

Form **990**
(Rev. January 2020)
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

2019
Open to Public Inspection

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

A For the **2019** calendar year, or tax year beginning **JUL 1, 2019** and ending **JUN 30, 2020**

B Check if applicable: Address change Name change Initial return Final return/terminated Amended return Application pending	C Name of organization URBAN VENTURES LEADERSHIP FOUNDATION Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 2924 FOURTH AVENUE SOUTH City or town, state or province, country, and ZIP or foreign postal code MINNEAPOLIS, MN 55408	D Employer identification number 36-3558710
	F Name and address of principal officer: DAVID HAWN SAME AS C ABOVE	E Telephone number 612-638-1000
	I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527	G Gross receipts \$ 8,671,470.
J Website: WWW.URBANVENTURES.ORG		H(a) Is this a group return for subordinates? Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? Yes No If "No," attach a list. (see instructions)
K Form of organization: <input checked="" type="checkbox"/> Corporation Trust Association Other ▶	L Year of formation: 1987	M State of legal domicile: MN

Part I Summary

	1	Briefly describe the organization's mission or most significant activities: URBAN VENTURES WORKS ALONGSIDE LOCAL PARTNERS TO ADDRESS OPPORTUNITY GAPS IN ACADEMICS, NUTRITION,		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
Activities & Governance	3	Number of voting members of the governing body (Part VI, line 1a)	3	12
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	12
	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	112
	6	Total number of volunteers (estimate if necessary)	6	581
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	-86.
	7b	Net unrelated business taxable income from Form 990-T, line 39	7b	-86.
	Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year
9		Program service revenue (Part VIII, line 2g)	7,263,685.	6,916,142.
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	156,083.	75,756.
11		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	43,073.	27,151.
12		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	227,773.	229,913.
			7,690,614.	7,248,962.
Expenses		13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,938,263.	2,226,663.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 663,336.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,829,029.	1,886,243.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	4,767,292.	4,522,406.
	19 Revenue less expenses. Subtract line 18 from line 12	2,923,322.	2,726,556.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	19,031,609.	22,491,404.
	22	Net assets or fund balances. Subtract line 21 from line 20	525,873.	1,259,112.
			18,505,736.	21,232,292.

Part II Signature Block

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

Sign Here	Signature of officer RENEE SHERMAN, VP OF FINANCE Type or print name and title	Date
Paid Preparer Use Only	Print/Type preparer's name SARAH REICHLING	Preparer's signature SARAH REICHLING
	Firm's name ▶ CLIFTONLARSONALLEN LLP	Date 05/11/21
	Firm's address ▶ 220 S 6TH STREET, SUITE 300 MINNEAPOLIS, MN 55402	Check if self-employed <input type="checkbox"/> PTIN P01587996
		Firm's EIN ▶ 41-0746749
		Phone no. 612-376-4500

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: URBAN VENTURES WORKS ALONGSIDE LOCAL PARTNERS TO ADDRESS OPPORTUNITY GAPS IN ACADEMICS, NUTRITION, PHYSICAL ACTIVITY, PARENTING RESOURCES, AND MORE - ALL WITH THE OVERARCHING GOAL TO PREPARE AND SEND EVERY YOUTH IN OUR NEIGHBORHOOD TO COLLEGE OR POSTSECONDARY EDUCATION.

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 838,338. including grants of \$ 0.) (Revenue \$ 71,656.) YOUTH PROGRAMS - URBAN VENTURES YOUTH PROGRAMS INCLUDE UV ATHLETICS; MUSIC; AND UV COLLEGE & CAREER CENTER. EACH YEAR, 50+ FOUR-YEAR, FULL TUITION, FULL-NEED SCHOLARSHIPS ARE PROVIDED TO EMERGING COMMUNITY LEADERS WHO WANT TO USE THEIR COLLEGE EDUCATION TO MAKE A POSITIVE IMPACT ON THEIR CAMPUS AND HOME COMMUNITY. THE SCHOLARS RECEIVE LEADERSHIP TRAINING AND ONGOING SUPPORT AS THEY LEARN TO LEAD FOR REAL. URBAN VENTURES ATHLETICS OFFERS YOUTH AGES 3-18 THE OPPORTUNITY TO BUILD CHARACTER THROUGH SOCCER OR BASKETBALL, EMPHASIZING BASIC SKILLS DEVELOPMENT, PLAYING AS A TEAM, AND LEADERSHIP. MUSIC ACADEMY OFFERS GUITAR AND PIANO LESSONS FOR YOUTH AGES 8-18 IN A SMALL GROUP SETTING. WE ALSO OFFER HIP HOP 4 LIFE, BEATS 4 LIFE, AND AN OPEN MIC NIGHT. 53 FOUR YEAR, FULL TUITION, FULL-NEED SCHOLARSHIPS WERE AWARDED THIS YEAR.

4b (Code:) (Expenses \$ 732,926. including grants of \$ 0.) (Revenue \$ 0.) PROGRAM SERVICES SUPPORTS ALL UV PROGRAMS THROUGH COMMUNITY OUTREACH IN ADDITION TO WORKING WITH VOLUNTEERS AND COMMUNITY PARTNERS. THIS YEAR, 581 VOLUNTEERS GENEROUSLY SERVED OUR COMMUNITY BY TUTORING, MENTORING, COACHING, GARDENING AND APPLYING THEIR PROFESSIONAL SKILLS. WE PARTNER WITH 87 OTHER NONPROFITS, SCHOOLS AND GOVERNMENT AGENCIES TO COORDINATE RESOURCES, INTERVENTIONS AND SUPPORT.

4c (Code:) (Expenses \$ 663,783. including grants of \$ 0.) (Revenue \$ 110.) FAMILY PROGRAMMING - URBAN VENTURES FAMILY PROGRAMMING OFFERS LIFE BLOOD; SIEMPRE PADRES, AND PATHWAYS. LIFE BLOOD IS DESIGNED TO HELP PARTICIPANTS BECOME BETTER PARENTS, PARTNERS, AND PEOPLE. SIEMPRE PADRES ASSISTS FAMILIES WHO WANT TO GROW IN THEIR INTERPERSONAL RELATIONSHIPS AND LEARN NEW DYNAMICS TO BE EVEN BETTER PARENTS. PATHWAYS IS A DIVERSION PROGRAM, IN PARTNERSHIP WITH THE MINNEAPOLIS CITY ATTORNEY'S OFFICE, DESIGNED AS AN ALTERNATIVE FOR THOSE CHARGED WITH MISDEMEANOR GUN OFFENSES. MEN AND WOMEN ARE WELCOME TO PROGRAMS. CHILDCARE AND A MEAL ARE PROVIDED WITH EACH PROGRAM. THE PROGRAMS ARE OFFERED AT NO COST. 1,186 HOUSEHOLDS SOUGHT SUPPORT THROUGH RECURRING URBAN VENTURES PROGRAMS. INDIVIDUALS RECEIVED MORE SUPPORT , THERE WAS A 24% INCREASE IN HOURS PER PARTICIPANT

4d Other program services (Describe on Schedule O.) (Expenses \$ 923,710. including grants of \$ 409,500.) (Revenue \$ 3,990.)

