Return of Organization Exempt From Income Tax

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

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ 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. Inspection

A F	or th	e 202	1 calendar year, or tax year begin	ning		and en	nding							
_			C Name of organization					D Employer id	entifica	ition numl	ber			
B c	heck if ap	pplicable:	NATIONAL URBAN FELLOWS	G, INC										
	Addre		Doing Business As					23-7404	1350					
	7 '	e change	Number and street (or P.O. box if mail is r	not delivered to street address	s)	Room/sui	te	E Telephone number						
	+	l return	1120 AVENUE OF THE AME	RICAS 4TH FI				(212)730-1700						
	+	inated	City or town, state or province, country, a	· · · · · · · · · · · · · · · · · · ·				(===) //						
Х	Amer	nded	NEW YORK, NY 10036					G Gross receip	ts \$	2	744	,019.		
-23	Applie	cation	F Name and address of principal officer:	LISA RAWLINGS	מאם ב			H(a) Is this a gro			Yes	X No		
	_ pendi	ing	1120 AVENUE OF THE AMER		•	v mv	1002	subordinates		ludod2	Yes	No		
_	Tay ay	empt sta					527	H(b) Are all subord If "No," attac						
			atus: X 501(c)(3) 501(c) () ◀ (insert no.)	4947(a)(1)	OI					.10110)			
$\overline{}$				Association Other		I Vo		H(c) Group exemion: 1970 M		•				
$\overline{}$	art I		nmary	ASSOCIATION Other		Lie	ai oi ioiiiiati	IOII. 1970 N	State 0	ii iegai doi	mone.	NY		
		•		mant significant activities	. TD 7 T1	AT MIDNI :	7 NTD 1470N	AEN EOD						
4	1		describe the organization's mission or	-										
Governance			DERSHIP POSITIONS IN THE		I OF URI	BAN AN	D RURAI	<u>L</u>						
rna			MUNITIES AND IN THE PRIV											
o Ve	2		this box if the organization di		•				1 1			1.0		
	3	Numb	er of voting members of the governing	body (Part VI, line 1a)					3			12		
es S	4		er of independent voting members of the						4			12		
Activities &			number of individuals employed in cale						5			6		
į	6	Total ı	number of volunteers (estimate if necess	sary)					6			12		
⋖			unrelated business revenue from Part VI						7a					
	b	Net ur	nrelated business taxable income from F	orm 990-T, line 34					7b					
								Prior Year		Curre	ent Ye	ar		
Revenue	8	Contri	butions and grants (Part VIII, line 1h)		COB	Y FOR	חـــــ	982,94		1,	504	,528.		
	9		am service revenue (Part VIII, line 2g)		PUBLIC II		N	25,0	00.	1,	239	<u>,491.</u>		
	10		ment income (Part VIII, column (A), line				┛ ┡──		60.			NONE		
_	11	Other	revenue (Part VIII, column (A), lines 5,	6d, 8c, 9c, 10c, and 11e)				12,4	30.			NONE		
	12	Total	revenue - add lines 8 through 11 (must	equal Part VIII, column (A	(), line 12)			1,020,48	39.	2,	744	,019.		
	13	Grants	s and similar amounts paid (Part IX, colu	ımn (A), lines 1-3)				294,72	23.		322	,043.		
	14	Benef	its paid to or for members (Part IX, colur	L	N	ONE			NONE					
ş	15		es, other compensation, employee bene		153,358.			378	,789.					
Expenses	16a	Profes	ssional fundraising fees (Part IX, column		NONE				NONE					
xbe			undraising expenses (Part IX, column (E											
Ш			expenses (Part IX, column (A), lines 11a					522,90	09.		870	,532.		
			expenses. Add lines 13-17 (must equal					970,99	90.	1,	571	,364.		
	19		ue less expenses. Subtract line 18 from					49,4				,655.		
or			•					ning of Current `			of Yea			
sets	20	Total a	assets (Part X, line 16)					189,05	53.	1,	586	740.		
Ass	21	Total I	iabilities (Part X, line 26)				'	297,34	13.		522	,375.		
Net Assets or Fund Balances	22		ssets or fund balances. Subtract line 21		 			-108,29				,365.		
	rt II		gnature Block											
Un	der pei	nalties o	of perjury, I declare that I have examined this	s return, including accompa	anying sched	ules and st	atements, a	nd to the best o	f my kr	nowledge	and be	lief, it is		
true	e, corre	ect, and	complete. Declaration of preparer (other than	officer) is based on all inforr	nation of whi	ich prepare	r has any kn	owledge.						
Sig			Signature of officer					Date						
He	re													
			Type or print name and title											
_			Type preparer's name	Preparer's signature		Date		Check	if P1	ΓIN				
Paid	i	MTCF	HAEL PINTABONE	MICHAEL PINTAE	SONE	02/	21/202		٠. ١	01275	156			
	parer	Firm's	name WITHUMSMITH+BROWN			102/		Firm's EIN		-2027				
Use	Only			D 14TH FL EAST BRUNSW	TCK NUT 08	8816		Phone no.		2-828		4		
Mav	the I		cuss this return with the preparer showr						13	X Ye		No		
			Reduction Act Notice, see the separate		<u> </u>							(2021)		

