### EXTENDED TO NOVEMBER 16, 2020

### Return of Organization Exempt From Income Tax

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

Do not enter social security numbers on this form as it may be made public.

Open to Public Inspection

Form 990 (2019)

(Rev. January 2020) Department of the Treasury

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

A For the 2019 calendar year, or tax year beginning B Check if applicable: C Name of organization D Employer identification number HOUSTON AREA URBAN LEAGUE, INC. Name change Doing business as 74-1611455 Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final 1301 TEXAS AVENUE 7133938744 termin-ated City or town, state or province, country, and ZIP or foreign postal code 3,382,295. G Gross receipts \$ Amended HOUSTON, TX 77002 H(a) Is this a group return Applica-tion F Name and address of principal officer: JUDSON ROBINSON III for subordinates? \_\_\_\_\_ Yes X No SAME AS C ABOVE H(b) Are all subordinates included? Yes No Tax-exempt status: X 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) or 527 If "No," attach a list. (see instructions) J Website: ► WWW.HAUL.ORG H(c) Group exemption number ▶ K Form of organization: X Corporation Trust Association Other > L Year of formation: 1968 M State of legal domicile: TX Part I Summary Briefly describe the organization's mission or most significant activities: TO PROVIDE COMPREHENSIVE Governance COMMUNITY AND SOCIAL SERVICES IN AREAS OF EDUCATION, EMPLOYMENT Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 29 4 Number of independent voting members of the governing body (Part VI, line 1b) 29 5 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 5 28 Total number of volunteers (estimate if necessary) 598 7 a Total unrelated business revenue from Part VIII, column (C), line 12 0. 7a b Net unrelated business taxable income from Form 990-T, line 39 0. **Prior Year** Current Year 8 Contributions and grants (Part VIII, line 1h) 2,548,171 2,388,664. 9 Program service revenue (Part VIII, line 2g) 10,617. 54,095. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 2,180. 6,188. 990,130. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 712,590. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), (ine 12) 3,551,098. 3,161,537. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 366,171. 335,124. 14 Benefits paid to or for members (Part IX, column (A), line 4) Ο. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 1,553,019. 1,684,085. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0. b Total fundraising expenses (Part IX, column (D), line 25) 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 2,137,095 1,584,162. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 4,056,285. 3,603,371. 19 Revenue less expenses. Subtract line 18 from line 12 -505,187.-441.834.20 Beginning of Current Year End of Year 4,411,584. 20 Total assets (Part X, line 16) 3,670,916. 21 Total liabilities (Part X, line 26) 974,688. 675,854.22 Net assets or fund balances. Subtract line 21 from line 20 . 3,436,896. 2,995,062. 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. Signature of officer Sign JUDSON ROBINSON III, PRESIDENT & CEO Here Type or print name and title Print/Type preparer's name Preparer's dignature PTIN Paid THOMAS JONES 10/21/20 P00181555 self-employed Firm's name MCCONNELL & JONES LLP Preparer Firm's EIN > 76-0488832 Firm's address 4828 LOOP CENTRAL DRIVE SUITE 1000 Use Only HOUSTON, TX 77081 Phone no. 713-968-1600 May the IRS discuss this return with the preparer shown above? (see instructions) X Yes 932001 01-20-20

Fori	rm 990 (2019) HOUSTON AREA URBAN LEAGUE, INC.	74-1611455	Page 2
	Check if Schedule O contains a response or note to any line in this Part III		( 37
1	prienty describe the organization's mission;		X
	TO PROVIDE COMPREHENSIVE COMMUNITY AND SOCIAL SERVICES IN EDUCATION, EMPLOYMENT, TRAINING, HOUSING, AND HEALTH	AREAS OF	
	EDUCATION, EMPLOYMENT, TRAINING, HOUSING, AND HEALTH.		
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	Yes	XN
3	Yes, gooding diese tiew setvices ou schedule O.		
•	Did the organization cease conducting, or make significant changes in how it conducts, any program services?  If "Yes," describe these changes on Schedule O.	Yes	XN
ļ	Describe the organization's program service accomplishments for each of its three largest program services, as median 501(c)(3) and 501(c)(4) are services.		
	coston of (c)(d) and so (c)(4) organizations are required to report the amount of grants and allocations to others, t	asured by expenses. he total expenses, ar	ad
_	leveride, if any, for each program service reported.		Iu
a			
	EDUCATION: TO ENGENDER THE DESIRE OF INDIVIDUALS AND FAMII THE SKILLS THAT EMPOWER THEM AND THEIR COMMUNITY TO POSSES	IES TO SEED	K
	THIOMEDOD, ALLATODE, AND VALUES IN THETTE THE DV ENGINEERING A	AT INTERN A	
	OF QUALITY EDUCATION, EMOTIONAL STABILITY, AND SOCIAL SUCC	N THE AREAS	<u>s</u>
	, 10 0001122 0000	100.	
	(Code: ) (Expenses \$ 1,029,519. Including grants of \$ 261,019.) (Revenue \$ HOUSING AND COMMINITY SERVICES. (NO. PROJETTI CO.)		
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			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		163	INO
	If "Yes," complete Schedule A	1	X	
2	is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
4	public office? If "Yes," complete Schedule C, Part I  Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	3		X
	during the tax year? If "Yes " complete Schooling C. Doot !!			l
5	during the tax year? If "Yes," complete Schedule C, Part II  Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	4	ļ	X
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	l _		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	5		X
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I			٠,
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	6	<del> </del>	<u>X</u>
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		i	\ <del>v</del>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	7		X
	Schedule D, Part III	8	ļ	x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	- <u>°</u> -	<del> </del>	<del>  ^-</del>
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			İ
	If "Yes," complete Schedule D, Part IV	9		х
10	bid the organization, directly of through a related organization, hold assets in donor-restricted endowments		<u> </u>	
	or in quasi endowments? If "Yes," complete Schedule D. Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, IX, or X		i981. 188.	7.74
	as applicable.			
a	o manufacture in taria, buildings, and equipment in Fart A, line 107 If "Yes." complete Schedule D	BOOKENER.	i. £.588355 ş.	
	Part Vi	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D. Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X. line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
a	bit 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 167 If "Yes," complete Schedule D, Part IX	11d		_X_
e	Bid the diganization report an amount for other liabilities in Part X, line 25? If "Yes " complete Schedule D. Part V	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footpote that addresses			
125	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		<u> </u>
) <u>E</u> a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	[	l	
b	Schedule D, Parts XI and XII	12a	X	
~	If "Ves." and if the emeritation engages of like the tax year?			
13	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b		<u>X</u>
	Did the organization maintain an office, employees, or agents outside of the United Ctata of	13		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	14a		<u> X</u>
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	ĺĺ		
	or more? If "Yes," complete Schedule F, Parts I and IV		ľ	77
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	14b		<u>X</u>
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	45		v
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		<u> </u>
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	bid the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX	16	- 1	<u> </u>
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	ľ	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? If "Yes," complete Schedule G, Part II	18	x	
19	bid the organization report more than \$15,000 or gross income from gaming activities on Part VIII, line 9a? If "Yes "	<del>.</del> ~		
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes " complete Schedule H	20a		X
D	if the statements to the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	7		
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
32003	01-20-20		200	-