4e Total program service expenses 3,158,757.

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)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		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? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		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? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	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.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	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? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		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? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		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)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
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? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

Part IV Checklist of Required Schedules (continued)

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

Note: All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

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		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee counts, tax filings, and organizational compliance.

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

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 1b 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?; 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?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body?; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.

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

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

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed MN
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
[X] Own website [X] Another's website [X] Upon request [] Other (explain on Schedule O)
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
RENEE SHERMAN - 612-545-9802
2924 FOURTH AVENUE SOUTH, MINNEAPOLIS, MN 55408

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DAVID HAWN CEO	40.00			X			121,871.	0.	23,207.	
(2) KATHRYN GRAVES UNGER CHAIR	1.00	X		X			0.	0.	0.	
(3) GAYLEN KNACK SECRETARY	1.00	X		X			0.	0.	0.	
(4) ROY FERBER TREASURER	1.00	X		X			0.	0.	0.	
(5) KAREN BAUMBERGER BOARD MEMBER	1.00	X					0.	0.	0.	
(6) ANN FOLKMAN BOARD MEMBER	1.00	X					0.	0.	0.	
(7) EDWIN GAGE BOARD MEMBER	1.00	X					0.	0.	0.	
(8) DENNIS GOULD BOARD MEMBER	1.00	X					0.	0.	0.	
(9) DEAN HAGER BOARD MEMBER	1.00	X					0.	0.	0.	
(10) LEAH MCLEAN BOARD MEMBER	1.00	X					0.	0.	0.	
(11) MARK MORSE BOARD MEMBER	1.00	X					0.	0.	0.	
(12) CARRIE PLACK BOARD MEMBER	1.00	X					0.	0.	0.	
(13) SHANEQUA WILLIAMS BOARD MEMBER	1.00	X					0.	0.	0.	

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

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Includes subtotal and total rows.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 1

Table with 3 columns: Question number, Yes, No. Contains questions 3, 4, and 5 regarding compensation reporting.

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

Table with 3 columns: (A) Name and business address, (B) Description of services, (C) Compensation. Includes a 'NONE' entry in column A.

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

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c	102,002.			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	31,145.			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	6,782,995.			
	g	Noncash contributions included in lines 1a-1f	1g	\$ 3,500.			
	h	Total. Add lines 1a-1f		6,916,142.			
Program Service Revenue	2 a	PROGRAM FEES	Business Code				
			611710	75,756.	75,756.		
	b						
	c						
	d						
	e						
	f	All other program service revenue					
g	Total. Add lines 2a-2f		75,756.				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		23,222.		23,222.	
	4	Income from investment of tax-exempt bond proceeds		-86.	-86.		
	5	Royalties		70,925.		70,925.	
	6 a	Gross rents	(i) Real	148,432.			
			(ii) Personal				
	6 b	Less: rental expenses		0.			
	6 c	Rental income or (loss)		148,432.			
	d	Net rental income or (loss)		148,432.		148,432.	
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	1,405,327.			
			(ii) Other				
	7 b	Less: cost or other basis and sales expenses		1,401,312.			
	7 c	Gain or (loss)		4,015.			
	d	Net gain or (loss)		4,015.		4,015.	
8 a	Gross income from fundraising events (not including \$ 102,002. of contributions reported on line 1c). See Part IV, line 18		0.				
8 b	Less: direct expenses		6,854.				
c	Net income or (loss) from fundraising events		-6,854.		-6,854.		
9 a	Gross income from gaming activities. See Part IV, line 19						
9 b	Less: direct expenses						
c	Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances		12,659.				
10 b	Less: cost of goods sold		14,342.				
c	Net income or (loss) from sales of inventory		-1,683.		-1,683.		
Miscellaneous Revenue	11 a	MISCELLANEOUS INCOME	Business Code	900099	19,093.	19,093.	
	b						
	c						
	d	All other revenue					
	e	Total. Add lines 11a-11d		19,093.			
12	Total revenue. See instructions		7,248,962.	75,756.	-86.	257,150.	

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 X

Do not include amounts reported on lines 6b, 7b, 8b, 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 ...	385,000.	385,000.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	24,500.	24,500.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	145,396.	36,349.	36,349.	72,698.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,593,909.	1,129,340.	268,426.	196,143.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	21,195.	14,028.	5,487.	1,680.
9 Other employee benefits	282,207.	180,403.	72,927.	28,877.
10 Payroll taxes	183,956.	113,670.	47,452.	22,834.
11 Fees for services (nonemployees):				
a Management				
b Legal	8,669.		8,669.	
c Accounting	25,605.		25,605.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	582,623.	363,391.	49,322.	169,910.
12 Advertising and promotion				
13 Office expenses	72,735.	48,322.	12,307.	12,106.
14 Information technology				
15 Royalties				
16 Occupancy	333,445.	248,143.	44,313.	40,989.
17 Travel	22,600.	20,800.	1,096.	704.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	4,016.	3,273.	175.	568.
20 Interest	9,176.	6,841.	1,195.	1,140.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	442,841.	330,134.	57,685.	55,022.
23 Insurance	108,961.	82,235.	13,679.	13,047.
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.)				
a OTHER EXPENSES	128,905.	112,236.	6,876.	9,793.
b DUES AND FEES	105,298.	23,707.	44,711.	36,880.
c MEALS/ENTERTAINMENT	41,369.	36,385.	4,039.	945.
d _____				
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	4,522,406.	3,158,757.	700,313.	663,336.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	1,238,182.	1	3,518,406.
	2 Savings and temporary cash investments	150,864.	2	1,302,743.
	3 Pledges and grants receivable, net	2,779,912.	3	4,064,302.
	4 Accounts receivable, net	130,340.	4	117,964.
	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		5	
	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)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	24,750.	9	13,750.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 21,626,091.		
	b Less: accumulated depreciation	10b 8,401,786.	13,158,548.	10c 13,224,305.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11	1,549,013.	12	249,934.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 33)	19,031,609.	16	22,491,404.	
Liabilities	17 Accounts payable and accrued expenses	249,721.	17	467,851.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other 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		22	
	23 Secured mortgages and notes payable to unrelated third parties	276,152.	23	791,261.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	525,873.	26	1,259,112.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	13,678,204.	27	14,321,225.
	28 Net assets with donor restrictions	4,827,532.	28	6,911,067.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	18,505,736.	32	21,232,292.
33 Total liabilities and net assets/fund balances	19,031,609.	33	22,491,404.	

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	7,248,962.
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,522,406.
3	Revenue less expenses. Subtract line 2 from line 1	3	2,726,556.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	18,505,736.
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	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	21,232,292.