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Pa		Statement of Program Service			
			response or note to any line in this Par	t III	
1	•	scribe the organization's mission			
			LOPS ACCOMPLISHED AND COUR	AGEOUS	
	PROFES	SSIONALS (SEE SCHEDULE	O FOR DETAILS)		
2	Did the o	organization undertake any signit	icant program services during the ye	ear which were not listed on t	:he
	prior Form If "Yes," d	n 990 or 990-EZ? escribe these new services on S	chedule O.		Yes X No
3	services?		or make significant changes in h		am Yes X No
4	Describe expenses	the organization's program se	vice accomplishments for each of i 4) organizations are required to rep		
4a			45,508. including grants of \$	· · ·	1,239,491.
			14-MONTH PROGRAM THAT COM		
			-MONTH RESIDENCY AT A CORF		
			RTNER WITH THE AIM TO FURT		
	_LEADE	RSHIP POTENTIAL OF PAR	FICIPATING FELLOWS AND GRA	ADUATES.	
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
40	(Codo:	\/Evnonces f	including grants of ¢	\/Payanua ¢	\
40	(Code) (Expenses a	including grants of \$) (Revenue \$	
4d		ogram services (Describe on Sch			
	(Expense)	
4e	Total prod	gram service expenses	1 045 508		

Form **990** (2021)

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Part IV Checklist of Required Schedules

Part	IV Checklist of Required Schedules			
			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	Χ	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
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			
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	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? If "Yes,"			
	complete Schedule D, Part III	8		X
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		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X, as applicable.			
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		X
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		X
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
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
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			
40	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	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
D	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			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		v
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	140		X
13	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	13		
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
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
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
. •	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
•	If "Yes," complete Schedule G, Part III	19		Х
20 a	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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 IV Chocklist of Poquired Schodules (continued)

Par	t IV Checklist of Required Schedules (continued)		V	Na.
	Did the consciention were there OF 000 of weeks on other posistence to be for demostic individuals and		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	77	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the	22	Х	
23	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	Х	
24.5	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	23	Λ	
24 a	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	242		Х
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	240		
·	to defease any tax-exempt bonds?	24c		
Ч	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		Х
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?			
	If "Yes," complete Schedule L, Part I	25b		Х
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			
	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 the 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			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"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		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		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,"			
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
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
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	of If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
20	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			3.7
27	related organization? If "Yes," complete Schedule R, Part V, line 2.	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		v
20	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and	31		_X
38	19? Note: All Form 990 filers are required to complete Schedule O	38	Х	
Part		_ 50	Λ	
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a NONE			
	Enter the number of Forms W-2G included on line 1a. 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		

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Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
	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 2a 6			
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
-	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?	3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		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 Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	_		
	required to file Form 8282?	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year	_		
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f 7g		X
_	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g 7 h		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
0	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter:			
а	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			
11	Section 501(c)(12) organizations. Enter:			
а	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.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	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			
	The organization of the property of the proper			
	Enter the amount of reserves on hand	14a		X
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	170		
15	excess parachute payment(s) during the year?	15		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.	1.5		21
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
. •	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes." complete Form 6069.			

NATIONAL URBAN FELLOWS, INC 23-7404350 Page 6

Part	Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.			
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sect	ion A. Governing Body and Management			
	ion in oor or ming body and management		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
b	Enter the number of voting members included on line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
_	the year by the following:	8a	Х	
a	The governing body?	8b	X	
ь 9	Each committee with authority to act on behalf of the governing body?		- 21	
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9	,	X
Secti	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue	Coae	<i>.)</i> Yes	No
		40-	163	
	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	40h		
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b 11a	X	
11a		па	Λ	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	12a	Х	
12a	1 7 7 3	124		
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	.		
	describe on Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	15a	Х	
a	The organization's CEO, Executive Director, or top management official			
b	Other officers or key employees of the organization	15b	X	
16a	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		X
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			
	organization's exempt status with respect to such arrangements?	16b		
Secti	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶_NY,			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-7 (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Own website	(sect	tion 5	01(c)

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 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 FL NEW YORK, NY 10036

Form **990** (2021)

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- 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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.s
- 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 the 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.

		Т				•					
(A) Name and title	(B) Average hours per week	box,	unle	Pos heck ss pe	erson	e than o	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	organization (W-2 1099-MISC/ 1099-NEC) Highest compensated employee Officer Officer			organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations				
(1) LISA RAWLINGS	40.00										
PRESIDENT & CEO	NONE			Х				163,650.	NONE	NONE	
(2) COURTENAY BARTON	1.00			Δ.				103,030.	NONE	NONE	
BOARD MEMBER	NONE	X						NONE	NONE	NONE	
(3) MIGUEL CENTENO	1.00	21						NONE	NONE	1101111	
CHAIR - BOARD MEMBER	NONE	X		x				NONE	NONE	NONE	
(4) NATOYA J. WALKER MINOR	1.00	- 25		21				IVOIVE	IVOIVE	110111	
BOARD MEMBER	NONE	X						NONE	NONE	NONE	
(5) GARY BAGLEY	1.00	21						IVOIVE	IVOIVE	110111	
SECRETARY - BOARD MEMBER	NONE	X		Х				NONE	NONE	NONE	
(6) LYDIA BUTTERFIELD	1.00							110112	1,01,1	110112	
BOARD MEMBER	NONE	X						NONE	NONE	NONE	
(7) FLORA CASTILLO	1.00										
BOARD MEMBER	NONE	X						NONE	NONE	NONE	
(8) DONNA FRISBY-GREENWOOD	1.00							-	-	-	
VICE CHAIR - BOARD MEMBER	NONE	X		X				NONE	NONE	NONE	
(9) ORLANDO GONZALES	1.00										
BOARD MEMBER	NONE	Х						NONE	NONE	NONE	
(10) GREGORY JACKSON	1.00										
BOARD MEMBER	NONE	X						NONE	NONE	NONE	
(11) YUH-LINE NIOU	1.00										
BOARD MEMBER	NONE	Х						NONE	NONE	NONE	
(12) STEPHEN WILLIAMS	1.00										
BOARD MEMBER	NONE	Х						NONE	NONE	NONE	
(13) ALICE YOO	1.00										
BOARD MEMBER	NONE	Х						NONE	NONE	NONE	
(14)											