	m 990 (2019) HOUSTON AREA URBAN LEAGUE, INC. 74-161	11455		age
<u>P</u>	art IV Checklist of Required Schedules (continued)			aye
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		162	INC
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	x	İ
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current		<del> </del>	<del> </del>
	and former officers, directors, trustees, key employees, and highest compensated employees? // "Yes," complete			İ
	Schedule J	23	x	
24	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			<del> </del>
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	İ		
	Schedule K. If "No," go to line 25a	24a		x
k	bid the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<del>                                     </del>
(	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			_
	any tax-exempt bonds?	24c		1
C	bid the organization act as all on behalf of issuer for bonds outstanding at any time during the year?	24d	<u> </u>	
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit		T	$\vdash$
	transaction with a disqualified person during the year? If "Yes," complete Schedule L. Part I	25a		x
k	is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	-		
	Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, fine 5 or 22, for receivables from or payables to any current	200		
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			1
	controlled entity or family member of any of these persons? If "Yes," complete Schedule I. Part II	26		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			l
	entity (including an employee thereof) or family member of any of these persons? If "Yes." complete Schedule I. Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV		1094	
	instructions, for applicable filing thresholds, conditions, and exceptions):			184
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? #	VSUBSEALS.C.		i Tillian 
	"Yes," complete Schedule L., Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L. Part IV	28b		X
C	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? #	1200		
	"Yes," complete Schedule L, Part IV	28c	i	х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes." complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N. Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes." complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R. Part I	33	l	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
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)? If "Yes," complete Schedule R. Part V. line 2	35b		
36	Section 50 (c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36	į	Х
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? If "Yes," complete Schedule R. Part VI	37		Х
8	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
N - 1	Note: All Form 990 filers are required to complete Schedule O	38	х	
rar	t V Statements Regarding Other IRS Filings and Tax Compliance	<u> </u>		_
	Check if Schedule O contains a response or note to any line in this Part V	1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Enter -0- if not applicable 146	5 🔝		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	- 1 × 1		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			

(gambling) winnings to prize winners? 932004 01-20-20

Form **990** (2019)

Form 990 (2019) HOUSTON AREA URBAN LEAGUE, INC.

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

field for this calendary year ending within or within the year covered by this return  by if at least nois resported on the 2a, did the organization field arrespondent federal employment tax returns?  Note: If the sum of lines 1 a and 2a is greater than 250, you may be required to e-fibs (see Instructions)  30. Oif this organization have unrested business gross schoome of \$1,000 or more during the year?  52. If Y'es, I has if field a Form 990-T for this year? (* 'No' to line 3b, provide an explanation on Schadule O  53. A An any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a stark account, securities account, or other financial account?)  54. A Tax yith unduring the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a stark account, securities account, or other financial account?)  55. If Y'es, 'enter the name of the foreign country (such as a stark account, securities account, or other financial accounts (FBAR).  56. Was the organization a party to a prohibitoted tax shelter transaction at any time during the tax year?  57. A but any such party of the organization file form 8888.017  58. Did any stacebe party northy the organization file form 8888.017  59. If Y'es, 'do the Gan of St. did the organization file form 8888.017  59. If Y'es, 'do the Gan of St. did the organization file form 8888.017  69. If Y'es, 'do the organization and the organization file form 8888.017  69. If Y'es, 'do the organization file form 8888.017  69. If Y'es, 'do the organization file form 8888.017  69. If Y'es, 'do the organization file form 8888.017  69. If Y'es, 'do the organization file form 8888.017  69. If Y'es, 'do the organization file form 8888.017  69. If Y'es, 'do the organization file form 8888.017  69. If Y'es, 'do the organization file form 88888.017  69. If Y'es, 'do the organization file form 8888.017  69.	2	a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			Yes	No
of nat least one a reported on line 2a, did the organization file all required federal employment tax returns?  Note: If the sum of lines it and 2a is greater than 250, you may be required to e.g. fee en instructions.  3a Did the organization have unrelated business grose income of \$1,000 or more during the year?  3b If "Yes," has it filed a "come bod!" Note to line 2b, provide an explanation on Schodule O.  3b If "Yes," she it filed a "come gould require and the organization have an interest in, or a signature or other authority over, a franchia execution of the foreign country. ▶  5b If "Yes," enter the name of the foreign country. ▶  5c No instructions for fifting requirements for Finch Foreign Bank and Financial account; \$FAR).  5c No instructions for fifting requirements for Finch Foreign Bank and Financial Accounts (FBAR).  5c No instructions for fifting requirements for Financial account, or other tax year.  5c If Yes," to line 5a or 5b, did the organization that was on 5a a party to a prohibited tax sheller transaction at any time during the tax year.  5c If Yes," to line 5a or 5b, did the organization fifting the second or the state out that such contributions of the transaction has a small greater than \$100,000, and did the organization solicit any contributions that were active deductible contributions or present that such contributions or gifts were not tax deductible?  5c If Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible.  5c If Yes," did the organization state the second tax deductible contributions under section \$70(c).  5c If Yes," did the organization state the set of section \$10(c) to the second state of the section \$10(c) to the second state of the section \$10(c) to the second state of the second state of the section \$10(c) to the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of		filed for the calendar year ending with or within the year covered by this return	0.0			
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The street of the organization seedle, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  If "Yes," indicate the number of Forms 8282 filed during the year  If "Yes," indicate the number of Forms 8282 filed during the year  Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  The street of the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  The street of the organization received a contribution of qualified intellectual property, did the organization file Form 8893 as required?  If the organization received a contribution of care, boats, ariplanes, or other vehicles, did the organization file a Form 1098-C?  Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any traxable distributions under section 49667  Did the sponsoring organization make any traxable distributions under section 49667  Did the sponsoring organization make any traxable distribution sunder section 49667  Section 501(c)(?) organizations. Enter:  a first sponsoring organization or the section 4966 or part VIII, line 12  Gross income from members or shareholders  Gross income from members or shareholders  Bross income from members or shareholders  Bross income from members or shareholders  Section 501(c)(?) organizations. Enter:  a first sharehold or some sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  11a  Section 501(c)(?) qualified nonprofit health insurance issuers.  If I' Yes, "net the amount of tax-exempt charitable trusts. Is the organization must report on Schedule O.  Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans in more than one state?  If "Yes," inset the induction for additional information the organization must report on Schedu	a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and sandage provi	ided to the navero		202	
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b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O  15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?  If "Yes," see instructions and file Form 4720, Schedule N.  16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  16 X  If "Yes," complete Form 4720, Schedule O.		Did the organization receive any payments for indoor tanning services during the tay year?		42	(40.00) A	Y
excess parachute payment(s) during the year?  If "Yes," see instructions and file Form 4720, Schedule N.  Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  If "Yes," complete Form 4720, Schedule O.	b	If "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation on Schedule O	7			
excess parachute payment(s) during the year?  If "Yes," see instructions and file Form 4720, Schedule N.  Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  If "Yes," complete Form 4720, Schedule O.		to the diguillation subject to the section 4900 tax on payment(s) of more than \$1,000,000 in remuneration or			<del>-  </del> -	
If "Yes," complete Form 4720, Schedule O.  16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  16 X  X		excess parachute payment(s) during the year?		15	-	x
If "Yes," complete Form 4720, Schedule O.		n res, see instructions and the Form 4720, Schedule N.		·	100 E	
If "Yes," complete Form 4720, Schedule O.	16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	-	16	Samuel S	XX.AAA X
		If "Yes," complete Form 4720, Schedule O.	4	3, 1	(A) Ye	<u></u>
Form <b>990</b> (2019)			F	orm !	990 (	2019)