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled 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?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Form **990** (2019)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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

2019

Open to Public Inspection

Name of the organization URBAN VENTURES LEADERSHIP FOUNDATION	Employer identification number 36-3558710
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Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	3,459,253.	4,499,850.	3,204,029.	6,466,645.	6,290,343.	23,920,120.
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	3,459,253.	4,499,850.	3,204,029.	6,466,645.	6,290,343.	23,920,120.
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)						6,589,145.
6 Public support. Subtract line 5 from line 4.						17,330,975.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4	3,459,253.	4,499,850.	3,204,029.	6,466,645.	6,290,343.	23,920,120.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	253,236.	454,948.	382,555.	283,844.	242,493.	1,617,076.
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.)	25,960.	88,900.	149,658.	6,238.	644,892.	915,648.
11 Total support. Add lines 7 through 10						26,452,844.
12 Gross receipts from related activities, etc. (see instructions)					12	1,840,492.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	65.52 %
15 Public support percentage from 2018 Schedule A, Part II, line 14	15	61.76 %
16a 33 1/3% support test - 2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>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 directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
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? <i>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.</i>		

Section 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)? <i>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).</i>		

Section 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?		
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described in (2), 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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section 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 instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>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.</i>		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>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.</i>		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section 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	
e	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 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 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	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990 or 990-EZ) 2019

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019			
a From 2014			
b From 2015			
c From 2016			
d From 2017			
e From 2018			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015			
b Excess from 2016			
c Excess from 2017			
d Excess from 2018			
e Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

Part VI

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

Multiple horizontal lines for supplemental information.

Schedule B

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2019

Name of the organization

URBAN VENTURES LEADERSHIP FOUNDATION

Employer identification number

36-3558710

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, 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 totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization URBAN VENTURES LEADERSHIP FOUNDATION	Employer identification number 36-3558710
--	--

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ 1,116,000.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ 702,402.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ 510,000.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ 500,000.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ 300,000.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
6	<hr/> <hr/> <hr/>	\$ 260,000.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization URBAN VENTURES LEADERSHIP FOUNDATION	Employer identification number 36-3558710
--	--

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/>	\$ 255,000.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ 150,000.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization URBAN VENTURES LEADERSHIP FOUNDATION	Employer identification number 36-3558710
--	--

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

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

Name of organization URBAN VENTURES LEADERSHIP FOUNDATION	Employer identification number 36-3558710
--	--

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship 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.**

OMB No. 1545-0047

2019
Open to Public Inspection

Name of the organization URBAN VENTURES LEADERSHIP FOUNDATION
Employer identification number 36-3558710

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

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

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

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

9 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 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.

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:

(i) Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2019

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

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

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

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

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

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

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

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

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	653,393.	2,136,397.	2,136,028.	2,507,971.	2,827,870.
b Contributions					
c Net investment earnings, gains, and losses	1,896.	32,944.	119,546.	225,620.	-186,422.
d Grants or scholarships					
e Other expenditures for facilities and programs	110,237.	1,515,948.	119,177.	597,564.	133,477.
f Administrative expenses					
g End of year balance	545,052.	653,393.	2,136,397.	2,136,028.	2,507,971.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment 51.13 %
- b Permanent endowment 48.87 %
- c Term endowment %

The percentages on lines 2a, 2b, and 2c should equal 100%.

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

- (i) Unrelated organizations
- (ii) Related organizations

	Yes	No
3a(i)	X	
3a(ii)		X
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		2,545,007.		2,545,007.
b Buildings		17,034,564.	6,698,630.	10,335,934.
c Leasehold improvements				
d Equipment		1,760,255.	1,703,156.	57,099.
e Other		286,265.		286,265.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				13,224,305.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(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 ...

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	7,270,158.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	21,196.
e	Add lines 2a through 2d	2e	21,196.
3	Subtract line 2e from line 1	3	7,248,962.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	7,248,962.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	4,543,602.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	21,196.
e	Add lines 2a through 2d	2e	21,196.
3	Subtract line 2e from line 1	3	4,522,406.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	4,522,406.

Part XIII Supplemental Information.

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

PART V, LINE 4:

PROVIDE OPERATIONAL FUNDS BY YEARLY BOARD DESIGNATED DRAW.

PART X, LINE 2:

URBAN VENTURES LEADERSHIP FOUNDATION IS EXEMPT FROM FEDERAL TAXES ON RELATED INCOME UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. THE ORGANIZATION HAS BEEN DESIGNATED AS A PUBLICLY SUPPORTED ORGANIZATION UNDER SECTION 170 OF THE SAME CODE. ACCORDINGLY, CONTRIBUTIONS QUALIFY FOR DEDUCTION TO THE EXTENT PROVIDED IN THAT CODE. THE ORGANIZATION IS ALSO EXEMPT FROM STATE INCOME TAX ON RELATED INCOME.

THE ORGANIZATION FOLLOWS APPLICABLE ACCOUNTING STANDARDS FOR UNCERTAINTY

Part XIII Supplemental Information (continued)

IN INCOME TAXES RECOGNIZED IN AN ORGANIZATION'S FINANCIAL STATEMENTS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSE	6,854.
COST OF GOODS SOLD	14,342.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	21,196.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSE	6,854.
COST OF GOODS SOLD	14,342.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	21,196.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization

URBAN VENTURES LEADERSHIP FOUNDATION

Employer identification number

36-3558710

Part I

Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a Mail solicitations
 - b Internet and email solicitations
 - c Phone solicitations
 - d In-person solicitations
 - e Solicitation of non-government grants
 - f Solicitation of government grants
 - g Special fundraising events
- 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No
- b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total				▶		

- 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.
-
-
-
-
-
-
-
-
-
-

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		FALL EVENT (event type)	GOLF EVENT (event type)	NONE (total number)	
Revenue	1	Gross receipts	68,469.	33,533.	102,002.
	2	Less: Contributions	68,469.	33,533.	102,002.
	3	Gross income (line 1 minus line 2)			
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs		3,960.	3,960.
	7	Food and beverages	266.	918.	1,184.
	8	Entertainment	724.		724.
	9	Other direct expenses	647.	339.	986.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			6,854.
11	Net income summary. Subtract line 10 from line 3, column (d)			-6,854.	

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue			
	2	Cash prizes			
Direct Expenses	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7	Direct expense summary. Add lines 2 through 5 in column (d)				
8	Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No

b If "Yes," explain: _____

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Name of the organization **URBAN VENTURES LEADERSHIP FOUNDATION** Employer identification number **36-3558710**

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
A AND J FISH AND CHICKEN, INC. 500 EAST LAKE STREET MINNEAPOLIS, MN 55408	02-0642095		5,000.	0.			BENEVOLENCE
AFRICAN HALAL & DELI 405 EAST LAKE STREET MINNEAPOLIS, MN 55408	47-5588161		5,000.	0.			BENEVOLENCE
ANTURIO FLOWERS 417 EAST LAKE STREET MINNEAPOLIS, MN 55408	27-4517814		5,000.	0.			BENEVOLENCE
BE HEALTHY NUTRICION 2929 4TH AVENUE SOUTH MINNEAPOLIS, MN 55408	95-0912178		5,000.	0.			BENEVOLENCE
BOTANICA NOVEDADES CHELY'S 417 EAST LAKE STREET #421 MINNEAPOLIS, MN 55408	27-4222487		5,000.	0.			BENEVOLENCE
CAFETERIA LAS TAPATIAS 301 EAST LAKE STREET #100 MINNEAPOLIS, MN 55408	20-0924844		5,000.	0.			BENEVOLENCE