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

Page	Я
raue	·

	(A) Name and title	Average hours per week (list any	box,	Position (do not check more than or box, unless person is both a director/trust				an	(D) Reportable compensation from	(E) Reportable compensation from related organizations		Esti amo	mated bunt of ther
		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organiza (W-2/1099		fror orgai and	ensation n the nization related izations
			-										
			-										
			-										
С	Sub-total Total from continuation sheets to Part VII, Solution (add lines 1b and 1c)	ection A						▼ ▼ ▼	163,650. NONE 163,650.		NONE NONE		NONE NONE NONE
	Total number of individuals (including but not reportable compensation from the organization	limited to t						re		\$100,000	of		
3	Did the organization list any former offic employee on line 1a? If "Yes," complete Schede	er, directo	ch ind	ivid	ual		key e					3	Yes No
4	For any individual listed on line 1a, is the sorganization and related organizations graindividual	eater than	\$15	0,0	00?	lf.	"Yes	," (complete Schedu	sation from le <i>J for</i>	the such	4	X
5	Did any person listed on line 1a receive or for services rendered to the organization? <i>If "Ye ction B. Independent Contractors</i> "											5	X
1	Complete this table for your five highest com compensation from the organization. Report c year.												
	(A) Name and business add	Iress							(B) Description of se	rvices	C	(C) ompensa	ation
_													
2	Total number of independent contractors (in more than \$100,000 in compensation from the				nite	d to	thos		sted above) who	received			

23-7404350

Part VIII Statement of Revenue

		Check if Schedule O contains a respon	nse or note to an	ny line in this Part V	/III		
		·		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
S S	1a	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues					
စ်ဋိ	C	Fundraising events 1c					
fts,	d	Related organizations					
<u>a</u>	e	Government grants (contributions) 1e	67,262.				
ns, sim	f	All other contributions, gifts, grants,	,				
Ē	'	and similar amounts not included above . 1f	1,437,266.				
ş Ş	_	Noncash contributions included in	1,13,,200.				
늘	g	lines 1a-1f 1g	ı.				
a Se	<u>_</u>	Total. Add lines 1a-1f		1,504,528.			
	"	Total. Add lines 1a-11	Business Code	1,301,320.			
ø	_	MENTORSHIP REVENUES	611710	1,223,600.	1,223,600.		
Š	2a	APPLICATION FEES	611710	15,891.			
Ser	b	APPLICATION FEES	611710	15,691.	15,891.		
Z Š	C						
gra Re	d						
Program Service Revenue	e	All other property is					
_	f g	All other program service revenue Total. Add lines 2a-2f		1,239,491.			
	3	Investment income (including dividends,		1,233,1321			
		other similar amounts)	_	NONE			
	4	Income from investment of tax-exempt bond		NONE			
	5	Royalties		NONE			
		(i) Real	(ii) Personal				
	6a	Gross rents 6a					
	b	Less: rental expenses 6b					
	C	Rental income or (loss) 6c NONE	NONE				
	d	Net rental income or (loss)		NONE			
	7a	Gross amount from (i) Securities	(ii) Other				
	'"	sales of assets	() = 1				
		other than inventory 7a					
a	b	Less: cost or other basis					
evenue	"	and sales expenses 7b					
e ve	С	Gain or (loss) 7c					
œ	d	Net gain or (loss)	•	NONE			
Other	8a	Gross income from fundraising					
ŏ	oa	events (not including \$					
		of contributions reported on line					
		1c). See Part IV, line 18 8a	NONE				
	b	Less: direct expenses 8b	NONE				
	C	Net income or (loss) from fundraising events		NONE			
	9a	Gross income from gaming					
	""	activities. See Part IV, line 19 9a	NONE				
	b	Less: direct expenses 9b	NONE				
	c	Net income or (loss) from gaming activities		NONE			
	10a	Gross sales of inventory, less					
		returns and allowances 10a	NONE				
	b	Less: cost of goods sold	NONE				
	c	Net income or (loss) from sales of inventory		NONE			
<u>s</u>			Business Code				
Miscellaneous Revenue	11a						
lan en	b						
e Se	С						
SIS.	d	All other revenue					
	е	Total. Add lines 11a-11d	<u></u>	NONE			
	12	Total revenue. See instructions		2,744,019.	1,239,491.		

