; (2) MICROSOFT OFFICE SPECIALIST TRAINING AND CERTIFICATION IN EXCEL; (3) NATIONAL CAREER READINESS TESTING AND CERTIFICATION; (4) BUSINESS COMMUNICATIONS; (5) RESUME AND COVER LETTER WRITING; AND (6) STEPHEN COVEY'S 7 HABITS OF HIGHLY EFFECTIVE PEOPLE. FOR THE REMAINING 6 MONTHS, THE TOP 10 PARTICIPANTS ADVANCE INTO A PAID INTERNSHIP WITH STATE STREET CORPORATION.

THOSE WHO SUCCESSFULLY COMPLETE THE INTERNSHIP ARE ELIGIBLE FOR FULL TIME POSITIONS AT STATE STREET CORPORATION. IN FY 17, 20 PARTICIPANTS ENROLLED IN FAPP, 20 COMPLETED, 20 WERE PLACED INTO INTERNSHIPS AT STATE STREET BANK AND 17 RECEIVED FULL TIME EMPLOYMENT.

VOLUNTEER 2 WORK

VOLUNTEER 2 WORK (V2W) IS A 12-WEEK TRAINING PROGRAM THAT PREPARES
PARTICIPANTS FOR WORK THROUGH MEANINGFUL SERVICE ACTIVITIES. IT IS DESIGNED
TO ASSIST UNDER- AND UNEMPLOYED INDIVIDUALS WHO HAVE LIMITED OR NO WORK
EXPERIENCE TO RE-ENTER/ENTER THE JOB MARKET. IT IS ALSO DESIGNED TO TEACH
THE VALUE OF WORK THROUGH VOLUNTEERING. THE V2W PROGRAM GIVES GRADUATES THE
WORK EXPERIENCE THEY NEED TO BUILD THEIR RESUMES AND PROMOTE THEIR SKILLS
EFFECTIVELY. THE PROGRAM ALSO PROVIDES A WEEKLY STIPEND TO PARTICIPANTS.
V2W GIVES INDIVIDUALS A BETTER UNDERSTANDING OF HOW TO PREPARE FOR TODAY'S
JOB MARKET.

THE PROGRAM WAS DISCONTINUED DUE TO THE LOSS OF STATE FUNDING. V2W ENROLLED 19 PARTICIPANTS IN FY 17, 17 COMPLETED THE PROGRAM AND 5 RECEIVED JOBS WITH ASSISTANCE FROM THE ULEM JOB PLACEMENT SPECIALIST.

EMPLOYMENT RESOURCE CENTER

THE EMPLOYMENT RESOURCE CENTER (ERC) IS OPEN MONDAY THROUGH FRIDAY BETWEEN 10AM AND 4:30PM. THIS COMPUTER LAB IS AVAILABLE FOR EMPLOYMENT PURPOSES ONLY. WITHIN THE ERC, ADDITIONAL SUPPORT IS AVAILABLE TO NOT JUST ENROLLED PROGRAM PARTICIPANTS, BUT ANYONE WHO VISITS ULEM FOR SUPPORT. EVERYONE WHO UTILIZES THE ERC MUST COMPLETE AN INTAKE FORM. THE ERC PROVIDES (1) ASSISTANCE WITH BASIC ONLINE JOB SEARCHING, (2) SUPPORT FOR ADDITIONAL COVER LETTER AND RESUME CHANGES, AND (3) INFORMATION ON ANY NEWLY LISTED POSITIONS BY POSTING THEM ON THE JOB BOARD. IN GENERAL, THE ERC SERVES 600+PEOPLE ANNUALLY. THE URBAN LEAGUE HAS CONDUCTED ONSITE INTERVIEWS FOR DELTA AIRLINES, SOUTHWEST AIRLINES, UPS, USPS AND UBER. AS A RESULT, 47 INDIVIDUALS OBTAINED MEANINGFUL EMPLOYMENT.