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 0.
- 3** Enter total number of other organizations listed in the line 1 table ▶

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

Schedule I (Form 990) (2019)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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 non-cash assistance	(h) Purpose of grant or assistance
CARNICERIA LA HUAZTECA, INC. 417 EAST LAKE STREET #60 MINNEAPOLIS, MN 55408	02-0687309		5,000.	0.			BENEVOLENCE
COSMOPOLITAN BUSINESS SOLUTION 3010 4TH AVENUE SOUTH MINNEAPOLIS, MN 55408	90-0581918		5,000.	0.			BENEVOLENCE
CREACIONES Y NOVEDADES RODY'S 417 EAST LAKE STREET MINNEAPOLIS, MN 55408	28-0915612		5,000.	0.			BENEVOLENCE
DEL PRIMO, INC. 417 EAST LAKE STREET #413 MINNEAPOLIS, MN 55408	20-3997601		5,000.	0.			BENEVOLENCE
DON CHILO RESTAURANT 311 EAST LAKE STREET MINNEAPOLIS, MN 55408	20-2637677		5,000.	0.			BENEVOLENCE
DUKE'S CARS AND TOWING LLC 520 EAST LAKE STREET MINNEAPOLIS, MN 55408	02-0723169		5,000.	0.			BENEVOLENCE
DULCEMEX2 LLC 325 EAST LAKE STREET MINNEAPOLIS, MN 55408	46-4734055		5,000.	0.			BENEVOLENCE
EL AMOR FASHION 511 EAST LAKE STREET MINNEAPOLIS, MN 55408	35-6787087		5,000.	0.			BENEVOLENCE
EL COFRE DEL TESORO 404 E. LAKE STREET MINNEAPOLIS, MN 55408	27-5020681		5,000.	0.			BENEVOLENCE

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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 non-cash assistance	(h) Purpose of grant or assistance
EL MEXICAN RESTAURANT, LLC 417 EAST LAKE STREET MINNEAPOLIS, MN 55408	47-1367062		5,000.	0.			BENEVOLENCE
EL NORTENO WESTERN 33 417 EAST LAKE STREET #33 MINNEAPOLIS, MN 55408	33-1837741		5,000.	0.			BENEVOLENCE
EL REY CAR AUDIO 417 EAST LAKE STREET #25, 26, 84 MINNEAPOLIS, MN 55408	27-4526910		5,000.	0.			BENEVOLENCE
FLAMINGO RESTAURANT, LLC 201 EAST LAKE STREET MINNEAPOLIS, MN 55408	27-2146834		5,000.	0.			BENEVOLENCE
FLORERIA YARE LLC 417 EAST LAKE STREET, SUITE 81 MINNEAPOLIS, MN 55408	36-4855233		5,000.	0.			BENEVOLENCE
FONDITA LA POTRA, LLC 417 EAST LAKE STREET #336 AND #337 MINNEAPOLIS, MN 55408	61-1929381		5,000.	0.			BENEVOLENCE
FUENTE DE SODAS VIKKY 417 EAST LAKE STREET #1 MINNEAPOLIS, MN 55408	82-3002304		5,000.	0.			BENEVOLENCE
GABY'S FASHION, LLC 417 EAST LAKE STREET MINNEAPOLIS, MN 55408	35-2670005		5,000.	0.			BENEVOLENCE
GARCIAS AUTOMOTIVE 420 EAST LAKE STREET MINNEAPOLIS, MN 55408	47-3628738		5,000.	0.			BENEVOLENCE

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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 non-cash assistance	(h) Purpose of grant or assistance
GLOBAL ENVIOS EXPRESE LLC 323 E LAKE STREET, SUITE B MINNEAPOLIS, MN 55408	45-4484044		5,000.	0.			BENEVOLENCE
GLOBAL ENVIOS PAQUETERIA, LLC 323 EAST LAKE STREET, SUITE A MINNEAPOLIS, MN 55408	83-1752659		5,000.	0.			BENEVOLENCE
GOOD GROCER 2650 NICOLLET AVENUE MINNEAPOLIS, MN 55408	83-2870082		5,000.	0.			BENEVOLENCE
IMPACT INSURANCE AGENCY, INC. 2929 4TH AVENUE SOUTH, SUITE #105 MINNEAPOLIS, MN 55408	83-2870082		5,000.	0.			BENEVOLENCE
ISA TATTOO 332 EAST LATE STREET MINNEAPOLIS, MN 55408	83-0088531		5,000.	0.			BENEVOLENCE
J&C CHAMPIONS BARBER SHOP 517 EAST LAKE STREET MINNEAPOLIS, MN 55408	67-0935658		5,000.	0.			BENEVOLENCE
JANKEH'S AFRICAN HAIR BRAIDING 3006 4TH AVENUE SOUTH MINNEAPOLIS, MN 55408	84-3297908		5,000.	0.			BENEVOLENCE
JENNIFER FASHION 417 E LAKE ST # 41 MINNEAPOLIS, MN 55408	94-5715449		5,000.	0.			BENEVOLENCE
JNTECHREPAIR 335 E. LAKE STREET MINNEAPOLIS, MN 55408	47-2601284		5,000.	0.			BENEVOLENCE

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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 non-cash assistance	(h) Purpose of grant or assistance
JOYAS DAELY LLC 417 E LAKE STREET, SUITE 73 MINNEAPOLIS, MN 55408	83-2555770		5,000.	0.			BENEVOLENCE
JOYERIA ASHLEY 417 EAST LAKE STREET, LOCAL 4 MINNEAPOLIS, MN 55408	45-5229932		5,000.	0.			BENEVOLENCE
JOYERIA EL CENTENARIO 417 LAKE STREET #82 MINNEAPOLIS, MN 55408	99-3751304		5,000.	0.			BENEVOLENCE
JOYERIA JELLY LLC 301 EAST LAKE STREET SUITE #202 MINNEAPOLIS, MN 55408	96-6823423		5,000.	0.			BENEVOLENCE
JOYERIA MAX 417 E. LAKE STREET, SUITE 75 MINNEAPOLIS, MN 55408	74-3112595		5,000.	0.			BENEVOLENCE
JOYERIA MONTES 417 EAST LAKE STREET #69 MINNEAPOLIS, MN 55408	47-3185819		5,000.	0.			BENEVOLENCE
JOYERIA NUPSIAS MODAS ELLAS 410 EAST LAKE STREET MINNEAPOLIS, MN 55408	10-3965343		5,000.	0.			BENEVOLENCE
LA IDEAL BAKERY, LLC 417 EAST LAKE STREET #55 MINNEAPOLIS, MN 55408	45-5322796		5,000.	0.			BENEVOLENCE
LA LOTERIA MARKET LLC 349 EAST LAKE STREET MINNEAPOLIS, MN 55408	83-1775429		5,000.	0.			BENEVOLENCE