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 response or note to any line 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	NONE									
2	Grants and other assistance to domestic										
	individuals. See Part IV, line 22	322,043.	322,043.								
3	Grants and other assistance to foreign										
	organizations, foreign governments, and										
	foreign individuals. See Part IV, lines 15 and 16	NONE									
4	Benefits paid to or for members	NONE									
5	Compensation of current officers, directors,										
	trustees, and key employees	NONE	NONE								
6	Compensation not included above to disqualified										
	persons (as defined under section 4958(f)(1)) and										
_	persons described in section 4958(c)(3)(B)	NONE	122 026	100 655	00.004						
	Other salaries and wages	348,717.	133,236.	122,657.	92,824.						
8	Pension plan accruals and contributions (include	NONE									
	section 401(k) and 403(b) employer contributions)	C 407	2 402	2 205	1 700						
9		6,497.	2,483.	2,285.	1,729						
10	Payroll taxes	23,575.	9,006.	8,293.	6,276.						
11	Fees for services (nonemployees):	MONTE									
	Management	NONE 489.		489.							
	Legal	68,234.		68,234.							
	Accounting	NONE		00,234.							
	Lobbying	NONE									
	Professional fundraising services. See Part IV, line 17. Investment management fees	NONE									
		SEE SCHE O									
9	Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	200,183.	95,774.	93,964.	10,445.						
12	Advertising and promotion	NONE	337.721	33,73011	20,110						
13	Office expenses	108,064.	31,625.	76,439.							
14	Information technology	5,171.	,	5,171.							
15	Royalties	NONE		- ,							
16	Occupancy	15,968.		15,968.							
17	Travel	21,375.	21,375.								
18	Payments of travel or entertainment expenses										
	for any federal, state, or local public officials	NONE									
19	Conferences, conventions, and meetings	NONE									
20	Interest	6,078.		6,078.							
21	Payments to affiliates	NONE									
22	Depreciation, depletion, and amortization	NONE									
23	Insurance	15,004.		15,004.							
24	Other expenses. Itemize expenses not covered										
	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	413,644.	413,644.								
b		371.	371.								
C	FELLOWSHIP EXPENSES	15,951.	15,951.								
d											
	All other expenses										
_	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if	1,571,364.	1,045,508.	414,582.	111,274.						
_	following SOP 98-2 (ASC 958-720)										
				L.	Form 990 (2021)						

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Part X Balance Sheet

I alt A	Check if Schedule O contains a response or note to any line in this Pa	art X		х
		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	153,811.	1	1,346,682.
2	Savings and temporary cash investments	NONE	2	NONE
3	Pledges and grants receivable, net	NONE	3	NON
4	Accounts receivable, net	2.	4	236,558.
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	NONE	5	NON
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)	NONE	6	NON
र्ध ७	Notes and loans receivable, net	NONE	7	NONE
Assets 8 8	Inventories for sale or use	NONE	8	NONE
9 ≯	Prepaid expenses and deferred charges SEE SCHEDULE .Q	33,590.	9	1,250.
10 a	Land, buildings, and equipment: cost or other			
	basis. Complete Part VI of Schedule D			
b	Less: accumulated depreciation	NONE	10c	
11	Investments - publicly traded securities	NONE	11	NONE
12	Investments - other securities. See Part IV, line 11	NONE	12	NONE
13	Investments - program-related. See Part IV, line 11	NONE	13	NONE
14	Intangible assets	NONE	14	NONE
15	Other assets. See Part IV, line 11	1,650.	15	2,250.
16	Total assets. Add lines 1 through 15 (must equal line 33)	189,053.	16	1,586,740.
17	Accounts payable and accrued expenses	116,160.	17	374,749.
18	Grants payable	NONE		NONE
19	Deferred revenue	NONE		NONE
20	Tax-exempt bond liabilities	NONE		NONE
21	Escrow or custodial account liability. Complete Part IV of Schedule D	NONE		NONE
	Loans and other payables to any current or former officer, director,			
iti	trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities	controlled entity or family member of any of these persons	14,000.	22	NONE
ື່ ₂₃	Secured mortgages and notes payable to unrelated third parties	99,921.	23	99,921.
24	Unsecured notes and loans payable to unrelated third parties	67,262.	24	47,705.
25	Other liabilities (including federal income tax, payables to related third	077202.		1,7,00
-0	parties, and other liabilities not included on lines 17-24). Complete Part X			
	of Schedule D	NONE	25	NONE
26	Total liabilities. Add lines 17 through 25	297,343.	26	522,375.
Fund Balances 27 28	Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33.	2777313.		322,373.
27	Net assets without donor restrictions	-108,290.	27	501,509.
g 28	Net assets with donor restrictions.	NONE		562,856.
힏	Organizations that do not follow FASB ASC 958, check here ▶	NONE	20	302,830.
고 교	and complete lines 29 through 33.			
ດ ທ 29	Capital stock or trust principal, or current funds		29	
Assets 30 31	Paid-in or capital surplus, or land, building, or equipment fund		30	
₩ 31	Retained earnings, endowment, accumulated income, or other funds		31	
철 32 본 32	Total net assets or fund balances	-108,290.	32	1,064,365.
Z 33	Total liabilities and net assets/fund balances	189,053.	33	1,586,740.
				Form 990 (2021)

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Form 99	90 (2021)			Pag	e 12
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	2,7	44,(<u>)19</u> .
2	Total expenses (must equal Part IX, column (A), line 25)				
3	Revenue less expenses. Subtract line 2 from line 1				
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))				<u> 290</u> .
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10	1,0	64,3	<u> 365</u> .
Part					
	Check if Schedule O contains a response or note to any line in this Part XII				
				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," ex	plain on			
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?.		2a		<u>X</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were con	piled or			
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		<u>X</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audi	ted on 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	rsight of			
	the audit, review, or compilation of its financial statements and selection of an independent accounta	nt?	2c		
	If the organization changed either its oversight process or selection process during the tax year, ex	cplain on			
	Schedule O.				
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as set for	th in the			
	Single Audit Act and OMB Circular A-133?		3a		X_
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	ergo the			
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a	ıdits	3b		

Form **990** (2021)

SCHEDULE A (Form 990)

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.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Co to www.iis.gov/i orinisso for instructions and the latest information.