Form 990 (2019) HOUSTON AREA URBAN LEAGUE, INC. 74-1611455 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 Yes No 1a Enter the number of voting members of the governing body at the end of the tax year 29 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. b Enter the number of voting members included on line 1a, above, who are independent 29 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other sile. officer, director, trustee, or key employee? ..... 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? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? Х 6 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? Х 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b Х Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? X 8a Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Х 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 ..... 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Х 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done ..... 12¢ Did the organization have a written whistleblower policy? X 13 Did the organization have a written document retention and destruction policy? X 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Х 15a b Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed NONE 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) 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.

CU	State the name, address, and telephone number of the person who possesses the organization's books and records	
	ERIC PHILLIPS - 713-393-8740	
	1301 TEXAS AVENUE, HOUSTON, TX 77002	

932006 01-20-20

	(2019)	

### HOUSTON AREA URBAN LEAGUE, INC.

74-1611455

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 V	11	
A. Officers Directors Trustees Koy Employees and History	н	

### Section A ustees, 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 r	or any related	org:	aniza	ntion	COL	mpei	nsat	ted any current officer id	irector or trustoo	
(A)	(B)	T			C)	.,,,,,,,,,	1001	(D)	(E)	(5)
Name and title	Average	1,,		Pos	sitio	n.		Reportable	Reportable	(F)
	hours per	Do:	o not a x, unle	ss pe	rson	is bot	han	compensation	compensation	Estimated amount of
	week	_	icer ar	nd a c	direct	or/trus	stee)	from	from related	other
	(list any	director		i	Į	1		the	organizations	compensation
	hours for related	0.0			ľ	ated	i	organization	(W-2/1099-MISC)	from the
	organizations	nstee	TI SE	l	8	Bens		(W-2/1099-MISC)		organization
	woled		tional	١	npioy	t con				and related
	line)	Individual trustee or	nstitutional trustee	Officer	Key empioyee	Highest compensated employee	Former			organizations
(1) MARILYN J BOSS	2.00	✝	<del>  -</del>	۱Ť		1 40	<u> </u>			
SECRETARY		x	ľ	X				0.	0	•
(2) DONALD BOWERS	2.00				<del> </del>	╁		1	0.	0.
DIRECTOR		x				ĺ	İ	0.	ا م	•
(3) YVETTE CAMEL-SMITH	2.00								0.	0.
DIRECTOR		x						0.	, 1	•
(4) MARINA ANGELICA CORYAT	2.00	<del> </del> -				-			0.	0.
DIRECTOR		$\mathbf{x}$						0.	_	
(5) JUDITH CRAVEN	2.00					-		<u>-</u>	0.	<u> </u>
DIRECTOR		x		Ì				0.	• ,	_
(6) IRIS M CROSS	2.00	-						<u> </u>	0.	<u> </u>
3RD VICE CHAIR		x		$_{\rm x}$				0.	,	
(7) DEION DORSETT	2.00	-	-				_		0.	
DIRECTOR		x						0.		0
(8) CALVIN GUIDRY	2.00			$\neg$	一	-				0.
1ST VICE CHAIR		x		$ \mathbf{x} $	ı		ı	0.		^
(9) KAREN O HOFMEISTER	2.00					$\neg$				0.
DIRECTOR		x				ı	Į	0.	0.	
(10) DON G HUDSON	2.00		7				$\neg$	- 0,		. 0.
DIRECTOR		X		- 1			- 1	0.	0.	•
(11) MARK JACOBS	2.00		_	_	_	_				0.
DIRECTOR		$\mathbf{x}$						0.	0.	0
(12) SHERMAN L LEWIS	2.00	_		十	_	寸	_			0.
DIRECTOR		х		- 1	ı			0.	0.	
(13) ODIS MACK	2.00			_	7	_	寸			0.
DIRECTOR		х			ľ			0.	0.	0
(14) JERRY MARTIN	2.00	7	_	7	_	7	1	- 0,		0.
BOARD CHAIR		x		x l			1	0.	0.	0
(15) PAMELA MCKAY	2.00			_	十	_	7		- 0.	0.
DIRECTOR		$\mathbf{x}$			j	-		0.	0.	0
(16) KRISTYN PAGE	2.00		1	1	1	_	+	- 0,		0.
DIRECTOR		x						0.	0.	•
(17) ERNEST PEEPLES	2.00	_	_	_	$\dashv$	十	$\dashv$		U •	0.
DIRECTOR		$\mathbf{x}$						0.	0.	^
932007 01-20-20								<u> </u>	U•]	0.