JOB PLACEMENT

JOB PLACEMENT ASSISTANCE IS AVAILABLE TO ALL PARTICIPANTS ENROLLED IN OUR WORKFORCE DEVELOPMENT PROGRAMS. DEPENDING ON THE PROGRAM, PARTICIPANTS MEET WITH THE JOB PLACEMENT SPECIALIST WEEKLY OR AS NEEDED. PARTICIPANTS RECEIVE JOB DESCRIPTIONS AND CONTACT INFORMATION FOR AVAILABLE POSITIONS THAT BEST SUIT THEIR SKILL SET AND EDUCATIONAL BACKGROUND. THEY ARE ALSO PREPARED FOR JOB INTERVIEW(S) THROUGH ONE-ON-ONE MEETINGS, IN ADDITION TO THEIR CLASSROOM TRAINING IN JOB READINESS. PARTICIPANTS ARE OFFERED ONGOING SUPPORT UP TO 12 MONTHS. DESPITE THE LOSS OF FUNDING ON THE STATE AND

PAGE 2 OF 5

Employer identification number

23-7349132

FEDERAL LEVEL 86 INDIVIDUALS RECEIVED EMPLOYMENT IN FY 17.

CASE MANAGEMENT

CASE MANAGEMENT SERVICES ARE AVAILABLE TO ALL PARTICIPANTS ENROLLED IN OUR WFD PROGRAMS. CASE MANAGEMENT IS THE MOST SIGNIFICANT ASSET AND STRONGEST COMPONENT OF ULEM'S PROGRAMS, ACCORDING TO FEEDBACK RECEIVED FROM PARTNERS AND EMPLOYERS. WE BELIEVE THIS IS BECAUSE OUR STAFF IS REFLECTIVE OF THE CONSTITUENTS THAT WE SERVE AND ARE ABLE TO PROVIDE RESOURCES TO OVERCOME OBSTACLES TO EMPLOYMENT. ULEM'S CASE MANAGER ALSO DOES FOLLOW-UP AND TRACKING OF THE PARTICIPANTS' PLACEMENTS ONCE THEY HAVE COMPLETED A PROGRAM. OUR EFFORTS HELP PARTICIPANTS DEVELOP CONCRETE SUPPORT AND EMPLOYMENT PLANS EXTENDING FAR BEYOND THE TIME THEY SPEND TRAINING WITH US. WITH OUR REFERRALS AND SUPPORT, PARTICIPANTS ARE ABLE TO TAKE CLEARLY DEFINED STEPS TOWARD MOVING OUT OF POVERTY THROUGH EMPLOYMENT. WE PROVIDE POST-JOB PLACEMENT SUPPORT FOR UP TO 12 MONTHS.

FORM 990, PART III, LINE 4C - THIRD ACCOMPLISHMENT

AGAINST S/DV; 5) VICTIMS WILL KNOW MORE ABOUT S/DV, WILL RECOGNIZE RED

FLAGS AND WARNING SIGNS, AND WILL SEEK HELP EARLIER; 6) VICTIMS WILL

EXPERIENCE A MORE COHERENT AND COORDINATED COMMUNITY RESPONSE TO S/DV AS

STRONGER RELATIONSHIPS AMONG ULEM, S/DV SERVICE PROVIDERS, CHURCHES, AND

OTHER NONPROFITS STRENGTHEN REFERRAL NETWORKS AND INCREASE SUPPORT FOR

VICTIMS. 7) STUDENT ATTORNEYS FROM NORTHEASTERN UNIVERSITY SCHOOL OF LAW

RECEIVE CULTURAL COMPETENCY AND DOMESTIC AND SEXUAL VIOLENCE TRAINING; IN

ADDITION TO SUPPORT AND SUPERVISION OF CLIENTS THAT THEY SERVE IN

DORCHESTER AND ROXBURY COURTS.

Employer identification number

23-7349132

THIS PROJECT INVITES NEW VOICES AND NEW INSTITUTIONS TO THE TABLE. BY WORKING THROUGH TRUSTED, CULTURALLY SPECIFIC INSTITUTIONS (ULEM AND CHURCHES), PROJECT PARTNERS ARE PURSUING INNOVATIVE AND CREATIVE WAYS TO RESPOND TO THE NEEDS OF AFRICAN AMERICAN SURVIVORS. THIS PROJECT IS HELPING TO BREAK DOWN SILOS, CHALLENGE ASSUMPTIONS, BUILD KNOWLEDGE AND PARTNERSHIPS, AND PROVIDE INFORMATION, RESOURCES, AND SUPPORT TO AFRICAN AMERICAN VICTIMS.