Open to Public Inspection

Employer identification number

NA.	IOIT	NAL URBAN FELLOWS,	INC				23-7	404350
Pa	rt I	Reason for Public Cha	rity Status. (All o	organizations must	complet	te this p	art.) See instructions	S.
The	orga	anization is not a private fou	ndation because it	is: (For lines 1 through	gh 12, ch	eck only	one box.)	
1	Щ	A church, convention of ch					70(b)(1)(A)(i).	
2	Щ	A school described in secti			-			
3		A hospital or a cooperative	=	=				
4		A medical research organiz	•	conjunction with a hos	spital de	scribed in	n section 170(b)(1)(A)	(iii). Enter the
_		hospital's name, city, and s		11				
5		An organization operated		a college or universit	y owner	d or ope	erated by a governme	ental unit described in
6		section 170(b)(1)(A)(iv). (C A federal, state, or local go	• ,	rnmantal unit dacariba	d in coot	ion 170/	'b\/4\/ A \/ ₃ \	
6 7		An organization that normal						om the general public
•		described in section 170(b)	=	· · · · · · · · · · · · · · · · · · ·	ipport in	om a go	verninental unit of in	oni the general public
8		A community trust describe		· ·	Part II)			
9	П	An agricultural research or	•				d in conjunction with a	land-grant college
		or university or a non-land-	-			-	-	
		university:		·	·		•	•
10 11	X	An organization that normal receipts from activities rela support from gross investmacquired by the organization organization organized	ited to its exempt finent income and un on after June 30, 19	unctions, subject to c nrelated business tax 975. See section 509	ertain ex able inco (a)(2). (0	ceptions ome (les: Complete	s; and (2) no more that s section 511 tax) from e Part III.)	n 331/3 % of its
12	\vdash	An organization organized	•	•	•			rv out the nurnoses of
12		one or more publicly suppo	•	•				• • •
		the box on lines 12a through	_					
а		Type I. A supporting orga					•	_
		the supported organization	•	•	-		• , , ,	
		_ supporting organization. `						
b		Type II. A supporting org	anization supervise	ed or controlled in co	nnection	with its	supported organizati	on(s), by having
		control or management of		_	the sam	e persor	ns that control or mar	nage the supported
		organization(s). You must	-					
С	L	Type III functionally inte						lly integrated with,
	Г	its supported organization						to d
d		Type III non-functionally that is not functionally into			-			
		requirement (see instruct	-		-		· · · · · · · · · · · · · · · · · · ·	a an altentiveness
е	Г	Check this box if the orga	•	-				II. Type III
_		functionally integrated, or						, .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
f	En	ter the number of supported						
g	Pro	ovide the following information	on about the suppo	orted organization(s).				
	(i) N	ame of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10		organization ur governing	(v) Amount of monetary support (see	(vi) Amount of other support (see
				above (see instructions))		ment?	instructions)	instructions)
					Yes	No		
(A)								
(B) ——								
(C)								
(D)								
(E)								
Tota	al							

Schedule A (Form 990) 2021 Page **2**

Par	Support Schedule for Orga (Complete only if you checke Part III. If the organization fai	d the box on	line 5, 7, or 8	of Part I or if the	he organizatio	n failed to qua	
500	tion A. Public Support	3 to quality u	idei tile tests	nsted below, p	nease comple	te i ait iii.)	
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
Cale	indar year (or riscar year beginning in)	(a) 2017	(b) 2010	(6) 2019	(u) 2020	(e) 2021	(i) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
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).						
6	Public support. Subtract line 5 from line 4						
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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	ee instructions)				12	
13	First 5 years. If the Form 990 is for organization, check this box and stop here						
Sec	tion C. Computation of Public Sup					T I	
14	Public support percentage for 2021 (li						<u>%</u>
15	Public support percentage from 2020						<u>%</u>
16a	331/3% support test - 2021. If the org						
	box and stop here. The organization qualifies as a publicly supported organization						
D	b 331/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						
47-		•		_			
17a	10%-facts-and-circumstances test - 2 10% or more, and if the organization						
	Part VI how the organization meets						
	organization			=		-	
h	10%-facts-and-circumstances test - 2						
D	15 is 10% or more, and if the organization		-				
	in Part VI how the organization meets					-	
	organization			=	=	-	
18	Private foundation. If the organization						
	instructions						