Part VII Section A. Officers Directors			<u> 1</u>					NC.	74-1611	455 Page
(A)	Trustees, Key Em	<u>yoloy</u> T	/ees	and	d Hid	ghes	t C	ompensated Employee		
(A) Name and title	(B) Average hours per week	(C) Position (do not check more than box, unless person is bo officer and a director/tru				than dis both	n en	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	ndividual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensatio from the organization and related organizations
(18) TERRY W ROBERSON PREASURER	2.00	x		x	*	_ &		0.	0.	
(19) DAVID	2.00									
SALAZAR		X						0.	0.	0
(20) MORRIS SMITH	2.00	┦					!			
DIRECTOR (21) BYRON C STEVENSON	2 00	X						0.	0.	
OIRECTOR	2.00	x							_ [	
(22) LAURIE VIGNAUD	2.00	1	$\vdash$				$\dashv$	0.	0.	0
DIRECTOR		x			ı			0.	0.	
(23) DARYL WADE	2.00	1			$\neg$					0
DIRECTOR		x						0.	0.	0
24) DR RALPH DOUGLAS WEST SR	2.00			ŀ		Ī				
DIRECTOR 25) A. MARTIN WICKLIFF JR		X	$\sqcup$				_	0.	0.	0
ND VICE CHAIR	2.00	x		x				_		_
26) MARGUERITE WILLIAMS	2.00	Α		弁	$\dashv$		$\dashv$	0.	0.	
IRECTOR		x			- 1	ľ	_	0.	0.	
1b Subtotal						1	<b>▶</b>	0.	ő.	0
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c Total from continuation sheets to Part	t VII, Section A	····			<b></b> .	J		151,047.	0.	
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d Total (add lines 1b and 1c)  Total number of individuals (including bucompensation from the organization)  3 Did the organization list any former office line 1a? If "Yes," complete Schedule J for 4 For any individual listed on line 1a, is the and related organizations greater than \$ Did any person listed on line 1a receive or rendered to the organization? If "Yes," considered to the organization? If "Ye	the not limited to the cer, director, trusted or such individual esum of reportable 150,000? If "Yes, or accrue compensomplete Schedule compensated indivor the calendar yees address	ose l	ey er mpleton from succession from succession from from from from from from from from	mple msati te Som a ch pe	ove)  ove  ove  chec  ny u  erso  ntrac  h or	who	ithanin t	151,047.  151,047.  151,047.  relived more than \$100,0  est compensated employer compensation from the result individual and received more than \$1 the organization or individual treceived more than \$1 the organization's tax ye (B)  Description of se	0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0	28,736 28,736  Yes No. 3 X 4 X 5 X  ion from  (C) compensation  173,908
d Total (add lines 1b and 1c)  Total number of individuals (including bucompensation from the organization)  3 Did the organization list any former office line 1a? If "Yes," complete Schedule J for 4 For any individual listed on line 1a, is the and related organizations greater than \$ Did any person listed on line 1a receive or rendered to the organization? If "Yes," considered to the organization? If "Ye	the not limited to the cer, director, trusted or such individual esum of reportable 150,000? If "Yes, or accrue compensomplete Schedule compensated indivor the calendar yees address	ose l	ey er mpleton from succession from succession from from from from from from from from	mple msati te Som a ch pe	ove)  ove  ove  chec  ny u  erso  ntrac  h or	who	ithanin t	151,047.  151,047.  151,047.  relived more than \$100,0  est compensated employer compensation from the result individual and received more than \$1 the organization or individual treceived more than \$1 the organization's tax ye (B)  Description of se	0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0	28,736 28,736  Yes N. 3 X 4 X 5 X ion from (C)
d Total (add lines 1b and 1c)  Total number of individuals (including bucompensation from the organization)  3 Did the organization list any former office line 1a? If "Yes," complete Schedule J for 4 For any individual listed on line 1a, is the and related organizations greater than \$ Did any person listed on line 1a receive or rendered to the organization? If "Yes," considered to the organization? If "Ye	the not limited to the cer, director, trusted or such individual esum of reportable 150,000? If "Yes, or accrue compensomplete Schedule compensated indivor the calendar yees address	ose l	ey er mpleton from succession from succession from from from from from from from from	mple msati te Som a ch pe	ove)  ove  ove  chec  ny u  erso  ntrac  h or	who	ithanin t	151,047.  151,047.  151,047.  relived more than \$100,0  est compensated employer compensation from the result individual and received more than \$1 the organization or individual treceived more than \$1 the organization's tax ye (B)  Description of se	0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0	28,736 28,736  Yes No. 3 X 4 X 5 X  ion from  (C) compensation  173,908
d Total (add lines 1b and 1c)  Total number of individuals (including bucompensation from the organization)  3 Did the organization list any former office line 1a? If "Yes," complete Schedule J for 4 For any individual listed on line 1a, is the and related organizations greater than \$ Did any person listed on line 1a receive or rendered to the organization? If "Yes," considered to the organization? If "Ye	the not limited to the cer, director, trusted or such individual esum of reportable 150,000? If "Yes, or accrue compensomplete Schedule compensated indivor the calendar yees address	ose l	ey er mpleton from succession from succession from from from from from from from from	mple msati te Som a ch pe	ove)  ove  ove  chec  ny u  erso  ntrac  h or	who	ithanin t	151,047.  151,047.  151,047.  relived more than \$100,0  est compensated employer compensation from the result individual and received more than \$1 the organization or individual treceived more than \$1 the organization's tax ye (B)  Description of se	0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0	28,736 28,736  Yes No. 3 X 4 X 5 X  ion from  (C) compensation  173,908
d Total (add lines 1b and 1c)  Total number of individuals (including bucompensation from the organization)  3 Did the organization list any former office line 1a? If "Yes," complete Schedule J for 4 For any individual listed on line 1a, is the and related organizations greater than \$ Did any person listed on line 1a receive or rendered to the organization? If "Yes," considered to the organization? If "Ye	at not limited to the cer, director, trusted or such individual esum of reportable 150,000? If "Yes, or accrue compensated independent of the calendar years address  DUSTON, TO A DR. STE	ose   eee, k	mper mpleion from from from from from from from from	nplomsati	ove)  ove)	who	portion in the state of the sta	151,047.  151,047.  151,047.  selved more than \$100,0 est compensated employer compensation from the result individual	0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0	28,736 28,736  Yes No. 3 X 4 X 5 X  ion from  (C) compensation  173,908

