Return of Organization Exempt From Income Tax

orm **990**

Department of the Treasury Internal Revenue Service Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

2020
Open to Public Inspection

A F	or th	e 202	0 calendar year, or tax year begin	nning	, 2020,	and ending	<u> </u>		,	20	
B c	heck if ap	oplicable:	C Name of organization NATIONAL URBAN FELLOWS	R INC			D	Employer ide	entification n	umber	
	Addre		Doing Business As	S, INC				23-7404	350		
\vdash	chang		Number and street (or P.O. box if mail is	not delivered to street address	1	Room/suite	- F	Telephone nu			
H	+	change return	1120 AVENUE OF THE AME	·	´	rtoom/outto		212) 73			
	+		City or town, state or province, country, a	<u> </u>			(.	212) 73	0 1700		
x	Termi		NEW YORK, NY 10036	and Zin or loroign poolar code			٦	Gross receipt	·e \$	1,020	489
-	return Applio	cation	F Name and address of principal officer:	LISA RAWLINGS	PHD			a) Is this a grou		Yes	X No
_	pendi	ing	1120 AVENUE OF THE AME		•	2K. NY 10		subordinates' Are all subordi	? -	Yes	No
_	Tax-ex	empt st	<u> </u>		4947(a)(1) o			•	h a list. (see ins		
<u>:</u>			WWW.NUF.ORG) (insert no.)	4347 (a)(1) 0	1 327	H	c) Group exemp			
<u>к</u>				Association Other		L Year of f		1970 м			NY
	art I		mmary	, too column Callor		<u> </u>	011114110111		otato or roga	40111101101	
			y describe the organization's mission or	r most significant activities:	TRAIN	MEN AND	WOMEN	FOR			
ø	-		DERSHIP POSITIONS IN THE								
anc		COM	MUNITIES AND IN THE PRIV	ATE SECTOR.							
ern	2	Check	k this box if the organization di	scontinued its operations	or disposed	d of more than	25% of	its net assets	 3.		
Activities & Governance			per of voting members of the governing	•	•				3		11.
જ	4	Numb	per of independent voting members of the	he governing body (Part V	I, line 1b)				4		11.
ties			number of individuals employed in cale						5		3.
ŧΞ			number of volunteers (estimate if necess						6		11.
Ac	7a	Total	unrelated business revenue from Part VI	III, column (C), line 12					7a		0
			nrelated business taxable income from I						7b		0
				·				rior Year	С	urrent Ye	ear
a	8	Contri	ibutions and grants (Part VIII, line 1h)	ı				233,03	3.	982	2,949
Revenue	9	Progra	am service revenue (Part VIII, line 2g)		COPY		2	2,000,85	0.	25	5,000
eve	10	Invest	tment income (Part VIII, column (A), line	es 3, 4, and 7d)	PUBLIC IN	SPECTION			0.		60
œ	11		revenue (Part VIII, column (A), lines 5,					1,86	2.	12	2,480
	12		revenue - add lines 8 through 11 (must				2	2,235,74	5.	1,020	,489
	13		s and similar amounts paid (Part IX, colu					622,40	0.	294	1,723
	14		fits paid to or for members (Part IX, colu						0.		0
S	15		ies, other compensation, employee bene					358,55	8.	153	3,358
Expenses	16a	Profes	ssional fundraising fees (Part IX, column	(A), line 11e)				0.		0	
xbe	b		fundraising expenses (Part IX, column (I								
Ш	17	Other	expenses (Part IX, column (A), lines 11	a-11d, 11f-24e)		[1	,180,62	5.		2,909
			expenses. Add lines 13-17 (must equal				2	2,161,58			,990
	19	Rever	nue less expenses. Subtract line 18 from	n line 12				74,16	2.	49	9,499
s or							Beginning	g of Current Y	ear E	End of Yea	
sets	20	Total	assets (Part X, line 16)					274,86		189	9,053
Net Assets or Fund Balances	21	Total	liabilities (Part X, line 26)					354,15			7,343
		Net as	ssets or fund balances. Subtract line 21	from line 20				-79,29	3.	-108	3,290
Pa	art II	Sig	gnature Block								
Un	der per	nalties o	of perjury, I declare that I have examined thi complete. Declaration of preparer (other than	is return, including accompar	nying schedul	les and stateme	ents, and	to the best of	my knowled	ge and be	elief, it is
	o, oo	1	complete. Decidianon en proparer (enter tital)	. omeer, ie basea en an imem		proparor nao	any 1	lougo.			
Sig	ın										
He			Signature of officer					Date			
110											
			Type or print name and title								
Paid	ч		Type preparer's name	Preparer's signature		Date		Check	if PTIN		
	parer	MICHAEL PINTABONE MICHAEL PINTABONE 02/22/2						self-employe		75156	
	Only		sname > WITHUMSMITH+BROW	<u>'</u>			Fin	1110 E111 P	22-2027		
			s address ONE TOWER CENTER BLVD 14				Ph	one no.	732-828	-1614	
_			scuss this return with the preparer shown						$\overline{}$	Yes	No
For	Pape	rwork	Reduction Act Notice, see the separate	e instructions.					ı	orm 990) (2020)

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Pa	art III	Statement of Program Se Check if Schedule O cont	rvice Accomplishments ains a response or note to any line in this Part	x x
	NATION	escribe the organization's r IAL URBAN FELLOWS D	nission: EVELOPS ACCOMPLISHED AND COURA	
	PROFES	SIONALS (SEE SCHED	ULE O FOR DETAILS)	
	Did the	organization undertake an	significant program services during the year	or which were not listed on the
2	prior For			
3	Did the services?	organization cease cond	ucting, or make significant changes in h	
4	Describe expense	s. Section 501(c)(3) and	am service accomplishments for each of it	ts three largest program services, as measured by ort the amount of grants and allocations to others,
	COMBIN RURAL	ES AN EDUCATIONAL ADMINISTRATOR. NAT	LOWS PROGRAM IS A ONE YEAR PRO PROGRAM AND ASSIGNMENT WITH AN IONAL URBAN/RURAL FELLOWS STRA	URBAN OR TEGIC
		S AND GRADUATES.	FURTHER THE LEADERSHIP POTENTI	AL OF ALL
4b	(Code: _) (Expenses \$_	including grants of \$) (Revenue \$)
4c	(Code: _) (Expenses \$_	including grants of \$) (Revenue \$)
4d	Other pr	ogram services (Describe o	n Schedule O.) ing grants of \$) (Revenue	
40		es p Illulu	721 507	, Ψ ,