Schedule A (Form 990) 2021 Page **3**

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")	735,989.	432,667.	233,033.	982,949.	1,504,528.	3,889,166.
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	1,581,377.	1,315,800.	2,000,850.	25,000.	1,239,491.	6,162,518.
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						NONE
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						NONE
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						NONE
6	Total. Add lines 1 through 5	2,317,366.	1,748,467.	2,233,883.	1,007,949.	2,744,019.	10,051,684.
7 a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons				500,000.	150,000.	650,000.
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	363,387.	143,652.	19,056.	168,000.		694,095.
С	Add lines 7a and 7b	363,387.	143,652.	19,056.	668,000.	150,000.	1,344,095.
8	Public support. (Subtract line 7c from						
	line 6.)						8,707,589.
	tion B. Total Support	() 0047	#N 0040	() 0010	4,00000	() 000 ((D. T.)
Caler	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6	2,317,366.	1,748,467.	2,233,883.	1,007,949.	2,744,019.	10,051,684.
iva	Gross income from interest, dividends, payments received on securities loans,						
	rents, royalties, and income from similar						27027
	sources						NONE
р	Unrelated business taxable income (less						
	section 511 taxes) from businesses						NONE
_	acquired after June 30, 1975						NONE
	Add lines 10a and 10b						NONE
11	activities not included in line 10b, whether						
							NONE
	or not the business is regularly carried on.						HOINE
12	Other income. Do not include gain or loss from the sale of capital assets						
	(Explain in Part VI.) SEE SUPP PAGE	NONE	18,935.	1,862.	12,480.	NONE	33,277.
13	Total support. (Add lines 9, 10c, 11,	110111	10,755.	1,002.	22,100.	TIONE.	33,2.7.
	and 12.)	2,317,366.	1,767,402.	2,235,745.	1,020,429.	2,744,019.	10,084,961.
14	First 5 years. If the Form 990 is for						
•	organization, check this box and stop here	· ·	•		•		` ` ` `
Sec	tion C. Computation of Public Supp						
15	Public support percentage for 2021 (line 8,			nn (f))		15	86.34%
16	Public support percentage from 2020 Sche	` '	•			16	83.50%
	tion D. Computation of Investment				L		
17	Investment income percentage for 2021 (lin			3, column (f))		17	NONE%
18	Investment income percentage from 2020 S	,	•			18	NONE%
	331/3% support tests - 2021. If the or				-		
	17 is not more than 331/3%, check this	-					. \square
b	331/3% support tests - 2020. If the orga	<u>-</u>	-				
~	line 18 is not more than 331/3%, check						. \square
20	Private foundation. If the organization of		-				. —

Schedule A (Form 990) 2021 Page 4

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. Did the organization have any supported organization that does not have an IRS determination of statu-
- under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) an satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how th organization made the determination.
- Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- Was any supported organization not organized in the United States ("foreign supported organization")? "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization use to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(E 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 Ell numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- Type I or Type II only. Was any added or substituted supported organization part of a class alread designated in the organization's organizing document?
- Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefite by one or more of its supported organizations, or (iii) other supporting organizations that also support of benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributo (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).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 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 organization described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
 - Did one or more disqualified persons (as defined on 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 on line 9a) have an ownership interest in, or derive any personal benef from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a 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.)

		Yes	NO
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Schedule A (Form 990) 2021 Page **5**

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 on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,			
<u></u>	provide detail in Part VI.	11c		
Section	on B. Type I Supporting Organizations		V	NI -
			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		
_				
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		
Section	on C. Type II Supporting Organizations			
			Yes	No
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		
Section	on D. All Type III Supporting Organizations			
			Yes	No
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			
	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 on 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.			
	11 0 1 7	3		
	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	structi	ons).	
a	The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below.			
b c	The organization is the parent of each of its supported organizations. Complete line's below. The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	oo inst	uotion	2)
·	The organization supported a governmental entity. Describe in Fait vi now you supported a governmental entity (se	C IIISU	Yes	
2	Activities Test. Answer lines 2a and 2b below.			
а	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 on 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				
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			
u	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Schedule A (Form 990) 2021 Page **6**

Pa	art V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations	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 th							
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						
	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8						
	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):							
a	Average monthly value of securities	1a						
b	Average monthly cash balances	1b						
C	Fair market value of other non-exempt-use assets	1c						
d	Total (add lines 1a, 1b, and 1c)	1d						
е	Discount claimed for blockage or other factors							
	(explain in detail in Part VI):							
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						
	Net value of non-exempt-use assets (subtract line 4 from line 3)	5						
	Multiply line 5 by 0.035.	6						
	Recoveries of prior-year distributions	7						
8		8						
	ection C - Distributable Amount			Current Year				
1	Adjusted net income for prior year (from Section A, line 8, column A)	1						
	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	lly integra	ted Type III supporting	g organization				
	(see instructions).							

Schedule A (Form 990) 2021

Part	art V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)							
Sect	Section D - Distributions							
1	Amounts paid to supported organizations to accomplish e	xempt purposes		1				
2	Amounts paid to perform activity that directly furthers exer	mpt purposes of support	ed					
	organizations, in excess of income from activity			2				
3	Administrative expenses paid to accomplish exempt purpo	oses 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	the organization is resp	onsive					
	(provide details in Part VI). See instructions.							
9	9 Distributable amount for 2021 from Section C, line 6							
10	10 Line 8 amount divided by line 9 amount 10							
			/ii\		/iii)			

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2021			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2021			
a	From 2016			
b	From 2017			
C	From 2018			
d	From 2019			
е	From 2020			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2021 distributable amount			
i	Carryover from 2016 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2021 from			
	Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2021 distributable amount			
C	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2021, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2021. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2022. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2017			
b	Excess from 2018			
С	Excess from 2019			
d	Excess from 2020			
е	Excess from 2021			

Schedule A (Form 990) 2021

Schedule A (Form 990 or 990-EZ) 2021

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.)

	==========	==========	==========	==========	==========	==========
TOTALS	NONE	18,935.	1,862.	12,480.	NONE	33,277.
MISCELLANEOUS	NONE	18,935.	1,862.	12,480.	NONE	33,277.
DESCRIPTION	2017	2018	2019	2020	2021	TOTAL
SCHEDULE A, PART III - OTHER IN	COME					

Schedule B (Form 990)

Schedule of Contributors

OMB No. 1545-0047

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990 or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information.

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** 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), 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), 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).