Part VII Section A. Officers, Directors (A)	N AREA UR Trustees Key E	DAI	N I	<u>. 57</u>	10L	ر <u>کا ر</u>		INC.	74-161	1455
(A)	(B)	inpr	oyee	:5, <u>a</u>	ind I	⊣igh	est	Compensated Employ	ees (continued)	
Name and title	Average hours			Pos	sitior that	1		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
(27) SPRING WILLIAMS-COX	per week (list any hours for related organizations below line)	tee or director	Institutional trustee	Officer	Кеу етрюуее	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organization
IRECTOR	2.00	x						0.	0.	
28) STEPHEN WRIGHT DIRECTOR	2.00	x						0.		
29) HERB SMITH IRECTOR	2.00	х							0.	(
30) JUDSON ROBINSON III RESIDENT & CEO	50.00							0.	0.	
A CHO				Х			$\dashv$	151,047.	0.	28,736
			7	_			-			
			+	_		7	-			
				_	1					
					+	$\dashv$	$\dashv$			
		$\dashv$	$\dashv$	-		+	$\dashv$			<del></del>
		$\dashv$	_	$\dashv$	$\dashv$	_	+			<u> </u>
		$\dashv$	+	-		$\dashv$	-		· ·	<del> </del>
		-	+	+	_	_	-			
		_	_	_		_	4			
		_	_	1		1				
				T						
		1		$\top$		1				
			1	1	†	1	1			
		+	-	$\top$	$\dagger$	+	+			<del></del>
al to Part VII, Section A, line 1c			Ц.		l <u></u>	l	$\dagger$	151 045		
3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3						· · · · · ·		151,047.		28,736

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) Related or exempt Total revenue Revenue excluded Unrelated function revenue business revenue from tax under sections 512 - 514 1 a Federated campaigns Membership dues 1b 84,235. c Fundraising events d Related organizations 1d e Government grants (contributions) 668,728 f All other contributions, gifts, grants, and 1,635,701 similar amounts not included above ... 1f 84,235 g Noncash contributions included in lines 1a-1f h Total. Add lines 1a-1f 2,388,664 **Business Code** 2 a PROGRAM SERVICE FEES 900099 54,095. 54,095. Program Service f All other program service revenue 54,095, Total. Add lines 2a-2f 不多的。这个现实 等權的過程。 Investment income (including dividends, interest, and other similar amounts) 6,188. 6,188. Income from investment of tax-exempt bond proceeds 5 Royalties ..... (i) Real (ii) Personal 95,619 6 a Gross rents 6a b Less: rental expenses ... 6b 95,619. c Rental income or (loss) d Net rental income or (loss) .619 (i) Securities 7 a Gross amount from sales of (ii) Other assets other than inventory b Less: cost or other basis Other Revenue and sales expenses c Gain or (loss) d Net gain or (loss) ..... 8 a Gross income from fundraising events (not including \$ \_\_\_ 84,235. of contributions reported on line 1c). See Part IV, line 18 8a 819,155. вь 220,758. b Less: direct expenses \_\_\_\_\_ c Net income or (loss) from fundraising events 598,397. 598,397 9 a Gross income from gaming activities, See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances \_\_\_\_\_ b Less: cost of goods sold ..... c Net income or (loss) from sales of inventory Business Code 11 a OTHER INCOME 900099 18,574. 18,574.d All other revenue 18,574. e Total. Add lines 11a-11d  $\triangleright$  3,161,537. Total revenue. See instructions 718,778.

Form 990 (2019)

	tion 501(c)(3) and 501(c)(4) organizations must com Check if Schedule O contains a respo	nse or note to any line i	n this Doct IV	этрівсе соштп (А).	
Do	not include amounts reported on lines 6b.	(A) Total expenses	n this Part IX (B) Program service	(C)	(D)
7b,	, 8b, 9b, and 10b of Part VIII.	l otal expenses	Program service expenses	Management and general expenses	Fundraising
1	and other decisions to define the organizations		охрепаез	general expenses	expenses
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	335,124.	335,124.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16			March Land Street Services	
4	Benefits paid to or for members				A SPACE SALE
5	Compensation of current officers, directors,				A STATE STREET, STREET
	trustees, and key employees				
6	Compensation not included above to disqualified				<u> </u>
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				-
7	Other salaries and wages	1,684,085.	1,311,794.	372,291.	
8	Pension plan accruals and contributions (include			3,4,471.	<del></del>
	section 401(k) and 403(b) employer contributions)		1		
9	Other employee benefits				<del> </del>
0	Payroll taxes				
1	Fees for services (nonemployees):				
а	Management				
þ	Legal				
C	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17		· · · · · · · · · · · · · · · · · · ·	estro de la minima de crista.	
f	Investment management fees		The second of th		
g	Other. (If line 11g amount exceeds 10% of line 25,	<u> </u>			
	column (A) amount, list line 11g expenses on Sch 0.)	501,970.	266,944.	231,899.	2 105
2	Advertising and promotion		200/2441	431,033.	3,127
3	Office expenses	41,043.	20,677.	19,160.	1 000
ļ	Information technology	7	20,077.	13,100.	1,206
j	Royalties				
;	Occupancy	314,310.	198,031.	116 270	
	Travel	75,766.	30,901.	116,279.	
i	Payments of travel or entertainment expenses	,,,,,,,,	30,001.	44,865.	
	for any federal, state, or local public officials	j			
	Conferences, conventions, and meetings	20,822.	2,341.	10 401	
	Interest	8,973.	2,341.	18,481.	
	Payments to affiliates			8,973.	
i	Depreciation, depletion, and amortization	110,115.	21,759.	00 256	
	Insurance	15,849.	315.	88,356.	
(	Other expenses, Itemize expenses not covered		3.73.	15,534.	The state of the s
í	above (List miscellaneous expenses on line 24e lf 🔠 🧦				
I a	ine 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)		经基本证据		Market Service
1	CONTRACT SERVICES	154,019.	113,079.	40.040	<b>在1984年(1984年)</b>
, <u>į</u>	EQUIPMENT RENTAL & MAIN	93,220.		40,940.	
; ;	VOLUNTEER RECOGNITION	85,365.	50,165.	42,919.	136
	TELEPHONE	53,053.	76,830.	8,436.	99
_	All other expenses	109,657.	20,927.	32,126.	
	otal functional expenses. Add lines 1 through 24e	3,603,371.	41,801.	66,156.	1,700
	oint costs. Complete this line only if the organization	21002121T*	2,490,688.	1,106,415.	6,268
	eported in column (B) joint costs from a combined				
	ducational campaign and fundraising solicitation.				
	**************************************		1		