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Part	IV Checklist of Required Schedules			- 5 -
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors See instructions?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	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	4		X
5	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, Part III	5		X
6	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			37
_	"Yes," complete Schedule D, Part I.	6		X
	Did the organization receive or hold a conservation easement, including easements to preserve open space,	l _		v
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes,"			Х
•	complete Schedule D, Part III	8		Λ
9	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 debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	9		21
10	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	10		
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
-	complete Schedule D, Part VI	11a		Х
b	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	11b		Х
С	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
d	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		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII.	12a	X	
b	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		X
	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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	l		3.7
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	4-		v
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	4.0		Х
47	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		- 21
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions	17		Х
10		17		21
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i>	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	10		21
13	If "Yes," complete Schedule G, Part III	19		Х
20 2	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	\vdash	X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		
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	21		Х

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Part	Checklist of Required Schedules (continued)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		res	NO
22	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			v
L	through 24d and complete Schedule K. If "No," go to line 25a			X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year	24b		
·	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?			
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			3.5
20	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26	Х	
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key	20		
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	28a		Х
h	"Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	200		
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	22		Х
33	complete Schedule N, Part II	32		
55	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		X
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		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	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		
31	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
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.	38	X	
Part				
	Check if Schedule O contains a response or note to any line in this Part V			
4 ~	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	-		
	Did the organization comply with backup withholding rules for reportable payments to vendors and			
_	reportable gaming (gambling) winnings to prize winners?	1c		
JSA 0E1030		Form	990	(2020)
	1649VL M998 2/22/2024 7:58:01 AM V 20-7.24 AMENDED		P	AGE 5

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 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. b If at least one is reported on line 2a, did the organization file all required federal employment Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule C4a At any time during the calendar year, did the organization have an interest in, or a signature or other a a financial account in a foreign country (such as a bank account, securities account, or other financial 	uthority over, account)?	2b 3a 3b	X	X
Statements, filed for the calendar year ending with or within the year covered by this return. b If at least one is reported on line 2a, did the organization file all required federal employment Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions Did the organization have unrelated business gross income of \$1,000 or more during the year? b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule C At any time during the calendar year, did the organization have an interest in, or a signature or other a	tax returns?)	3a 3b	X	X
Statements, filed for the calendar year ending with or within the year covered by this return. b If at least one is reported on line 2a, did the organization file all required federal employment Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions Did the organization have unrelated business gross income of \$1,000 or more during the year? b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule C At any time during the calendar year, did the organization have an interest in, or a signature or other a	tax returns?)	3a 3b	X	X
 b If at least one is reported on line 2a, did the organization file all required federal employment Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule C 4a At any time during the calendar year, did the organization have an interest in, or a signature or other a 	uthority over, account)?	3a 3b	X	X
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule C 4a At any time during the calendar year, did the organization have an interest in, or a signature or other a	uthority over, account)?	3b		X
 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule C 4a At any time during the calendar year, did the organization have an interest in, or a signature or other a 	uthority over, account)?	3b		Х
 b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule C 4a At any time during the calendar year, did the organization have an interest in, or a signature or other a 	uthority over, account)?	3b		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other a	uthority over, account)?			
	account)?	4a		i
a illiancial account in a foreign country (such as a bank account, securities account, or other financial	ounts (FBAR).			Х
b If "Yes," enter the name of the foreign country ▶				
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial According to the foreign Bank and Financial According to the first foreign Bank and Financial According to the foreign Bank and Financial Accor				
		5a		Х
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?.b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter	transaction?	5b		X
		5c		
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		30		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, a		6a		Х
organization solicit any contributions that were not tax deductible as charitable contributions?		- Ua		
b If "Yes," did the organization include with every solicitation an express statement that such consists were not too deductible?		6b		
gifts were not tax deductible?		OD		
7 Organizations that may receive deductible contributions under section 170(c).				
a Did the organization receive a payment in excess of \$75 made partly as a contribution and part		7a		Х
and services provided to the payor?		7b		
b If "Yes," did the organization notify the donor of the value of the goods or services provided?		7.0		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for w	nich it was	70		Х
required to file Form 8282?		7c		71
d If "Yes," indicate the number of Forms 8282 filed during the year		70		Х
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal bene		7e 7f		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra				
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899	-	7g 7h		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Fo		, · · ·		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund mainta	-	8		
sponsoring organization have excess business holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds.				
a Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10 Section 501(c)(7) organizations. Enter:				
a Initiation fees and capital contributions included on Part VIII, line 12				
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b				
11 Section 501(c)(12) organizations. Enter:				
a Gross income from members or shareholders				
b Gross income from other sources (Do not net amounts due or paid to other sources				
against amounts due or received from them.)				
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	m 10/12	12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	11 1041:			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.				
a Is the organization licensed to issue qualified health plans in more than one state?		13a		
Note: See the instructions for additional information the organization must report on Schedule O.		···		
b Enter the amount of reserves the organization is required to maintain by the states in which				
the organization is licensed to issue qualified health plans				
c Enter the amount of reserves on hand				
14a Did the organization receive any payments for indoor tanning services during the tax year?		14a		X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule		14b		
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in rem		. 40		
excess parachute payment(s) during the year?		15		Х
If "Yes," see instructions and file Form 4720, Schedule N.				-
16 Is the organization an educational institution subject to the section 4968 excise tax on net investm	ent income?	16		Х
If "Yes," complete Form 4720, Schedule O.	on moone:			

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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on 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 No 11 1a 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 on Schedule O. Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with Χ 2 3 Did the organization delegate control over management duties customarily performed by or under the direct X 3 supervision of officers, directors, trustees, or key employees to a management company or other person?.... 4 X 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? X 5 5 Did the organization become aware during the year of a significant diversion of the organization's assets? Χ 6 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint X 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a X Х 8b Each committee with authority to act on behalf of the governing body?.............. Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at X the organization's mailing address? If "Yes," provide the names and addresses on Schedule O. Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No Yes 10a Х 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, 10b affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? . . . Χ 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 Χ Were officers, directors, or trustees, and key employees required to disclose annually interests that could give Χ 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c X X 13 13 X 14 14 Did the organization have a written document retention and destruction policy?........... 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? 15a X Χ 15b 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 Χ 16a b 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 Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed \triangleright $\frac{NY}{}$, 17 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, 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. X Upon request Another's website Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, 19 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 ► LISA RAWLINGS 1120 AVENUE OF THE AMERICAS, 4TH FLOOR NEW YORK, NY 10036 212-730-1700 20