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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 non-cash assistance	(h) Purpose of grant or assistance
LA PARCELA PRODUCE LLC 2932 CLINTON AVENUE MINNEAPOLIS, MN 55408	84-4548630		5,000.	0.			BENEVOLENCE
LA TROPICANA, LLC 417 EAST LAKE STREET #53 MINNEAPOLIS, MN 55408	61-1950090		5,000.	0.			BENEVOLENCE
LAS CHAROLAS 419 EAST LAKE STREET, #79 MINNEAPOLIS, MN 55408	82-5191865		5,000.	0.			BENEVOLENCE
LAS OLEAS WESTERN WEAR 417 EAST LAKE STREET #22, 23, 24 MINNEAPOLIS, MN 55408	20-8268936		5,000.	0.			BENEVOLENCE
LAS TWINS FASHION 417 EAST LAKE STREET, SUITE #45 MINNEAPOLIS, MN 55408	68-0338392		5,000.	0.			BENEVOLENCE
LOS GALLOS EXPRESS INC. 407 EAST LAKE STREET MINNEAPOLIS, MN 55408	27-2702167		5,000.	0.			BENEVOLENCE
LOS PORTALES RESTAURANT 417 EAST LAKE STREET, #52 MINNEAPOLIS, MN 55408	26-2247693		5,000.	0.			BENEVOLENCE
LOS VAQUEROS DE CHIHUAHUA BOOTS INC. - 334 EAST LAKE STREET - MINNEAPOLIS, MN 55408	81-1709353		5,000.	0.			BENEVOLENCE
MAGALI'S 329 EAST LAKE STREET MINNEAPOLIS, MN 55408	65-7447063		5,000.	0.			BENEVOLENCE

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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 non-cash assistance	(h) Purpose of grant or assistance
MI SEGURO AGENCY, LLC 417 EAST LAKE SREET #312 MINNEAPOLIS, MN 55408	81-4713858		5,000.	0.			BENEVOLENCE
MILAGRO'S BEAUTY SALON, LLC 417 EAST LAKE STREET, SUITE 409 MINNEAPOLIS, MN 55408	45-2795739		5,000.	0.			BENEVOLENCE
MIRANDAMULTISERVICES LLC 3040 4TH AVENUE SOUTH, SUITE 5E MINNEAPOLIS, MN 55408	26-3646518		5,000.	0.			BENEVOLENCE
M'S HAIR STUDIO 410 EAST LAKE STREET MINNEAPOLIS, MN 55408	84-2497369		5,000.	0.			BENEVOLENCE
MUNDO ENVIOS, INC 417 EAST LAKE STREET #80 MINNEAPOLIS, MN 55408	26-2062048		5,000.	0.			BENEVOLENCE
NICHOLAS ZIMET, L.AC. ACUPUNCTURE 2929 4TH AVENUE SOUTH, SUITE 208 MINNEAPOLIS, MN 55408	41-5532022		5,000.	0.			BENEVOLENCE
NOVEDADES DOS HERMANOS 417 E. LAKE STREET, LOCAL 18 MINNEAPOLIS, MN 55408	85-1615899		5,000.	0.			BENEVOLENCE
NOVEDADES KRYSTAL 417 EAST LAKE STREET MINNEAPOLIS, MN 55408	92-6959353		5,000.	0.			BENEVOLENCE
PADADERIA EL SABOR ECUATORIANO, LLC - 339 EAST LAKE STREET - MINNEAPOLIS, MN 55408	93-8872789		5,000.	0.			BENEVOLENCE

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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 non-cash assistance	(h) Purpose of grant or assistance
PERFUME Y MODA 410 EAST LAKE STREET MINNEAPOLIS, MN 55408	10-3965343		5,000.	0.			BENEVOLENCE
PINEDA TACOS PLUS, LLC 330 EAST LAKE STREET MINNEAPOLIS, MN 55408	46-2490639		5,000.	0.			BENEVOLENCE
PRESTIGE HAIR BOUTIQUE 417 EAST LAKE STREET SOUTH, SUITE 5 MINNEAPOLIS, MN 55408	62-0200970		5,000.	0.			BENEVOLENCE
PRO MAINTENANCE CO SERVICES LLC 3040 4TH AVENUE SOUTH, SUITE 103 MINNEAPOLIS, MN 55408	38-3790503		5,000.	0.			BENEVOLENCE
PUERTO VERACRUZANO, LLC 417 LAKE STREET, STORE 54 MINNEAPOLIS, MN 55408	38-3989016		5,000.	0.			BENEVOLENCE
RENATOS RESTAURANT INC. 211 E. LAKE STREET MINNEAPOLIS, MN 55408	20-3006293		5,000.	0.			BENEVOLENCE
RIGO'S FASHION 417 EAST LAKE STREET #29, #30 MINNEAPOLIS, MN 55408	69-4887814		5,000.	0.			BENEVOLENCE
RUBY'S BOUTIQUE & GIFT SHOP, LLC 417 EAST LAKE STREET, SUITE 417 MINNEAPOLIS, MN 55408	81-2834604		5,000.	0.			BENEVOLENCE
SKY BLUE MARKETING LLC 2929 4TH AVENUE SOUTH, #103 MINNEAPOLIS, MN 55408	84-4532708		5,000.	0.			BENEVOLENCE

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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 non-cash assistance	(h) Purpose of grant or assistance
TALLER DE ALTA COSTURA 3439 PLEASANT AVE MINNEAPOLIS, MN 55408	99-3700466		5,000.	0.			BENEVOLENCE
TAQUERIA LA HACIENDA 2 INC 334 E LAKE ST, SUITE 101 MINNEAPOLIS, MN 55408	45-0493973		5,000.	0.			BENEVOLENCE
TAQUERIA VICTOR HUGO #1 405 B EAST LAKE STREET MINNEAPOLIS, MN 55408	61-1813838		5,000.	0.			BENEVOLENCE
THE DIRIYE STORE 417 EAST LAKE STREET, SUITE 31/32 & MINNEAPOLIS, MN 55408	85-1569520		5,000.	0.			BENEVOLENCE
TRUJILLO TAX SERVICE INC 420 EAST LAKE STREET MINNEAPOLIS, MN 55408	41-2021399		5,000.	0.			BENEVOLENCE
VALERIA'S FASHION 417 EAST LAKE STREET, #14 MINNEAPOLIS, MN 55408	85-1608846		5,000.	0.			BENEVOLENCE
VARIETY SECRET SHOP, INC 417 EAST LAKE STREET, #315 MINNEAPOLIS, MN 55408	84-5167788		5,000.	0.			BENEVOLENCE
WAFFLEOUS LLC 505 EAST LAKE STREET MINNEAPOLIS, MN 55408	84-4824357		5,000.	0.			BENEVOLENCE

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 noncash assistance
DIRECT CASH ASSISTANCE - BENEVOLENCE	25	24,500.	0.		