Form 990 (2019)
Part X Balance Sheet

Pa	rt X	Balance Sheet				_	
_		Check if Schedule O contains a response or note	to any	line in this Part X			
	т-				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			954,254.	1	219,106.
	2	Savings and temporary cash investments			262,948.	2	258,904
	3	Pledges and grants receivable, net	317,057.	3	433,694		
	4	Accounts receivable, net	65,455.	4	81,966		
	5	Loans and other receivables from any current or f	3 3 3				
	l	trustee, key employee, creator or founder, substa		and the same and the best with the			
	1	controlled entity or family member of any of these		5	The second secon		
	6	Loans and other receivables from other disqualifie			A Section of the Sect		and the man of the second
		under section 4958(f)(1)), and persons described i	n secti	on 4958(c)(3)(B)		6	
\$	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				_8	
•	9				49,090.	9	24,581.
	10a	, 5.,			基本1970 ARXX	18	AND THE STATE OF THE
		basis. Complete Part VI of Schedule D	10a	4,850,393.			
	l	Less: accumulated depreciation		2,197,728.	2,762,780.	10c	2,652,665.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line 11	•••••			12	
	13	Investments - program-related. See Part IV, line 11				13	
ŀ	14	Intangible assets	· · · · · · · · · · · · · · · ·	***************************************		14	
ı	15	Other assets. See Part IV, line 11				15	
-	16	Total assets. Add lines 1 through 15 (must equal	line 33	)	4,411,584.	16	3,670,916.
	17	Accounts payable and accrued expenses		•••••••••••••••••••••••••••••••••••••••	180,707.	_17	224,489.
	18	Grants payable	· · · · · · · · · · · · · · · · · · ·		F100 004	18	
	19 20	Deferred revenue			793,981.	19	371,365.
ı	20 21	Tax-exempt bond liabilities				20	
	22	Escrow or custodial account liability. Complete Pa				21	
	ZZ	Loans and other payables to any current or former					
Liabilines		trustee, key employee, creator or founder, substan controlled entity or family member of any of these				423	
i	23	Secured mortgages and notes payable to unrelated				22	· · · · · · · · · · · · · · · · · · ·
i	24	Unsecured notes and loans payable to unrelated the	u mira	parties		23	
-	25	Other liabilities (including federal income tax, payai	nru pa	rues		24	
1	20	parties, and other liabilities not included on lines 13					
				· ·	0		00 000
-	26	of Schedule D  Total liabilities. Add lines 17 through 25			974,688.	25	80,000. 675,854.
T		Organizations that follow FASB ASC 958, check	here	► X	3/4,000.	26	0/5,854.
		and complete lines 27, 28, 32, and 33.	11010				
	27			***************************************	2,881,559.	27	2,470,284.
	28	Net assets with donor restrictions		***************************************	555,337.	28	524,778.
		Organizations that do not follow FASB ASC 958,			330735 BY 1.14.57		324,770.
!		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 equip	ment	fund		30	
	31	Retained earnings, endowment, accumulated incor	ne, or	other funds		31	
	32				3,436,896.	32	2,995,062.
	33	T			4,411,584.	33	3,670,916.
						00	5,070,910.

Form **990** (2019)

	art XI Reconciliation of Net Assets	74-1	611455	_ Page <b>1</b> 2
-			.0111100	rage 14
	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)			
2	Total revenue (must equal Part VIII, column (A), line 12)  Total expenses (must equal Part IX, column (A), line 25)  Revenue less expanses. Subtract line 2 from line 25	1	3,161	<u>.,537.</u>
3	Revenue less expenses. Subtract line 2 from line 1	2		,371.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	3		,834.
5	Net unrealized gains (losses) on investments  Donated services and use of facilities	4	3,436	,896.
6	Donated services and use of facilities	_5		
7	Investment expenses	_6		
8	Investment expenses Prior period adjustments Other changes in pet assets or find belongs (audition 0)	7		
9	Other changes in net assets or fund balances (explain on Schedule O)	_ 8	<del></del>	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,	9		0.
	column (B))	•		
Pa	rt XII Financial Statements and Reporting	10	2,995	<u>,062.</u>
	Check if Schedule O contains a response or note to any line in this Part XII			
	and to any line in this rate All			
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			es No
	If the organization changed its method of accounting from a prior year or checked "Other " a making to O		_   %   4	
2a	wore the organization's linknown statements compiled or reviewed by an independent accounts to		to included and	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	• • • • • • • • • • • • • • • • • • • •	2a	<u> X</u>
	separate basis, consolidated basis, or both:	on a		
	Separate basis Consolidated basis Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent account of			tes in Asc II
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a generate		2b   2	X
	consolidated basis, or both:	oasis,		
	X Separate basis Consolidated basis Both consolidated and separate basis		145	
C	ii fes to line 2a or 2b, does the organization have a committee that accumes regressibility to	al:L	- Set 1.53	
	Toview, or compliation of its imancial statements and selection of an independent account and			_
	The state of the s			ζ
За	, to a result of a rederal award, was the organization required to undergo an audit or audits as set forth in the Circu	iule O.		in Made
	Act and OMB Citcular A-1937			**
b	199, and the organization undergo the required audit or audits? If the organization did not undergo the manufacture	d audit	3a	<u> X</u>
	or addits, explain willy on occided the control and describe any etens token to underweight the			
	and addende any steps taken to undergo such audits	***************************************		)O (0.5 to 1
			Form 95	0 (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

Open to Public Inspection

Name of the organization

HOUSTON AREA URBAN LEAGUE, INC.

Part I Reason for Public Charity Status (All Part I Reason for Public Charity Status)