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

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

NATIONAL URBAN FELLOWS, INC

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. See instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week	box,	unles	Pos heck ss pe	erson	e than o is both or/trust	an	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from the organization and related organizations
(1) MIGUEL CENTENO	1.00									
VICE CHAIRMAN	0.	Х		Х				0.	0.	0.
(2)NATOYA J. WALKER MINOR	1.00									
CHIEF OF PUBLIC AFFAIRS	0.	Х		Х				0.	0.	0.
(3)GARY BAGLEY	1.00									
BOARD MEMBER	0.	Х						0.	0.	0.
(4)LYDIA BUTTERFIELD	1.00									
BOARD MEMBER	0.	Х						0.	0.	0.
(5)FLORA CASTILLO	1.00									
BOARD MEMBER	0.	Х						0.	0.	0.
(6) DONNA FRISBY-GREENWOOD	1.00									
BOARD MEMBER	0.	Х						0.	0.	0.
(7)ORLANDO GONZALES	1.00									
BOARD MEMBER	0.	Х						0.	0.	0.
(8) GREGORY JACKSON	1.00									
BOARD MEMBER	0.	Х						0.	0.	0.
(9) YUH-LINE NIOU	1.00									
BOARD MEMBER	0.	Х						0.	0.	0.
(10) STEPHEN WILLIAMS	1.00									
BOARD MEMBER	0.	Х						0.	0.	0.
(11) ALICE YOO	1.00									
BOARD MEMBER	0.	Х						0.	0.	0.
(12)										
(13)										
(14)										

_	n 990 (2020)	. 17		_					1 10 1					Page 8
Pa	rt VII Section A. Officers, Directors, Tru		y En	pic			and F	ligi	1		yees (c	continue		
	(A) Name and title	Average hours per week (list any hours for	box,	unle	Pos heck ss pe d a d	more rson	than o is both or/truste	an ee)	(D) Reportable compensation from the	Reporta compensati relate organiza	on from ed	am	(F) timated tount of other pensation	
		related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099		orga and	om the anizatio d related inization	t
	Cub total								0.		0.			0.
	Sub-total Total from continuation sheets to Part VII, S								0.		0.			0.
	I Total (add lines 1b and 1c)	•		 				<u></u>	0.		0.			0.
2	Total number of individuals (including but not reportable compensation from the organization		hose 0.		d al	bove	e) who	re	eceived more than	\$100,000	of			
													Yes	No
3	Did the organization list any former offic													v
	employee on line 1a? If "Yes," complete Schede											3		X
4	For any individual listed on line 1a, is the organization and related organizations graindividual	eater than	\$15	0,0	00?	lf	"Yes	,"				4		X
5	Did any person listed on line 1a receive or for services rendered to the organization? If "Yo	accrue co	mpen	sati	on f	from	any	un				5		X
Se	ection B. Independent Contractors	ss, comple	16 301	ieut	iie J	101	Sucri	μει	3011			J		
1	Complete this table for your five highest com compensation from the organization. Report of year.													
	(A) Name and business add	lress							(B) Description of se	rvices	C	(C) Compens	ation	

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization \blacktriangleright 0.

Part VIII Statement of Revenue

		Check if Schedule O contains a respon	nse or note to an	y line in this Part V (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts	1a	Federated campaigns 1a					
ra Z	b	Membership dues 1b					
Contributions, Gifts, Grants and Other Similar Amounts	С	Fundraising events 1c					
ifts ar A	d	Related organizations 1d					
n ii Gii	е	Government grants (contributions) 1e	10,000.				
Sir	f	All other contributions, gifts, grants,					
er je		and similar amounts not included above . 1f	972,949.				
들	g	Noncash contributions included in					
o p		lines 1a-1f 1g	\$				
O a	h	Total. Add lines 1a-1f		982,949.			
4			Business Code				
Program Service Revenue	2a	MENTORSHIP REVENUES	611710	25,000.	25,000.		
Ser.	b						
en S	С						
gra Re	d						
õ	е						
ш	f	All other program service revenue		25 222			
	<u>g</u>	Total. Add lines 2a-2f		25,000.			
	3	Investment income (including dividends,		60.			60.
	,	other similar amounts)		0.			00.
	4 5	Royalties		0.			
	•	(i) Real	(ii) Personal	0.			
	6a	Gross rents 6a					
	b	Less: rental expenses 6b					
	c	Rental income or (loss) 6c					
	d	Net rental income or (loss)		0.			
	7a	Gross amount from (i) Securities	(ii) Other				
		sales of assets					
		other than inventory 7a					
<u>e</u>	b	Less: cost or other basis					
evenue		and sales expenses 7b					
ě	С	Gain or (loss)					
<u> </u>	d	Net gain or (loss)	<u></u> ▶	0.			
Other	8a	Gross income from fundraising					
0		events (not including \$					
		of contributions reported on line					
		1c). See Part IV, line 18 8a	0.				
	b	Less: direct expenses 8b	0.				
	С	Net income or (loss) from fundraising events.	▶	0.			
	9a	Gross income from gaming					
		activities. See Part IV, line 19 9a	0.				
	b	Less: direct expenses	0.				
	С	Net income or (loss) from gaming activities.	▶	0.			
	10a	Gross sales of inventory, less					
	_	returns and allowances	0.				
	b	Less: cost of goods sold Net income or (loss) from sales of inventory		0.			
		The modifie of (1000) from sales of inventory.	Business Code	0.			
Miscellaneous Revenue		OTHER INCOME	900099	12,480.	12,480.		
ne	11a	CIMBR INCOME	,,,,,,	12,400.	12,400.		
ella	b						
Re	c d	All other revenue					
Ξ		Total. Add lines 11a-11d		12,480.			
	12	Total revenue. See instructions		1,020,489.	37,480.		60.
JSA 0E105	1 1 000		•	<u> </u>			Form 990 (2020)
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NATIONAL URBAN FELLOWS, INC