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

Schedule B (Form 990) (2021)

Name of organization NATIONAL URBAN FELLOWS, INC Employer identification number 23-7404350

Part I	Contributors	(see instructions).	Use duplicate copies	of Part I if additional	space is needed.
--------	--------------	---------------------	----------------------	-------------------------	------------------

(a)	(b)	(c) Total contributions	(d)
No.	Name, address, and ZIP + 4		Type of contribution
1_	N/A	\$50,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2	N/A	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
3	N/A	\$750,000	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
4	N/A	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	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
			Person Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2021)

JSA

Name of organization

Employer identification number

NATIONAL URBAN FELLOWS, INC 23-7404350 Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. (a) No. (c) (b) (d) from FMV (or estimate) Description of noncash property given **Date received** Part I (See instructions.) (a) No. (c) (d) (b) from FMV (or estimate) Description of noncash property given **Date received** Part I (See instructions.) (a) No. (c) (b) (d) FMV (or estimate) from Description of noncash property given Date received Part I (See instructions.) \$ (a) No. (c) (b) (d) FMV (or estimate) from Description of noncash property given Date received Part I (See instructions.) (a) No. (c) (d) FMV (or estimate) from Description of noncash property given Date received Part I (See instructions.) (a) No. (c) (d) FMV (or estimate) from Description of noncash property given Date received Part I (See instructions.)

Schedule B (Form 990) (2021) Page **4**

Name of o	rganization			Employer identification number
	NATIONAL URBAN FELLOW			23-7404350
Part III	Exclusively religious, charitable, etc. (10) that total more than \$1,000 for the following line entry. For organizati contributions of \$1,000 or less for th Use duplicate copies of Part III if addit	the year from any one one completing Part III, e e year. (Enter this information	contributor. Co nter the total of	mplete columns (a) through (e) and exclusively religious, charitable, etc.
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	:	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transfer of q	=	ip of transferor to transferee
(a) No.	(b) Purpose of gift	(c) Use of giff		(d) Description of how gift is held
Part I	(a) i di poco di giit	(6, 655 5. g		(a, Zeec. phen et neu gilt le neu
	Transferee's name, address, a	(e) Transfer of g	=	ip of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	:	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transfer of q	_	ip of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	:	(d) Description of how gift is held
	Transferee's name, address, a	gift Relationshi	ip of transferor to transferee	

SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

2021
Open to Public Inspection

OMB No. 1545-0047

Name of the organization Employer identification number NATIONAL URBAN FELLOWS, INC 23-7404350 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 funds are the organization's property, subject to the organization's exclusive legal control? Yes Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used 6 only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Yes No Conservation Easements. Part II Complete if the organization answered "Yes" on Form 990, Part IV, line 7. 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 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation 2 Held at the End of the Tax Year easement on the last day of the tax year. 2a 2b 2c Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Yes Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6

organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)

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

and section 170(h)(4)(B)(ii)?

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year

Schedule D (Form 990) 2021

8

Sche	dule D (Form 990) 2021 NATIONAL	URBAN FELLOWS,	TNC		23-7404350 Page 2
	Int III Organizations Maintaining Colle			or Other Similar	
3	Using the organization's acquisition, acces				
	collection items (check all that apply):		•	•	•
а	Public exhibition	d	Loan or exchang	ge program	
b	Scholarly research	e	Other		
С	Preservation for future generations				
4	Provide a description of the organization's	collections and exp	ain how they furthe	er the organization	's exempt purpose in Part
	XIII.				
5	During the year, did the organization solicit	or receive donations	of art, historical treas	sures, or other simi	lar
	assets to be sold to raise funds rather than t	o be maintained as p	art of the organization	on's collection?	Yes No
Pa	rt IV Escrow and Custodial Arrangen				
	Complete if the organization ans 990, Part X, line 21.	swered "Yes" on Fo	rm 990, Part IV, lin	e 9, or reported a	an amount on Form
1a	Is the organization an agent, trustee, cust				sets not
	included on Form 990, Part X?				Yes No
b	If "Yes," explain the arrangement in Part XII	II and complete the fo	ollowing table:		
					Amount
С	Beginning balance		10	C	
d	Additions during the year			d	
е	Distributions during the year			Э	
f	Ending balance				
	Did the organization include an amount on I				
	If "Yes," explain the arrangement in Part XII	II. Check here if the	explanation has been	provided on Part XII	<u> </u>
Pa	Int V Endowment Funds. Complete if the organization ans	word "Voo" on Eo	rm 000 Dart IV lin	0.10	
	· · · · · · · · · · · · · · · · · · ·		or year (c) Two ye		years back (e) Four years back
_		Trent year (b) Fit	or year (c) two ye	(u) Three	years back (e) Four years back
	Beginning of year balance				
	Contributions				
С	Net investment earnings, gains,				
	and losses				
	Grants or scholarships				
е	Other expenditures for facilities and programs				
	Administrative expenses				
	End of year balance				
g 2	Provide the estimated percentage of the cu	rrent vear end haland	ce (line 1a, column (a)) held as:	
	Board designated or quasi-endowment		oo (iiilo 1g, colaiiii (a)) Hold do.	
b	Permanent endowment > %				
С	Term endowment ▶%				
	The percentages on lines 2a, 2b, and 2c sh	ould equal 100%.			
3a	Are there endowment funds not in the poss	ession of the organiz	ation that are held a	nd administered for	
	organization by:				Yes No
	(i) Unrelated organizations				3a(i)
	(ii) Related organizations				
b	If "Yes" on line 3a(ii), are the related organi	•			3b
4	Describe in Part XIII the intended uses of the		owment funds.		
Pa	Land, Buildings, and Equipment. Complete if the organization ans	swered "Yes" on Fo	rm 990, Part IV. lir	ne 11a. See Form	n 990, Part X, line 10.
	Description of property	(a) Cost or other basis	(b) Cost or other basis	(c) Accumulated	(d) Book value
1-	Land	(investment)	(other)	depreciation	
	Land				
	Buildings				
ں ہے	Equipment				