Employer identification number 74-1611455

	41 . 1			(All organizations must d				···				
The	organ	ization is not a private foun	dation because it is:	(For lines 1 through 12,	check only	y one box.)						
1	section 170(b) (1/A)(1).											
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 go	overnment or govern	mental unit described in	section '	170(b)(1)(A	)(v).					
7	X	An organization that norm	ally receives a substa	antial part of its support	from a gov	/ernmental	unit or from the general	public described in				
^		section 170(b)(1)(A)(vi), (0										
8	$\vdash$	A community trust describ	ed in section 170(b	)(1)(A)(vi). (Complete Pa	rt II.)							
9	ш	An agricultural research or	ganization described	l in section 170(b)(1)(A)	(ix) opera	ted in conj	unction with a land-grant	t college				
		or university or a non-land-	grant college of agric	culture (see instructions).	. Enter the	name, city	, and state of the colleg	e or				
		university:										
10	ш	An organization that norma	ally receives: (1) more	e than 33 1/3% of its sup	port from	contribution	ons, membership fees, a	nd gross receipts from				
		activities related to its exer	mpt functions - subje	ct to certain exceptions,	and (2) no	o more tha	n 33 1/3% of its support	from gross investment				
		income and unrelated busi	ness taxable income	(less section 511 tax) fro	om busine	sses acqu	ired by the organization :	after June 30, 1975.				
	$\overline{}$	See section 509(a)(2). (Co	•									
11		An organization organized	and operated exclus	sively to test for public sa	fety. See	section 5	09(a)(4).					
12		An organization organized	and operated exclus	ively for the benefit of, to	perform	the functio	ns of, or to carry out the	purposes of one or				
		more publicly supported or	ganizations describe	ed in <b>section 509(a)(1)</b> o	or section	509(a)(2).	See section 509(a)(3).	Check the box in				
	, <u>-</u>	lines 12a through 12d that	describes the type of	of supporting organization	n and con	nplete lines	12e, 12f, and 12g.					
a		Type I. A supporting orga	anization operated, s	supervised, or controlled	by its sup	ported org	anization(s), typically by	giving				
		the supported organization	on(s) the power to re	gularly appoint or elect a	majority -	of the direc	ctors or trustees of the s	upporting				
		organization. You must o						-				
b		Type II. A supporting org	janization supervised	l or controlled in connec	tion with it	ts supporte	ed organization(s), by ha	ving				
		control or management of	of the supporting org	anization vested in the s	ame perso	ons that co	ntrol or manage the sup	ported				
		organization(s). You mus	t complete Part IV,	Sections A and C.								
C		Type III functionally inte	grated. A supportin	g organization operated	in connec	tion with,	and functionally integrate	ed with.				
	_	its supported organization	n(s) (see instructions	). You must complete l	Part IV, S	ections A,	D, and E.	•				
d		Type III non-functionally	integrated. A supp	orting organization oper	ated in co	nnection v	vith its supported organiz	zation(s)				
		that is not functionally int	egrated. The organiz	zation generally must sat	isfy a dist	ribution red	uirement and an attenti	veness				
		requirement (see instructi	ions). <mark>You must co</mark> r	mplete Part IV, Sections	A and D	and Part	v.					
е		Check this box if the orga	anization received a	written determination fro	m the IRS	that it is a	Type I, Type II, Type III					
		functionally integrated, or	Type III non-function	nally integrated supporti	ng organiz	ation.						
f	Enter	the number of supported of	ranniantiana									
<u>g</u>	Provid	de the following information	about the supporte	d organization(s).		••••••••	***************************************					
	(i)	Name of supported	(ii) ElN	(III) Type of organization	(iv) is the org	anization listed ing document?	(v) Amount of monetary	(vi) Amount of other				
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see instructions)	support (see instructions)				
							<b></b>					
						<u>L</u>						
		ļ										
otal					177 TA							

# Schedule A (Form 990 or 990-EZ) 2019 HOUSTON AREA URBAN LEAGUE, INC. 74-1611 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.)

Se	ction A. Public Support			···	· · · · · · · · · · · · · · · · · · ·	······································	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Gifts, grants, contributions, and			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(4)2010	(6) 2013	(i) Total
	membership fees received. (Do not	1	1				
	include any "unusual grants.")	2641226.	2295375.	3350450.	2548171.	2388664	13223886.
2	Tax revenues levied for the organ-					2300004.	13223000.
	ization's benefit and either paid to		ļ				
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						i
4	Total. Add lines 1 through 3	2641226.	2295375.	3350450.	2548171.	2388564.	13223886.
5	The portion of total contributions	(18) 建二丁基 计				30 1/3 N	23223000.
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included	3. 4 AV.		4.5	A SERVICE	47× 45	
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)	140 11 140 110 110	William Commence	enic Artist Const	4.25.73	40 3 Million	
_6	Public support. Subtract line 5 from line 4.	( <b>建</b> ) [ [ ] [ ] [ ] [ ] [ ] [ ]	"哪只有你没有多	成物的共和国的农	STATE STATE	190/2002 1 12 12 12 13 15 15 15 15 15 15 15 15 15 15 15 15 15	13223886.
Sec	tion B. Total Support						
	ndar year (or fiscal year beginning in) 🕨	(a) 2015	( <b>b</b> ) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 4	2641226.	2295375.	3350450.	2548171.	2388664.	13223886.
8	Gross income from interest,						
	dividends, payments received on			i			
	securities loans, rents, royalties,						
	and income from similar sources	95,760.	99,009.	107,748.	96,222.	101,807.	500,546.
	Net income from unrelated business		1				
	activities, whether or not the						
	business is regularly carried on						
	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	19,689.	30,933.	53,148.	36,541.	18,574.	158,885.
	* 1	性"和學學學學	A C A C A C C C C C C C C C C C C C C C	A STATE OF THE STA	A TANK A STATE		13883317.
	Gross receipts from related activities,				1	12	654,062.
13	First five years. If the Form 990 is for	the organization's	first, second, third	, fourth, or fifth tax	k year as a section	501(c)(3)	
Sec	organization, check this box and stop tion C. Computation of Public	here Dore	nontono.				<b>&gt;</b>
14	Public support percentage for 2019 (li	ne 6, column (f) div	ided by <b>li</b> ne 11, co	łumn (f))		14	95.25 %
10	Public support percentage from 2018	Schedule A, Part II	, line 14		,	15	82.42 <sub>%</sub>
ıoa -	33 1/3% support test - 2019. If the o	rganization did not	check the box on	line 13, and line 1	4 is 33 1/3% or mo	ore, check this box	and
h :	stop here. The organization qualifies a	as a publicly suppo	rted organization				<b>▶</b> [X]
	33 1/3% support test - 2018. If the o	rganization did not	check a box on lin	ie 13 or 16a, and l	ine 15 is 33 1/3%	or more, check this	s box
17a '	and stop here. The organization quali	nes as a publicity st	ipported organizat	lon			<b>&gt;</b>
114	10% -racts-and-circumstances test	- 2019. If the orga	inization did not ch	leck a box on line	13, 16a, or 16b, a	nd line 14 is 10% o	r more
•	and if the organization meets the "fact	arandroncumstance	es test, check this	spox and stop he	ere. Explain in Par	t VI how the organi	ization
h.	neets the "facts-and-circumstances" t	est. The organization	on qualifies as a pu	iblicly supported o	organization		
υ,	10% -facts-and-circumstances test	-∠uio, iitne orga	nization did not ch	eck a box on line	13, <b>1</b> 6a, 16b, or <b>1</b>	7a, and line 15 is 1	0% or
'	nore, and if the organization meets the	= iacis-and-circum	istances" test, che	CK this box and s	top here. Explain	in Part VI how the	
18 1	organization meets the "facts-and-circustrivate foundation. If the organization	amatances test,    adid not chack a b	ne organization qu	aimes as a publicly	y supported organ	ization	▶∐_
	Private foundation. If the organization	r did flot dileck a b	ox on line 13, 16a,	100, 17a, or 17b,			
					Schar	fule A (Form 990)	~ 000 EZ/ 0040