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

PART I, LINE 2:

URBAN VENTURES RECOGNIZES THAT MANY OF THE FAMILIES IT SERVES ARE ONE SMALL

CRISIS AWAY FROM HAVING THEIR FINANCIAL STABILITY UNRAVEL. AS A WAY OF

FULFILLING ITS MISSION, URBAN VENTURES MAINTAINS A BENEVOLENCE FUND TO

PROVIDE MODEST, SHORT-TERM, AND SPECIFIC FINANCIAL ASSISTANCE TO SELECTED

INDIVIDUALS AND FAMILIES AS A WAY OF HELPING THEM THROUGH CRISIS.

THE FUND IS SUPPORTED ENTIRELY BY USE OF FREE-WILL DONATIONS DESIGNATED

SPECIFICALLY FOR THE PURPOSE OF BENEVOLENCE. RECIPIENTS OF BENEVOLENCE

Part IV Supplemental Information

GRANTS WILL BE NOMINATED AND SELECTED USING A PRESCRIBED PROCESS THAT

INCLUDES CRITERIA FOR RECEIPT AND USE OF FUNDS.

THE FUND IS OVERSEEN BY A COMMITTEE WHOSE MEMBERSHIP INCLUDES THE CEO AND

OTHER DESIGNATED INDIVIDUALS REPRESENTING PROGRAMMING, FINANCE AND

ADVANCEMENT. THE COMMITTEE IS ACCOUNTABLE TO THE UV BOARD OF DIRECTORS.

THE COMMITTEE WILL INTERFACE WITH THE BOARD WHEN NECESSARY THROUGH THE CEO

OR BOARD CHAIR.

ALL RECEIPTS AND DISBURSEMENTS OF UVBF FUNDS ARE PROCESSED THROUGH THE UV

ADVANCEMENT AND FINANCE STAFF AND ACCOUNTED FOR SEPARATELY FROM OTHER

OPERATING FUNDS.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.

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

OMB No. 1545-0047

2019

Open to Public
Inspection

Name of the organization

URBAN VENTURES LEADERSHIP FOUNDATION

Employer identification number

36-3558710

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

PHYSICAL ACTIVITY, PARENTING RESOURCES, AND MOREALL WITH THE

OVERARCHING GOAL TO PREPARE AND SEND EVERY YOUTH IN OUR NEIGHBORHOOD TO

COLLEGE OR POSTSECONDARY EDUCATION.

FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES:

DUE TO THE CORONA VIRUS PANDEMIC AND UNREST IN MINNEAPOLIS AFTER THE

KILLING OF GEORGE FLOYD, LARGE NUMBERS OF PROGRAM PARTICIPANTS, NEARBY

RESIDENTS AND BUSINESS OWNERS SUFFERED SEVERE SOCIAL, EMOTIONAL AND

FINANCIAL TRAUMA. URBAN VENTURES PROVIDED EMERGENCY RESPONSE AND

RELIEF SERVICES AT UNPRECEDENTED LEVELS DURING THE FISCAL YEAR.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

939 KIDS RECEIVED SUPPORT FROM URBAN VENTURES PROGRAMING THIS YEAR.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

FARM AND NUTRITION - URBAN VENTURES SOCIAL ENTERPRISES INITIATIVE

FIGHTS FOOD INJUSTICE IN INNER CITY NEIGHBORHOODS. ORGANIC PRODUCE IS

GROWN AND DISTRIBUTED FOR FREE OR AT REASONABLE PRICES TO FAMILIES WHO

NEED ACCESS TO HEALTHY FOOD AND NUTRITION EDUCATION. IN TOTAL WE

CONNECTED WITH NEIGHBORS THROUGH RESOURCE FAIRS, OUR URBAN FARM

OPERATION, COMMUNITY MEALS AND MORE. FARM OPERATIONS ARE RUN BY

EMPLOYEES AND VOLUNTEERS. OVER 50,000 LBS OF FOOD WERE DISTRIBUTED TO

BOOST NUTRITION IN OUR COMMUNITY.

EXPENSES \$ 480,346. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

Name of the organization URBAN VENTURES LEADERSHIP FOUNDATION	Employer identification number 36-3558710
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EDUCATION AND LITERACY - ACADEMIC SUPPORT IS PROVIDED THROUGH ME & MY
BABY!; AN AFTER SCHOOL PROGRAM; AND READING PLUS PROGRAM. ME AND MY
BABY! PROVIDES PRACTICAL TOOLS TO HELP PARTICIPANTS NAVIGATE PREGNANCY
AND TAKE CARE OF THEIR NEWBORNS. IT ALSO TEACHES PARTICIPANTS HOW TO
HELP THEIR BABIES DEVELOP PHYSICALLY AND MENTALLY, PREVENT ACCIDENTS,
PROVIDE PROPER NUTRITION AND MORE. THE AFTER SCHOOL SUPPORT IS AN
ACADEMIC PROGRAM FOR STUDENTS IN GRADES 1-5 TO RECEIVE LITERACY SUPPORT
AND HOMEWORK HELP TO STAY ON TRACK IN SCHOOL. SUPPORT IS PROVIDED IN
BOTH ENGLISH AND SPANISH. THE PROGRAM ALSO FOCUSES ON DEVELOPING
CHARACTER AND HEALTHY PEER RELATIONSHIPS. READING PLUS HELPS STUDENTS
GROW AS READERS AND WRITERS. OUR TEAM WORKS WITH DEVELOPING READERS
DURING THE SCHOOL DAY AT OUR NEIGHBORING SCHOOLS. ADDITIONALLY, THE
PROGRAM PROVIDES BOTH AFTER SCHOOL AND SUMMER READING LESSONS. 90% OF
URBAN VENTURES STUDENTS MADE GAINS IN READING THIS SUMMER, ON AVERAGE
IMPROVING THEIR READING ACCURACY BY 20% IN ONLY EIGHT WEEKS.
EXPENSES \$ 443,364. INCLUDING GRANTS OF \$ 0. REVENUE \$ 3,990.

DUE TO THE CORONA VIRUS PANDEMIC AND UNREST IN MINNEAPOLIS AFTER THE
KILLING OF GEORGE FLOYD, LARGE NUMBERS OF PROGRAM PARTICIPANTS, NEARBY
RESIDENTS AND BUSINESS OWNERS SUFFERED SEVERE SOCIAL, EMOTIONAL AND
FINANCIAL TRAUMA. URBAN VENTURES PROVIDED EMERGENCY RESPONSE AND
RELIEF SERVICES AT UNPRECEDENTED LEVELS DURING THE FISCAL YEAR. 77
INDEPENDENT SMALL BUSINESSES AND 25 PROGRAM PARTICIPANTS RECEIVED
DIRECT EMERGENCY FINANCIAL RELIEF.
EXPENSES \$ 0. INCLUDING GRANTS OF \$ 409,500. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 4:
UPDATES TO URBAN VENTURES BYLAWS INCLUDE REMOVING THE TWO-TERM LIMIT OF

Name of the organization URBAN VENTURES LEADERSHIP FOUNDATION	Employer identification number 36-3558710
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DIRECTORS AND HIRING OR REMOVING THE CEO NOW REQUIRES 2/3 APPROVAL OF ALL MEMBERS. ADDITIONALLY, LANGUAGE WAS ADJUSTED TO REFLECT THE JULY 1-JUNE 20 FISCAL YEAR AND THE BOARD CAN NOW CHOOSE TO INDEMNIFY ANY EMPLOYEE IN A LAWSUIT, NOT JUST EXECUTIVE EMPLOYEES.