Schedule D (Form 990) 2021

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

Schedule D (Form 990) 2021 NATIONAL URBA	IN FELLOWS, INC	Δ.	3-/404350 Page
Part VII	Investments - Other Securities. Complete if the organization answere	ed "Yes" on Form 990	0 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 valuat Cost or end-of-year mark	ion:
			Cost of end-of-year mark	et value
	ial derivatives			
	y held equity interests	•		
(A) (B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	nn (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII				
	Complete if the organization answere	ed "Yes" on Form 990	0, Part IV, line 11c. See Form 990.	Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuat Cost or end-of-year mark	ion:
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Colun	nn (b) must equal Form 990, Part X, col. (B) line 13.) 🔒 🕨			
Part IX	Other Assets.			
	Complete if the organization answere		0, Part IV, line 11d. See Form 990	
	(a) D	Description		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
<u>(6)</u>				
<u>(7)</u>				
(8) (9)				
	lumn (b) must equal Form 990, Part X, col. (B,) line 15)	.	
Part X	Other Liabilities.	7 11110 101./		
raitx	Complete if the organization answere line 25.	ed "Yes" on Form 990	0, Part IV, line 11e or 11f. See For	m 990, Part X,
1.		ription of liability		(b) Book value
	eral income taxes	, ,		(1)
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that 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 . | X

JSA 1E1270 1.000

Part	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	า.	
1	Total revenue, gains, and other support per audited financial statements	1	2,744,019.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments		
_	Donated services and use of facilities		
b			
C	recovering of prior year granter in a series of the series		
d	Other (Describe in Part XIII.)	0-	
е	Add lines 2a through 2d	2e	0 544 010
3	Subtract line 2e from line 1	3	2,744,019.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	2,744,019.
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	irn.	
1	Total expenses and losses per audited financial statements	1	1,571,364.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
C	Other losses		
d	Other (Describe in Part XIII.)		
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	1,571,364.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		270727021
-			
	integration expenses for included of Ferri coo, Fair Vin, inc. 75		
b		40	
с 5	Add lines 4a and 4b	4c 5	1 571 264
	XIII Supplemental Information.	J	1,571,364.
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; P XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform		
SEE	SUPPLEMENTAL PAGE		

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)

Department of the Treasury Internal Revenue Service

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

2021

OMB No. 1545-0047

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

► Attach to Form 990.

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

Open to Public Inspection

Schedule I (Form 990) 2021

Name of the organization						Employer identification	on number
NATIONAL URBAN FELLOWS, INC						23-7404350	
Part I General Information on Grants and	l Assistanc	е				•	
 Does the organization maintain records to su the selection criteria used to award the grants Describe in Part IV the organization's proced 	s or assistand	e?					X Yes No
Part IV, line 21, for any recipient th		_					es" on Form 990,
(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)							
(8)							
(9)							
(10)							
(11)							
(12)							
2 Enter total number of section 501(c)(3) and g 3 Enter total number of other organizations list							

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

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	18	322,043.			
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 J (Form 990)

Compensation InformationFor certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees**

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

► 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

NATIONAL URBAN FELLOWS, INC

Employer identification number

23-7404350

Part	Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form			
	990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment			
	or reimbursement or provision of all of the expenses described above? If "No," complete Part III to	4.		
2	explain	1b		
2	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line			
		2		
•	1a?			
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a			
	related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
•	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only posting 504(a)(0), 504(a)(4), and 504(a)(00) arraning tions must be unable times 5.0			
_	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
а	The organization?	5a		Х
b	Any related organization?	5b		X
~	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the net earnings of:			
а	The organization?	6a		Х
b	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed			
	payments not described on lines 5 and 6? If "Yes," describe in Part III.	7		Х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject			
	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			
_	in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		1

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

Schedule J (Form 990) 2021

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 a	nd/or 1099-MISC and/or	1099-NEC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
LISA RAWLINGS	(i)	163,650.	NONE	NONE	NONE	NONE	163,650.	NONE
1 PRESIDENT & CEO	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(i)							
2	(ii)							
	(i)							
3	(ii)							
	(i)							
4	(ii)							
	(i)							
5	(ii)							
	(i)							
6	(ii)							
	(i)							
7	(ii)							
	(i)							
8	(ii)							
	(i)							
9	(ii)							
	(i)							
10	(ii)							
	(i)							
11	(ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i)							
14	(ii)							
	(i)							
15	(ii)							
	(i)							
16	(ii)							

23-7404350

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

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

Employer identification number

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.

FORM 990, PART IX - AMENDED RETURN

IN 2021 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

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

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

Employer identification number

NATIONAL URBAN FELLOWS, INC

23-7404350

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.

Name of the organization	Employer identification	Employer identification number			
NATIONAL URBAN FELLOWS,	23-7404350				
FORM 990, PART IX - OTHER FEES					
	(A)	(B)	(C)	(D)	
	TOTAL	PROGRAM	MANAGEMENT	FUNDRAISING	
DESCRIPTION	FEES	SERVICE EXP.	AND GENERAL	EXPENSES	
PROGRAM CONSULTANTS	54,015.		43,570.	10,445.	
PAYROLL PROCESSING FEES	12,658.		12,658.		
CONTRACT LABOUR	133,510.	95,774.	37,736.		
TOTALS					
	200,183.	95,774.	93,964.	10,445.	

=========

33,590.

=========

1,250.

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