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 resp	onse or note to any lin	e in this Part IX		
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	0.			
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	294,723.	294,723.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and	_			
	foreign individuals. See Part IV, lines 15 and 16	0.			
4	Benefits paid to or for members	0.			
5	Compensation of current officers, directors,				
	trustees, and key employees	0.			
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0.	20 500	66 100	20.22
7	Other salaries and wages	134,117.	30,598.	66,189.	37,330.
8	Pension plan accruals and contributions (include	0			
	section 401(k) and 403(b) employer contributions)	0.	1 707	2 065	2 100
9	Other employee benefits	7,832.	1,787. 2,603.	3,865.	2,180.
10	Payroll taxes	11,409.	2,603.	5,631.	3,175.
	Fees for services (nonemployees):	_			
а	Management	0.		0 100	
	Legal	9,108. 29,211.		9,108. 29,211.	
	Accounting	29,211.		29,211.	
	Lobbying	0.			
	Professional fundraising services. See Part IV, line 17	0.			
	Investment management fees	0.			
g	Other. (If line 11g amount exceeds 10% of line 25, column	33,972.	7,814.	16,646.	9,512.
	(A) amount, list line 11g expenses on Schedule O.)	0.	7,011.	10,040.	7,312.
	Advertising and promotion	10,747.	485.	10,262.	
13	Office expenses	6,851.	103.	6,851.	
14	Information technology	0.		0,031.	
15	Royalties	25,607.		25,607.	
16	Occupancy	1,307.	1,307.	20,00.0	
	Payments of travel or entertainment expenses	275071	273071		
10	for any federal, state, or local public officials	0.			
10	Conferences, conventions, and meetings	0.			
	Interest	6,473.		6,473.	
21	Payments to affiliates	0.		, ,	
22	Depreciation, depletion, and amortization	0.			
	Insurance	17,443.		17,443.	
24					
	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	TUITION	330,062.	330,062.		
b	GRADUATION	828.	828.		
c	FELLOW EXPENSES	51,300.	51,300.		
d	I				
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	970,990.	721,507.	197,286.	52,197.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and				
	fundraising solicitation. Check here following SOP 98-2 (ASC 958-720) if	0.			

Page **11** Form 990 (2020)

Part X Balance Sheet

			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	60,263.	1	153,811.
	2	Savings and temporary cash investments	0.	2	0 .
	3	Pledges and grants receivable, net	0.	3	0
	4	Accounts receivable, net	207,238.	4	2
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons	0.	5	0
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0.	6	0
SI	7	Notes and loans receivable, net	0.	7	0
Assets	8	Inventories for sale or use	0.	8	0
₹	9	Prepaid expenses and deferred charges ATCH . 1	0.	9	33,590
	10 a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation		10c	0
	11	Investments - publicly traded securities	1,313.	11	0
	12	Investments - other securities. See Part IV, line 11	0.	12	0
	13	Investments - program-related. See Part IV, line 11	0.	13	0
	14	Intangible assets	0.	14	0
	15	Other assets. See Part IV, line 11	6,050.	15	1,650
<u></u>	16	Total assets. Add lines 1 through 15 (must equal line 33)	274,864.	16	189,053
	17	Accounts payable and accrued expenses	254,236.	17	116,160
	18	Grants payable	0.	18	0
	19	Deferred revenue	0.	19	0
	20	Tax-exempt bond liabilities.	0.	20	0
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	0.	21	0
	22	Loans and other payables to any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%	0.		14,000
		controlled entity or family member of any of these persons	99,921.	22	99,921
'	23	Secured mortgages and notes payable to unrelated third parties	0.	23	67,262
	24 25	Unsecured notes and loans payable to unrelated third parties	0.	24	07,202
1	23	parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	0.	25	0
.	26	Total liabilities. Add lines 17 through 25	354,157.	26	297,343
_	20	Organizations that follow FASB ASC 958, check here ► X	331,137.	20	25.,615
20		and complete lines 27, 28, 32, and 33.			
ala	27	Net assets without donor restrictions	-661,293.	27	-108,290
ים פ	28	Net assets with donor restrictions	582,000.	28	0
r Fund Balances		Organizations that do not follow FASB ASC 958, check here ▶ and complete lines 29 through 33.			
0	29	Capital stock or trust principal, or current funds		29	
;	30	Paid-in or capital surplus, or land, building, or equipment fund.		30	
Assets or	31	Retained earnings, endowment, accumulated income, or other funds		31	
	32	Total net assets or fund balances	-79,293.	32	-108,290
: >	33	Total liabilities and net assets/fund balances	274,864.	33	189,053.

Form 990 (2020) Page **12**

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Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1			20,4	
2	Total expenses (must equal Part IX, column (A), line 25)	2			70,9	
3	Revenue less expenses. Subtract line 2 from line 1	3			49,4	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		_	79,2	
5	Net unrealized gains (losses) on investments	5				0.
6	Donated services and use of facilities	6				0.
7	Investment expenses	7				0.
8	Prior period adjustments	8			78,4	
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10		-1	08,2	290.
Part	·					
	Check if Schedule O contains a response or note to any line in this Part XII					
			Г		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplain	ın			
	Schedule O.				Х	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?.			2a	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were con	npiled	or			
	reviewed on a separate basis, consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis			.		X
b	Were the organization's financial statements audited by an independent accountant?			2b		
	If "Yes," check a box below to indicate whether the financial statements for the year were audi	ted o	n a			
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over			2-		
	the audit, review, or compilation of its financial statements and selection of an independent accounts			2c		
	If the organization changed either its oversight process or selection process during the tax year, e	xplain	on			
_	Schedule O.					
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as set fo	rth in	the	2		Х
_	Single Audit Act and OMB Circular A-133?			3a		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the required audit or audits?			٦,		
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a	udits .		3b		

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. ► Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047 Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

► Go to www.irs.gov/Form990 for instructions and the latest information.

NAT	IANOI	L URBAN	FELLOWS,	INC				23-74043	50
Pai	t I	Reason fo	or Public Ch	arity Status. (All	organizations must	comple	te this pa	art.) See instructions	S.
The	organiz	zation is no	ot a private fo	undation because it	t is: (For lines 1 through	gh 12, ch	eck only	one box.)	
1	A	church, co	nvention of ch	nurches, or associa	tion of churches desc	ribed in s	ection 1	70(b)(1)(A)(i).	
2	A	school des	scribed in sec t	tion 170(b)(1)(A)(ii)	. (Attach Schedule E	(Form 99	90 or 990)-EZ).)	
3	A	hospital or	a cooperative	e hospital service o	rganization described	in sectio	n 170(b)	(1)(A)(iii).	
4	A	medical re	search organ	ization operated in	conjunction with a hos	spital de	scribed ir	n section 170(b)(1)(A)	(iii). Enter the
	ho	spital's na	me, city, and	state:					
5	Ar	n organizat	tion operated	for the benefit of	a college or universit	ty owne	d or ope	rated by a governme	ental unit described in
		-		Complete Part II.)					
6					rnmental unit describe				
7		•		•	•	apport fro	om a go	vernmental unit or fro	om the general public
				o)(1)(A)(vi). (Compl					
8					o)(1)(A)(vi). (Complete				
9		_		-			-	I in conjunction with a	
		=	or a non-land	l-grant college of a	griculture (see instruct	tions). E	nter the i	name, city, and state o	f the college or
		niversity: _							
	re su ac	ceipts from apport from equired by t	n activities rel i gross investi the organizati	ated to its exempt f ment income and u on after June 30, 1	functions, subject to conrelated business tax 975. See section 509	ertain ex able inco (a)(2). (0	ceptions me (les: Complete	,	n 331/3 % of its
11		_	_	-	usively to test for publi	-			
12		_	_	•	-	-		e functions of, or to o	
								section 509(a)(2). S	
				•	• •	• • •		zation and complete lin	· · ·
а				•	•	•		orted organization(s),	
			=				ajority of	the directors or truste	es of the
			_	-	te Part IV, Sections A		مدا طداس	augusted argenizati	an(a) hu hauina
b								supported organization	
			=		=	me sam	e persor	ns that control or man	age the supported
С		_		=	, Sections A and C.	ated in c	annactio	n with, and functional	lly intograted with
·			-		ns). You must comple				ily integrated with,
d			=		-			ection with its suppor	ted organization(s)
4			-					oution requirement and	= ::
			· ·	-	omplete Part IV, Sect	-		•	a an attoritive need
е		-	•	·	-			hat it is a Type I, Type I	I. Type III
			_		ionally integrated sup				·, ·) [- · ···
f									
g					orted organization(s).				
	(i) Name	e of supported	dorganization	(ii) EIN	(iii) Type of organization	, ,	organization	(v) Amount of monetary	(vi) Amount of
					(described on lines 1-10 above (see instructions))		ur governing ment?	support (see instructions)	other support (see instructions)
					above (666 men denome))	Yes	No	men denone,	
(A)									
(B)									
(C)									
(D)									
(E)									
Tota	ıl								