FORM 990, PART VI, SECTION A, LINE 8B:
NO COMMITTEE HAS AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY.

FORM 990, PART VI, SECTION B, LINE 11B:
ONCE THE 990 IS PREPARED A MEETING WILL BE SCHEDULED WITH THE FINANCE COMMITTEE TO REVIEW THE 990. THEY WILL BE EMAILED THE 990 AT LEAST 4 DAYS BEFORE THE MEETING TO REVIEW IT. DURING THE MEETING, MEMBERS WILL HAVE THE ABILITY TO ASK QUESTIONS OF THE FINANCE DIRECTOR AND PROPOSE ANY CHANGES. ONCE THE CHANGES ARE MADE THE COMMITTEE WILL PASS A RESOLUTION TO FILE THE 990. THE FULL BOARD WILL THEN HAVE A CHANCE TO REVIEW THE 990 AND PROPOSE ANY CHANGES BEFORE FILING.

FORM 990, PART VI, SECTION B, LINE 12C:
THE POLICY IS MONITORED THROUGH A REVIEW OF THE CONFLICT OF INTEREST QUESTIONNAIRE PROVIDED TO BOARD AND OFFICERS ANNUALLY. THIS POLICY REQUIRES BOARD MEMBERS TO REPORT ANY CONFLICT OF INTEREST IMMEDIATELY TO THE CEO OR BOARD CHAIR. ANY BOARD MEMBER THAT HAS A CONFLICT OF INTEREST REGARDING A BOARD DECISION MAY NOT VOTE ON THAT DECISION, AND THEIR PRESENCE DOES NOT COUNT TOWARDS THE QUORUM REQUIREMENT. THE CONFLICT WILL ALSO BE DOCUMENTED.

FORM 990, PART VI, SECTION B, LINE 15:
THE BOARD OF DIRECTOR'S DETERMINES THE COMPENSATION OF THE CEO. THEY ARE ADVISED BY THE HEAD OF HR AND ALSO USE 3RD PARTY INFORMATION SUCH AS THE MN

Name of the organization URBAN VENTURES LEADERSHIP FOUNDATION	Employer identification number 36-3558710
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COUNCIL OF NON-PROFITS SALARY DATABASE TO DETERMINE THE APPROPRIATE
 COMPENSATION VALUE. THE CEO'S PAY IS DISCUSSED AT A BOARD MEETING WITHOUT
 THE CEO PRESENT AND ANY CHANGES ARE DOCUMENTED IN THE BOARD MINUTES. THIS
 PROCESS WAS LAST UNDERTAKEN IN 2020.

BEFORE PROPOSING A MATERIAL PAY CHANGE FOR AN EMPLOYEE, A SUPERVISOR
 CONDUCTS MARKET ANALYSIS BY COMPARING CURRENT STAFF PAY RATES AGAINST OTHER
 OPEN JOB POSTINGS FOR NONPROFITS OF SIMILAR SIZE IN THE TWIN CITIES. THIS
 WAS DONE BY THE CEO IN 2020 BEFORE INCREASEING THE SALARY FOR THE VP OF
 FINANCE AND VP OF PROGRAMMING.

FORM 990, PART VI, SECTION C, LINE 19:
 THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND
 FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.

FORM 990, PART IX, LINE 11G, OTHER FEES:
 CONSULTING AND OTHER FEES:

PROGRAM SERVICE EXPENSES	363,391.
MANAGEMENT AND GENERAL EXPENSES	49,322.
FUNDRAISING EXPENSES	169,910.
TOTAL EXPENSES	582,623.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	582,623.

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

2019

For calendar year 2019 or other tax year beginning JUL 1, 2019, and ending JUN 30, 2020

▶ Go to www.irs.gov/Form990T for instructions and the latest information.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Department of the Treasury
Internal Revenue Service

Open to Public Inspection for
501(c)(3) Organizations Only

<p>A <input type="checkbox"/> Check box if address changed</p> <p>B Exempt under section <input checked="" type="checkbox"/> 501(c)(3)) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)</p>	Print or Type	<p>Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) URBAN VENTURES LEADERSHIP FOUNDATION</p> <p>Number, street, and room or suite no. If a P.O. box, see instructions. 2924 FOURTH AVENUE SOUTH</p> <p>City or town, state or province, country, and ZIP or foreign postal code MINNEAPOLIS, MN 55408</p>	<p>D Employer identification number (Employees' trust, see instructions.) 36-3558710</p> <p>E Unrelated business activity code (See instructions.) 523000</p>
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C Book value of all assets at end of year 22,491,404.

F Group exemption number (See instructions.) ▶

G Check organization type ▶ 501(c) corporation 501(c) trust 401(a) trust Other trust

H Enter the number of the organization's unrelated trades or businesses. ▶ 1 Describe the only (or first) unrelated trade or business here ▶ PASSIVE INVESTMENT INCOME. If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V.

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶ Yes No
 If "Yes," enter the name and identifying number of the parent corporation. ▶

J The books are in care of ▶ RENEE SHERMAN Telephone number ▶ 612-545-9802

Part I Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
1a Gross receipts or sales			
b Less returns and allowances			
c Balance	1c		
2 Cost of goods sold (Schedule A, line 7)	2		
3 Gross profit. Subtract line 2 from line 1c	3		
4a Capital gain net income (attach Schedule D)	4a		
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b		
c Capital loss deduction for trusts	4c		
5 Income (loss) from a partnership or an S corporation (attach statement)	5	-86.	-86.
6 Rent income (Schedule C)	6	STMT 2	
7 Unrelated debt-financed income (Schedule E)	7		
8 Interest, annuities, royalties, and rents from a controlled organization (Schedule F)	8		
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9		
10 Exploited exempt activity income (Schedule I)	10		
11 Advertising income (Schedule J)	11		
12 Other income (See instructions; attach schedule)	12		
13 Total. Combine lines 3 through 12	13	-86.	-86.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.)
 (Deductions must be directly connected with the unrelated business income.)

14 Compensation of officers, directors, and trustees (Schedule K)	14	
15 Salaries and wages	15	
16 Repairs and maintenance	16	
17 Bad debts	17	
18 Interest (attach schedule) (see instructions)	18	
19 Taxes and licenses	19	
20 Depreciation (attach Form 4562)	20	
21 Less depreciation claimed on Schedule A and elsewhere on return	21a	
22 Depletion	22	
23 Contributions to deferred compensation plans	23	
24 Employee benefit programs	24	
25 Excess exempt expenses (Schedule I)	25	
26 Excess readership costs (Schedule J)	26	
27 Other deductions (attach schedule)	27	
28 Total deductions. Add lines 14 through 27	28	0.
29 Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13	29	-86.
30 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)	30	SEE STATEMENT 3 0.
31 Unrelated business taxable income. Subtract line 30 from line 29	31	-86.