IN FY 17 THE OVW DOMESTIC AND SEXUAL VIOLENCE PROJECT SERVED 48

VICTIMS/SURVIVORS IN BOSTON'S AFRICAN AMERICAN COMMUNITY. IN ADDITION, WE

TRAINED 46 STUDENT ATTORNEYS FROM NORTHEASTERN UNIVERSITY SCHOOL OF LAW; 44

BOSTON POLICE DEPARTMENT RECRUITS; 23 FAITH LEADERS, MORE THAN 500

COMMUNITY MEMBERS, AND PROVIDED TRAINING FOR MORE THAN 50 ADVOCATES AND

SHELTER LEADERS. THE PROJECT EXECUTIVE DIRECTOR, REV. TRACI JACKSON

ANTOINE, WAS INVITED TO SPEAK AT THE 2016 WHITE HOUSE UNITED STATE OF WOMEN

SUMMIT. HER PRESENTATION HIGHLIGHTED THE LEAGUES' PROJECT AND HOW IT IS

IMPROVING OUTCOMES FOR AFRICAN AMERICAN VICTIMS AND SURVIVORS.

FORM 990, PART III, LINE 4D - ALL OTHER ACCOMPLISHMENT YOUTH SERVICES

FORM 990, PART VI, LINE 6 - CLASSES OF MEMBERS OR STOCKHOLDERS

URBAN LEAGUE MEMBERS HELP EMPOWER THE COMMUNITY AND CHANGE THE LIVES OF

PEOPLE IN NEED THROUGH DONATIONS

FORM 990, PART VI, LINE 7A - ELECTION OF MEMBERS AND THEIR RIGHTS

A MEMBER IS ENTITLED TO PARTICIPATE IN THE ANNUAL MEETING OF MEMBERS AND

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SPECIAL MEMBERSHIP MEETINGS AND HAS THE PRIVILEGE OF VOTING AT SAID
MEETINGS. IN ADDITION TO THE RIGHT TO ELECT DIRECTORS, AND OTHER SUCH
POWERS AS VESTED IN THEM BY LAW, THE MEMBERS SHALL HAVE SUCH POWERS AND
RIGHTS AS THE DIRECTORS MAY DESIGNATE.

FORM 990, PART VI, LINE 7B - DECISIONS SUBJECT TO APPROVAL OF MEMBERS
ELECTION OF NEW BOARD MEMBERS AND ANY CHANGES IN BY LAWS ARE RATIFIED BY
URBAN LEAGUE MEMBERS AS STATED IN BY LAWS.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990

DRAFT 990 IS REVIEWED BY THE AUDIT COMMITTEE AND EXTERNAL AUDITOR. AUDIT

CHAIR PRESENTS THE DRAFT 990 TO THE BOARD AT ITS MONTHLY MEETING FOR FINAL APPROVAL.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL

THE ORGANIZATION HAS A SUB-COMMITTEE, WHO ARE HUMAN RESOURCES PROFESSIONALS

THAT RESIDE AT THE BOARD LEVEL TO CONDUCT A REVIEW BASED ON THE NATIONAL

URBAN LEAGUE AFFILIATE CEO'S GUIDELINES. A SALARY RECOMMENDATION IS MADE

BASED UPON THOSE GUIDELINES AND IMPLEMENTED BY RECOMMENDATION OF THIS

COMMITTEE, AND APPROVAL BY THE CHAIRMAN OF THE BOARD. A COPY OF THE REVIEW

KEPT ON FILE.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION
GOVERNING DOCUMENTS, THE CONFLICT OF INTEREST POLICY, AND FINANCIAL
STATEMENTS ARE AVAILABLE BY REQUEST. THE ANNUAL FINANCIAL STATEMENTS,
INCLUDING THE FORM 990, ARE FILED WITH THE ATTORNEY GENERAL'S OFFICE ON AN
ANNUAL BASIS. NO REQUESTS FOR INFORMATION WERE RECEVIED DURING THE YEAR.

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