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

Schedule A (Form 990 or 990-EZ) 2020

23-7404350 Page **2** Schedule A (Form 990 or 990-FZ) 2020

Ochicc	1010 A (1 01111 330 01 330 EZ) 2020						i agc 📥
Par	Support Schedule for Orga (Complete only if you checke Part III. If the organization fai	ed the box on	line 5, 7, or 8	of Part I or if t	he organizatio	n failed to qua)(vi)
Sec	tion A. Public Support	13 to quality di	idel the tests	nstea below, p	nease comple	to r art iii.)	
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	(a) 2010	(3) 2011	(6) 2010	(4) 2010	(6) 2020	(i) roid.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4						
	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 8	Amounts from line 4. 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.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc. (s	see instructions)				12	
13	First 5 years. If the Form 990 is for organization, check this box and stop here	<u> </u>					
	tion C. Computation of Public Sup			- 441 (0)		44	
	Public support percentage for 2020 (li						%
15 160	Public support percentage from 2019						%
ıoa	331/3% support test - 2020. If the organization of						
h	box and stop here . The organization qualifies as a publicly supported organization						
D	this box and stop here. The organization qualifies as a publicly supported organization						
	10%-facts-and-circumstances test - 2 10% or more, and if the organization Part VI how the organization meets organization	2020. If the organ meets the fathe facts-and-cape 2019. If the organization meets the	ganization did nots-and-circums circumstances to ganization did refacts-and-circ	ot check a box tances test, cheest. The organization check a box cumstances test	on line 13, 16a eck this box ar zation qualifies on line 13, 16a, check this box	a, or 16b, and and stop here. It as a publicly state and 16b, or 17a and stop here.	line 14 is Explain in supported
18	in Part VI how the organization meets organization						▶ 🗀

Schedule A (Form 990 or 990-EZ) 2020

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

(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 listed below, please complete Part II.)

<u></u>	tion A Dublic Company				•	<u>′</u>	
	tion A. Public Support	(2) 2016	(b) 2017	(a) 2019	(4) 2010	(a) 2020	(f) Total
_	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(I) Total
1	Gifts, grants, contributions, and membership fees	500 015	505 000	400 667		222 242	
•	received. (Do not include any "unusual grants.")	539,015.	735,989.	432,667.	233,033.	982,949.	2,923,653.
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose	1,061,862.	1,581,377.	1,315,800.	2,000,850.	25,000.	5,984,889.
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						0.
4	Tax revenues levied for the						
	organization's benefit and either paid to						
_	or expended on its behalf						0.
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						0.
6	Total. Add lines 1 through 5	1,600,877.	2,317,366.	1,748,467.	2,233,883.	1,007,949.	8,908,542.
7 a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons					500,000.	500,000.
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	245,964.	363,387.	143,652.	19,056.	178,746.	950,805.
С	Add lines 7a and 7b	245,964.	363,387.	143,652.	19,056.	678,746.	1,450,805.
8	Public support. (Subtract line 7c from						
	line 6.)						7,457,737.
Sec	tion B. Total Support			ı			
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6	1,600,877.	2,317,366.	1,748,467.	2,233,883.	1,007,949.	8,908,542.
10 a	Gross income from interest, dividends, payments received on securities loans,						
	rents, royalties, and income from similar						
	sources					60.	60.
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						0.
С	Add lines 10a and 10b					60.	60.
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on.						0.
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.) ATCH 1			18,935.	1,862.	12,480.	33,277.
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	1,600,877.	2,317,366.	1,767,402.	2,235,745.	1,020,489.	8,941,879.
14	First 5 years. If the Form 990 is for	•	•		•		` ` ` ` _
	organization, check this box and stop here						▶ 🔃
Sec	tion C. Computation of Public Supp	oort Percenta	ge				
15	Public support percentage for 2020 (line 8,	column (f), divide	ed by line 13, colun	nn (f))		15	83.40%
16	Public support percentage from 2019 Sche					16	90.15%
Sec	tion D. Computation of Investment	Income Perc	entage				
17	Investment income percentage for 2020 (lin	ne 10c, column (1), divided by line 1	3, column (f))		17	.00%
18	Investment income percentage from 2019 S	Schedule A, Part	III, line 17			18	%
19 a	331/3% support tests - 2020. If the or					ore than 331/3%,	and line
	17 is not more than 331/3 %, check this	s box and stop	here. The organ	ization qualifies	as a publicly su	pported organizat	ion . ► X
b	331/3% support tests - 2019. If the orga		-				
	line 18 is not more than 331/3 %, check						. \square
20	Private foundation. If the organization of	lid not check a	box on line 14	, 19a, or 19b,	check this box	and see instruct	ions ►

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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
- 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).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** 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.
- c 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.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** 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.
- c 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 lines 5b and 5c 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).
- **b** 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?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 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 (as 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).
- 8 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).
- 9a 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.**
- **b** 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.**
- c 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.**
- 10 a 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 line 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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		Yes	No
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Page 5 Schedule A (Form 990 or 990-EZ) 2020