PARTNER STATEMENT ON CONTROLLED FOREIGN CORPORATION
REPORTING:

IN ACCORDANCE WITH FEDERAL TAX REQUIREMENTS, THE PARTNERSHIP FILED FORM 5471 "INFORMATION RETURN U.S. PERSONS WITH RESPECT TO CERTAIN FOREIGN CORPORATIONS" AS EITHER A CATEGORY 1, 4, 5 OR A COMBINATION AS APPROPRIATE ON BEHALF OF ITS PARTNERS UNDER THE MULTIPLE FILERS EXCEPTION PURSUANT TO TREASURY REGULATION SECTION 1.6038-2(J) AND THEREFORE SATISFYING YOUR 5471 FILING OBLIGATIONS WITH RESPECT TO THE FOREIGN CORPORATIONS LISTED BELOW.

1.6038-2(J)
OKABENA DIVERSIFIED EQUITY FUND, LLC
1800 IDS CENTER, MINNEAPOLIS, MN 55402
EIN: 41-1563584

THE RETURN WILL BE FILED IN OGDEN, UT

NAME OF FOREIGN CORPORATION:
SIT OFFSHORE CUSTOM ALPHA SPC (A)
KALEIDOSCOPE PRISM OFFSHORE FUND, LTD

PARTNER STATEMENT ON CONTROLLED FOREIGN CORPORATION
REPORTING:

IN ACCORDANCE WITH FEDERAL TAX REQUIREMENTS, THE PARTNERSHIP FILED FORM 5471 "INFORMATION RETURN U.S. PERSONS WITH RESPECT TO CERTAIN FOREIGN CORPORATIONS" AS A CATEGORY 1, 4 AND 5 FILER AND FILED ON BEHALF OF ITS PARTNERS UNDER THE MULTIPLE FILERS EXCEPTION PURSUANT TO TREASURY REGULATION SECTION 1.6038-2(J) AND THEREFORE SATISFYING YOUR 5471 FILING OBLIGATIONS WITH RESPECT TO THE FOREIGN CORPORATIONS LISTED BELOW.

1.6038-2(J)
OKABENA FIXED INCOME FUND, LLC
1800 IDS CENTER, MINNEAPOLIS, MN 55402
EIN: 41-1563584

THE RETURN WILL BE FILED IN OGDEN, UT

NAME OF FOREIGN CORPORATION:
SIT OFFSHORE CUSTOM ALPHA SPC (B)

FORM 990-T	INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT 2
DESCRIPTION		NET INCOME OR (LOSS)
INVESTMENTS IN ALTERNATIVE INVESTMENTS - INTEREST INCOME		-86.
TOTAL INCLUDED ON FORM 990-T, PAGE 1, LINE 5		-86.

FORM 990-T	NET OPERATING LOSS DEDUCTION			STATEMENT 3
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/19	9.	0.	9.	9.
NOL CARRYOVER AVAILABLE THIS YEAR			9.	9.

Part III Total Unrelated Business Taxable Income	
32	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions) 32 -86.
33	Amounts paid for disallowed fringes 33
34	Charitable contributions (see instructions for limitation rules) 34 0.
35	Total unrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract line 34 from the sum of lines 32 and 33 35 -86.
36	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions) 36
37	Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35 37 -86.
38	Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions) 38 1,000.
39	Unrelated business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37, enter the smaller of zero or line 37 39 -86.

Part IV Tax Computation	
40	Organizations Taxable as Corporations. Multiply line 39 by 21% (0.21) 40 0.
41	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 39 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041) 41
42	Proxy tax. See instructions 42
43	Alternative minimum tax (trusts only) 43
44	Tax on Noncompliant Facility Income. See instructions 44
45	Total. Add lines 42, 43, and 44 to line 40 or 41, whichever applies 45 0.

Part V Tax and Payments	
46a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 46a
b	Other credits (see instructions) 46b
c	General business credit. Attach Form 3800 46c
d	Credit for prior year minimum tax (attach Form 8801 or 8827) 46d
e	Total credits. Add lines 46a through 46d 46e
47	Subtract line 46e from line 45 47 0.
48	Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule) 48
49	Total tax. Add lines 47 and 48 (see instructions) 49 0.
50	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3 50 0.
51a	Payments: A 2018 overpayment credited to 2019 51a
b	2019 estimated tax payments 51b
c	Tax deposited with Form 8868 51c
d	Foreign organizations: Tax paid or withheld at source (see instructions) 51d
e	Backup withholding (see instructions) 51e
f	Credit for small employer health insurance premiums (attach Form 8941) 51f
g	Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total ▶ 51g
52	Total payments. Add lines 51a through 51g 52
53	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/> 53
54	Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed 54
55	Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid 55
56	Enter the amount of line 55 you want: Credited to 2020 estimated tax ▶ Refunded ▶ 56

Part VI Statements Regarding Certain Activities and Other Information (see instructions)		Yes	No
57	At any time during the 2019 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here ▶		X
58	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		X
59	Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$		

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

Sign Here

Signature of officer: _____ Date: _____ VP OF FINANCE Title: _____

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

Paid Preparer Use Only

Print/Type preparer's name: SARAH REICHLING Preparer's signature: SARAH REICHLING Date: 05/11/21 Check if self-employed PTIN: P01587996

Firm's name ▶ CLIFTONLARSONALLEN LLP Firm's EIN ▶ 41-0746749

220 S 6TH STREET, SUITE 300

Firm's address ▶ MINNEAPOLIS, MN 55402 Phone no. 612-376-4500

Schedule A - Cost of Goods Sold. Enter method of inventory valuation **N/A**

1	Inventory at beginning of year	1		6	Inventory at end of year	6			
2	Purchases	2		7	Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	7			
3	Cost of labor	3		8	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?		Yes	No	
4a	Additional section 263A costs (attach schedule)	4a							
b	Other costs (attach schedule)	4b							
5	Total. Add lines 1 through 4b	5							

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)

(see instructions)

1. Description of property

(1)	
(2)	
(3)	
(4)	

2. Rent received or accrued

(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total	0.	Total 0.

(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A)

(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) 0.

Schedule E - Unrelated Debt-Financed Income (see instructions)

1. Description of debt-financed property	2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property		
		(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)	
(1)				
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals			Enter here and on page 1, Part I, line 7, column (A). 0.	Enter here and on page 1, Part I, line 7, column (B). 0.
Total dividends-received deductions included in column 8				0.

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations					
7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10	
(1)					
(2)					
(3)					
(4)					
			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).	
Totals			0.	0.	

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
		Enter here and on page 1, Part I, line 9, column (A).		Enter here and on page 1, Part I, line 9, column (B).
Totals		0.		0.

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
	Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).				Enter here and on page 1, Part II, line 25.
Totals	0.	0.				0.

Schedule J - Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5))	0.	0.				0.

Part II **Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals from Part I	0.	0.				0.
Totals, Part II (lines 1-5)	0.	0.				0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14			0.

Form 990-T (2019)