Part	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide	44=		
Socti	detail in Part VI. on B. Type I Supporting Organizations	11c		
Jecu	on B. Type i Supporting Organizations		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	103	
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations		Vaa	Na
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1	Yes	NO
Secti	on D. All Type III Supporting Organizations			
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously		Yes	No
	provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	tructi	ons).	
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (se	e instr		_
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3 a	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If</i> "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Pa	art V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	nization	s				
1	1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See						
	instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.						
Se	ection 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 collection of gross income or for management, conservation, or maintenance 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					
Se	ection B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)			
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):						
а	Average monthly value of securities	1a					
b	Average monthly cash balances	1b					
С	Fair market value of other non-exempt-use assets	1c					
d	Total (add lines 1a, 1b, and 1c)	1d					
_ е	Discount claimed for blockage or other factors (explain in detail in Part VI):	1e					
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 0.015 of line 3 (for greater amount, see instructions).	4					
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5					
6	Multiply line 5 by 0.035.	6					
7	Recoveries of prior-year distributions	7					
8	Minimum Asset Amount (add line 7 to line 6)	8					
Se	ection C - Distributable Amount			Current Year			
1	Adjusted net income for prior year (from Section A, line 8, column A)	1					
2	Enter 0.85 of line 1.	2					
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3					
4	Enter greater of line 2 or line 3.	4					
5	Income tax imposed in prior year	5					
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6					
7	Check here if the current year is the organization's first as a non-functional		ited Type III supporting	organization			
-	(see instructions).						

Schedule A (Form 990 or 990-EZ) 2020

Part	V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organizat	ions (continued)		
Sect	ion D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish ea	xempt purposes		1	
2	Amounts paid to perform activity that directly furthers exer	ed			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organia	zations	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - p	provide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which				
	(provide details in Part VI). See instructions.	8			
9 Distributable amount for 2020 from Section C, line 6					
10	Line 8 amount divided by line 9 amount			10	
Section E - Distribution Allocations (see instructions) (i) Excess Distribution Exce		(i) Excess Distributions	(ii) Underdistribution Pre-2020	าร	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020				
	(reasonable cause required - explain in Part VI). See				
	instructions.				
3	Excess distributions carryover, if any, to 2020				
а	From 2015				
b	From 2016				
С	From 2017				

Schedule A (Form 990 or 990-EZ) 2020

d From 2018
 e From 2019
 f Total of lines 3a through 3e

Distributions for 2020 from

Part VI. See instructions.

Breakdown of line 7:

Excess from 2016 . . .

Excess from 2017 . . .

Excess from 2018 . . .

Excess from 2019 . . .

Excess from 2020 . . .

and 4c.

Section D, line 7:

<u>с</u> 5

6

Applied to underdistributions of prior years
Applied to 2020 distributable amount

Applied to underdistributions of prior years

Applied to 2020 distributable amount

Remainder. Subtract lines 4a and 4b from line 4.

Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in **Part VI.** See instructions.

Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in

Excess distributions carryover to 2021. Add lines 3j

Carryover from 2015 not applied (see instructions)
Remainder. Subtract lines 3g, 3h, and 3i from line 3f.

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

				ATT	ATTACHMENT 1		
SCHEDULE A, PART III - OTHER INCOME							
DESCRIPTION	2016	2017	2018	2019	2020	TOTAL	
MISCELLANEOUS			18,935.	1,862.	12,480.	33,277.	
TOTALS			18,935.	1,862.	12,480.	33,277.	

Schedule B

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

Department of the Treasury
Internal Revenue Service
Name of the organization

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2020

Employer identification number

NATIONAL URBAN FELLOWS, INC 23-7404350 Organization type (check one): Filers of: Section: X Form 990 or 990-EZ 501(c)(3) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** $\lfloor exttt{X}
floor$ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990. 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its

Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization NATIONAL URBAN FELLOWS, INC

Employer identification number 23-7404350

			25 /101550
Part I	Contributors (see instructions). Use duplicate co	pies of Part I if additional space is ne	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	N/A	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	N/A		Person X Payroll

		\$\$	Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5_	N/A	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
6	N/A	\$200,000.	Person X Payroll Noncash

\$

Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization NATIONAL URBAN FELLOWS, INC

Employer identification number 23-7404350

Part I	Contributors (see instructions). Use duplicate cop	ies of Part I if additional space is ne	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	N/A	\$\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	N/A	\$\$6,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization NATIONAL URBAN FELLOWS, INC

Employer identification number 23-7404350

art II	Noncash Property	(see instructions). Use duplicate c	opies of Part II if ad	ditional space is needed.
--------	-------------------------	-------------------	--------------------	------------------------	---------------------------

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Page 4 Schedule B (Form 990, 990-EZ, or 990-PF) (2020) Name of organization NATIONAL URBAN FELLOWS, INC **Employer identification number** 23-7404350 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶\$ Use duplicate copies of Part III if additional space is needed. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held from Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

SCHEDULE D (Form 990)

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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 **Open to Public** Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

NAT	CIONAL URBAN FELLOWS, INC	23-7404350
Pa	rt I Organizations Maintaining Donor Advised Funds or Other Similar Funds o	r Accounts.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held	I in donor advised
	funds are the organization's property, subject to the organization's exclusive legal control?.	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant f	
	only for charitable purposes and not for the benefit of the donor or donor advisor, or for a	
	conferring impermissible private benefit?	Yes . No
Pa	rt II Conservation Easements.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
	Preservation of land for public use (for example, recreation or education) Preservation	of a historically important land area
	Protection of natural habitat Preservation	of a certified historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in	
	easement on the last day of the tax year.	Held at the End of the Tax Year
а	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
С	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a	
	historic structure listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or term	ninated by the organization during the
	tax year >	
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspec	-
_	violations, and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing	g conservation easements during the year
-		
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing of	conservation easements during the year
0	Does each conservation easement reported on line 2(d) above satisfy the requirements of sect	tion 170/h)//1//P)/i)
8		
9	and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue an	nd expense statement and
5	balance sheet, and include, if applicable, the text of the footnote to the organization's finance	
	organization's accounting for conservation easements.	
Pa	rt III Organizations Maintaining Collections of Art, Historical Treasures, or Other	er Similar Assets.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 958, not to report in its revenue	ue statement and balance sheet works
	of art, historical treasures, or other similar assets held for public exhibition, education,	, or research in furtherance of public
L	service, provide in Part XIII the text of the footnote to its financial statements that describes the corresponding plantage of the corresponding to the cor	
b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue sart, historical treasures, or other similar assets held for public exhibition, education, or resprovide the following amounts relating to these items:	search in furtherance of public service,
	(i) Revenue included on Form 990, Part VIII, line 1	
	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or other similar	assets for financial gain, provide the
	following amounts required to be reported under FASB ASC 958 relating to these items:	
a	Revenue included on Form 990, Part VIII, line 1	
b	Assets included in Form 990, Part X	▶ \$

Schedule D (Form 990) 2020

Schedule D (Form 990) 2020 Page f 2

	Organizations Maintaini	na Calla	ations of	Art Lliga	ariaal Tre		ar Othar	Cimilar Assats	Page Z
	rt III Organizations Maintaini								·
3	Using the organization's acquisition		sion, and o	otner reco	oras, cnec	k any or	the follow	ling that make si	gnificant use of its
	collection items (check all that app	iy):			¬ .				
а	Public exhibition			d	_		ige progra		
b	Scholarly research			e _	Other				
С	Preservation for future gene								
4	Provide a description of the organ	nization's	collections	s and exp	lain how	they furth	ner the or	ganization's exem	pt purpose in Part
	XIII.								
5	During the year, did the organization								
	assets to be sold to raise funds rath			ained as p	art of the	organizat	ion's colle	ction?	Yes No
Pa	rt IV Escrow and Custodial A								
	Complete if the organiza	ition ans	wered "Ye	es" on Fo	rm 990, i	art IV, li	ne 9, or r	eported an amo	unt on Form
	990, Part X, line 21.								
1a	Is the organization an agent, trus								
	included on Form 990, Part X?								Yes No
b	If "Yes," explain the arrangement in	n Part XII	I and comp	plete the f	ollowing tal	ble: _			
								Amou	<u>nt</u>
С	Beginning balance					_	Ic		
d	Additions during the year					_	ld		
е	Distributions during the year						le		
f	Ending balance						lf		
2a	Did the organization include an am							-	Yes No
	If "Yes," explain the arrangement in	n Part XII	I. Check h	ere if the	explanation	has beer	n provided	on Part XIII	
Pa	rt V Endowment Funds.	_							
	Complete if the organiza	tion ans	wered "Ye	es" on Fo	rm 990, I				
		(a) Cur	rent year	(b) Pr	or year	(c) Two	years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance								
b	Contributions								
С	Net investment earnings, gains,								
	and losses								
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage		rrent vear	end balan	ce (line 1a	. column (a)) held as	:	
а	Board designated or quasi-endown		,	%		(-//		
b	Permanent endowment ▶	%							
С	Term endowment ▶	%							
	The percentages on lines 2a, 2b, a	nd 2c sh	ould equal	100%.					
3a	Are there endowment funds not in	the posse	ession of th	he organiz	ation that	are held	and admir	nistered for the	
	organization by:								Yes No
	(i) Unrelated organizations								3a(i)
	(ii) Related organizations								3a(ii)
b	If "Yes" on line 3a(ii), are the relate								. 3b
4	Describe in Part XIII the intended u	ises of th	e organiza	tion's end	owment fu	nds.			
Pa	rt VI Land, Buildings, and Equ	ipment.							
	Complete if the organiza	ation ans							
	Description of property			r other basis stment)		or other basi other)		cumulated reciation	(d) Book value
1a	Land				,				
b	Buildings	T T							
C	Leasehold improvements	1							
d	Equipment.	1							
e	Other	T T							
Tota	I Add lines 1a through 1e (Column		equal Form	m 990 Pa	t X colum	n (R) lino	10c)		

Schedule D (Form 990) 2020

Page 3 Schedule D (Form 990) 2020

Part VII	Investments - Other Securities.			
	Complete if the organization answered	I "Yes" on Form 990	, Part IV, line 11b. See Form 990,	Part X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuati Cost or end-of-year marke	
(1) Financia	al derivatives			
(2) Closely	held equity interests			
(3) Other _				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	n (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments - Program Related.	l "Voo" on Form 000	Dort IV line 11a Coe Form 000	Dort V. line 12
	Complete if the organization answered			
	(a) Description of investment	(b) Book value	(c) Method of valuati Cost or end-of-year marke	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
<u>(9)</u>				
	n (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets. Complete if the organization answered	l "Yes" on Form 990	, Part IV, line 11d. See Form 990,	Part X, line 15.
	(a) De	scription		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
<u>(7)</u>				
(8)				
(9)	(1) (5 000 B (1) (6)	45)		
	umn (b) must equal Form 990, Part X, col. (B) I	ine 15.)	· · · · · · · · · · · · · · · · · · ·	
Part X	Other Liabilities. Complete if the organization answered line 25.	I "Yes" on Form 990	, Part IV, line 11e or 11f. See Forr	m 990, Part X,
1.		tion of liability		(b) Book value
	al income taxes			(b) Doon value
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	nn (b) must equal Form 990, Part X, col. (B) line 25.)			
	or uncertain tax positions. In Part XIII, provide the		·	at reports the

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2020 Page 4

Part 2	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	ո.	
1	Total revenue, gains, and other support per audited financial statements	1	1,020,489.
	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	-	
	Net unrealized gains (losses) on investments		
	Donated services and use of facilities		
	Recoveries of prior year grants		
	Other (Describe in Part XIII.)		
	Add lines 2a through 2d	2e	
	Subtract line 2e from line 1	3	1,020,489.
	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
	Other (Describe in Part XIII.)		
	Add lines 4a and 4b	4c	
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	1,020,489.
Part 2	Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	ırn.	
1	Total expenses and losses per audited financial statements	1	970,990.
	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
	Donated services and use of facilities		
b	Prior year adjustments		
	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	970,990.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)	_	
	Add lines 4a and 4b	4c	970,990.
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	970,990.
Provide	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform		
	PAGE 5	iation.	

Part XIII Supplemental Information (continued)

FORM 990, SCHEDULE D, PART X - LINE 2

NUF IS A SECTION 501(C)(3) ORGANIZATION EXEMPT FROM FEDERAL INCOME TAXES UNDER APPLICABLE PROVISIONS OF THE INTERNAL REVENUE CODE AND HAS BEEN CLASSIFIED AS A PUBLICLY SUPPORTED CHARITABLE ORGANIZATION. AS SUCH, NUF QUALIFIES FOR THE MAXIMUM CHARITABLE CONTRIBUTION DEDUCTION BY DONORS.

AS A NOT-FOR-PROFIT ORGANIZATION, NUF IS ALSO EXEMPT FROM STATE AND LOCAL INCOME TAX AND IS ELIGIBLE FOR EXEMPTION FROM SALES TAX IN CERTAIN STATES THAT OFFER SUCH EXEMPTION. NUF IS CURRENTLY EXEMPT FROM SALES TAX IN NEW YORK STATE. THE ORGANIZATION HAS NO INCOME TAX RELATED PENALTIES OR INTEREST FOR THE YEARS ENDED DECEMBER 31, 2021 AND 2020.

SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

2020

OMB No. 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Go to www.irs.gov/Form990 for the latest information.

vame of the organization						Employer identificati	on number
NATIONAL URBAN FELLOWS, INC						23-740435	0
Part I General Information on Grants a	and Assistanc	е					
 Does the organization maintain records to the selection criteria used to award the gra Describe in Part IV the organization's prod 	ants or assistand	e?					X Yes No
Part II Grants and Other Assistance to	Domestic Or	ganizations ar	nd Domestic Gov	vernments. Com	plete if the organiz	ation answered "Y	es" on Form 990,
Part IV, line 21, for any recipien	t that received	more than \$5	,000. Part II can I	be duplicated if	additional space is r	needed.	
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
10)							
(11)							
(12)							
2 Enter total number of section 501(c)(3) ar3 Enter total number of other organizations	•	•					

JSA

0E1288 1.000

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

Schedule I (Form 990) 2020

NATIONAL URBAN FELLOWS, INC 23-7404350

Schedule I (Form 990) (2020)

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 STIPENDS	26.	294,723.			
2					
3					
4					
_ 5					
6					
7					

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

SCHEDULE L

Transactions With Interested Persons

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ.

▶Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020 Open To Public

Inspection

Name of the organization

NATIONAL URBAN FELLOWS, INC

Part 1 Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only).

	Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.									
1	(a) Name of diagnalified person	(b) Relationship between disqualified person and	(a) December of the continu							
	(a) Name of disqualified person	organization	(c) Description of transaction	Yes	No					
(1)										
(2)										
(3)										
(4)										
(5)										
(6)										
2	Enter the amount of tax incurred by	the organization managers or disqualified	persons during the year							
	under section 4958									

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

Enter the amount of tax, if any, on line 2, above, reimbursed by the organization

(b) Relationship with organization	(c) Purpose of loan	fron	n the	(e) Original principal amount	(f) Balance due	(g) In o	default?	by bo	ard or	(i) W agreei	
		То	From			Yes	No	Yes	No	Yes	No
		1	with organization loan from organi	with organization loan from the organization? principal amount by bo comm	with organization loan from the organization? principal amount by board or committee?	with organization loan from the organization? principal amount by board or committee?					

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)			_	
(10)				

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

Schedule L (Form 990 or 990-EZ) 2020

Business Transactions Involving Interested Persons. Part IV

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1)					
_(2)					
(3)					
(4)					
(5)					
(6)					
<u>(7)</u>					
(8)					
(9)					
(10)					

Part V **Supplemental Information**

Provide additional information for responses to questions on Schedule L (see instructions).

Business Transactions Involving Interested Persons. Part IV

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing organization' revenues?	
				Yes	No
(1)					
_(2)					
_(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V **Supplemental Information**

Provide additional information for responses to questions on Schedule L (see instructions).

ATTACHMENT

SCHEDULE L, PART II

NAME	MIGUEL CENTENO
RELATIONSHIP WITH ORGANIZATION	VICE CHAIRMAN
PURPOSE OF LOAN	CASH FLOW
LOAN TO OR FROM THE ORG.?	X TO FROM
ORIGINAL PRINCIPAL AMOUNT	18,000.
BALANCE DUE	14,000.
IN DEFAULT?	YES X NO
APPROVED BY BOARD OR COMMITTEE	X YES NO
WRITTEN AGREEMENT?	X YES NO

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization

NATIONAL URBAN FELLOWS, INC

23-7404350

FORM 990, PART VI, SECTION B, LINE 12C

THE ORGANIZATION'S CONFLICT OF INTEREST POLICY COVERS THE BOARD OF

TRUSTEES AND REQUIRES THE INDIVIDUALS TO NOTIFY THE ORGANIZATION OF

POTENTIAL CONFLICTS. UPON REVIEW OF ANY POTENTIAL CONFLICT, THE

ORGANIZATION CAN MAKE A DETERMINATION AS HOW TO PROCEED.

FORM 990, PART VI, SECTION B, LINE 15A&B

THE ORGANIZATION'S EXECUTIVE COMMITTEE REVIEWS AND APPROVES THE

COMPENSATION OF THE EMPLOYEES.

FORM 990, PART VI, SECTION B, LINE 11B

THE ORGANIZATION'S FINANCE COMMITTEE PERFORMS A REVIEW OF THE 990. THE

DRAFT 990 AS WELL AS THE FINANCE COMMITTEE'S RECOMMENDATION REGARDING

APPROVAL OF THE 990 IS THEN SENT TO THE BOARD FOR FINAL APPROVAL.

FORM 990, PART VI, SECTION C, LINE 19

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON WRITTEN REQUEST TO MANAGEMENT.

FORM 990, PART III, LINE 1

OF ALL ETHNIC AND RACIAL BACKGROUNDS, PARTICULARLY PEOPLE OF COLOR AND WOMEN, TO BE LEADERS AND CHANGE AGENTS IN THE PUBLIC AND NON PROFIT SECTORS, WITH A STRONG COMMITMENT TO SOCIAL JUSTICE AND EQUITY.

Name of the organization

NATIONAL URBAN FELLOWS, INC

23-7404350

FORM 990 PART IX - AMENDED RETURN IN 2020 THERE WAS A SIGNIFICANT INTERRUPTION IN OUR PROGRAM OPERATIONS, AND WE DID NOT HAVE A FELLOWS CLASS FOR THE 2020-2021 ACADEMIC YEAR. WE SPENT THIS TIME REBUILDING THE ORGANIZATION - INVESTING IN PERSONNEL, INFRASTRUCTURE UPGRADES, AND FUNDRAISING. HE PROGRAM EXPENSES FOR THIS PERIOD WERE OVERSTATED AND HAVE BEEN ADJUSTED IN THIS AMENDED RETURN TO ENSURE THAT WE ACCURATELY REFLECT OUR PROGRAM ACTIVITIES AND ORGANIZATIONAL EFFORTS DURING THIS TIME. ATTACHMENT 1 FORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGES BEGINNING ENDING DESCRIPTION BOOK VALUE BOOK VALUE PREPAID EXPENSES 33,590. TOTALS 33,590. ATTACHMENT 2 FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES BEGINNING ENDING COST DESCRIPTION BOOK VALUE BOOK VALUE OR FMV BOARD DESIGNATED INVESTMENT FD COST 1,313.

1,313.

TOTALS