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

<u> </u>	ction A. Public Support						*
Cale	ndar year (or fiscal year beginning in) 🗫	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and				1,	10,2010	(I) Total
	membership fees received. (Do not						
	include any "unusual grants.")		1				
2	Gross receipts from admissions, merchandise sold or services per- formed, 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 bus-				1		
	iness under section 513						
4	Tax revenues levied for the organ-		T		<del></del>		
	ization's benefit and either paid to						
5	The value of services or facilities	<del></del>		<del> </del>	<del>-</del>		
	furnished by a governmental unit to						
	the organization without charge						
	Total. Add lines 1 through 5				- <del> </del>		
	Amounts included on lines 1, 2, and	<del></del>		<u> </u>	<del></del> -		
	3 received from disqualified persons		İ				
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b	<del>,-</del>				<del> </del>	
	Public support. (Subtract fine 7c from line 6.)	77 12 No. 10 No. 10 No. 10 No. 10 No. 10 No. 10 No. 10 No. 10 No. 10 No. 10 No. 10 No. 10 No. 10 No. 10 No. 10		CANTONIO	Company allowing	to the College of the control of the College of the	
Sec	tion B. Total Support	was the strangeries.	STATE WASHINGTON	Season of the second	FORE BRANCES	Commercial Control	
	dar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(-N 0010	1 (10010	
	Amounts from line 6	(4) 2010	(6) 2010	10/2017	(d) 2018	(e) 2019	(f) Total
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
c,	Add lines 10a and 10b		7.	****		<del>                                     </del>	
11	Net income from unrelated business activities not included in line 10b, whether or not the business is egularly carried on						
12 (	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	otal support. (Add lines 9, 10c, 11, and 12.)						
14 [	First five years. If the Form 990 is for t	the organization's	first, second, third	l, fourth, or fifth ta	x year as a section	n 501(c)(3) organiza	tion.
	heck this box and stop here	····	********				<b>▶</b> □
	ion c. computation of Public	Support Perc	centage				
15 F	Public support percentage for 2019 (lin	ie 8, column (f), di	vided by line 13, c	olumn (f))		15	%
16 F	Public support percentage from 2018 S	Schedule A, Part II	II. line 15			16	
	ion D. Computation of Invest		Percentage				70
17 li	nvestment income percentage for 201	9 (line 10c, colum	n (f), divided by lin	e 13, column (f))		17	%
18 li	nvestment income percentage from 20	<b>018</b> Schedule A, F	art III, line 17			18	0%
19a 3	3 1/3% support tests - 2019. If the o	organization did no	t check the box o	n line 14, and line	15 is more than 3	3 1/3%, and line 17	is not
n	nore than 33 1/3%, check this box and	<b>stop here.</b> The c	organization qualifi	es as a publicly su	upported organiza	tion	
b 3	3 1/3% support tests - 2018. If the o	organization did no	t check a box on l	line 14 or line 19a	and line 16 is mo	re than 33 1/3% an	ıd
11	ne 18 is not more than 33 1/3%, check	this box and sto	p here. The organ	ization qualifies a	s a publicly suppo	rted organization	<u> </u>
20 F	rivate foundation. If the organization	did not check a b	<u>ox on line 14, 19a</u>	, or 19b, check th	is box and see ins	tructions	
	09-25-19					edule A /Form 990	

### 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

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

	Yes	No
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Sc	hedule A (Form 990 or 990-EZ) 2019 HOUSTON AREA URBAN LEAGUE, INC. 74	-161145	: F -	
Р	art IV   Supporting Organizations (continued)	TOTTAC	) }	age 5
			Yes	T
11	and the second of the second s		162	No
	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?	11a		
	b A family member of a person described in (a) above?	11b	╁	<del> </del>
_	c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	†	<del> </del>
Se	ction B. Type I Supporting Organizations	1 110	<u> </u>	
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			1
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the		*	4 3.
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or		4 1	
	controlled the organization's activities. If the organization had more than one supported organization.	1 1 25	1 15	i.i.
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	* 10 mil	100	
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	1 - (5)	10 mssss c.,
2	Did the organization operate for the benefit of any supported organization other than the supported	ार्थ संदूर्भ इ.स.		
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated.			
	supervised, or controlled the supporting organization.	2	`#.33 c 'w'	To Andrea Andrea
<u>5e</u>	ction C. Type II Supporting Organizations			1
	Who a marketh of the control of the		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	neni	37	XQ.
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	<b>建</b> 心	(495)	100
	or management of the supporting organization was vested in the same persons that controlled or managed		A STATE OF	
Sec	the supported organization(s). etion D. All Type III Supporting Organizations	1		
	Also Divid Type in dapporting organizations		r	·
1	Did the organization provide to each of its supported organizations, but to but the state of the	R. Carriero	Yes	No
•	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	36,34.0	<b>建</b> /流	
	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		San July	Se sentino
2	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	4030714	
_	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported		0.49	10, 40
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			A STATE OF THE STA
3	the organization maintained a close and continuous working relationship with the supported organization(s).  By reason of the relationship described in (2), did the approximation of the relationship with the supported organization (s).	2	2.34.41.63	27.2
•	By reason of the relationship described in (2), did the organization's supported organizations have a	1.0	Mag	
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		e de la companie de l	a salah saka
Sec	tion E. Type III Functionally Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction			
а	The organization satisfied the Activities Test. Complete line 2 below.	ns).		
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see			
2	Activities Test. Answer (a) and (b) below.	instructions).		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	11.9759 V	Yes	No_
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	W. Wall		5.0
	that these activities constituted substantially all of its activities.	San i Maria Awar	Lides Stable	
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	2a	4 g 19	1,8537
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these		7,74	7
	activities but for the organization's involvement.	\$ 655 a. sa	Assault a	والمعاديدة
3	Parent of Supported Organizations. Answer (a) and (b) below.	2b	₹1 <b>£</b>	
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or		2	12
	trustees of each of the supported organizations? Provide details in Part VI.	20	dnikila	จะมันเว็บดี
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3a		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b	C. Zeit	Line &
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Schedule A (Form 990 or 990-EZ) 2019

Sch D	edule A (Form 990 or 990-EZ) 2019 HOUSTON AREA URBAN LEAG	JUE,	INC. 7	4-1611455 Page 6
	- 17 in it of the arrangement and arrangement of the arrangement of th			
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust o	n Nov. 20, 1970 (explain in P	art VI). See instructions. Al
	other Type III non-functionally integrated supporting organizations must co	omplete (	Sections A through E.	T
Sec	tion 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		
Sec	tion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			F1 (1.7) X (A) (A) (A)
	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	4.6	CAN DAY STREET	The state of the s
,	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_		6		
7	Recoveries of prior-year distributions	7		
_8_	Minimum Asset Amount (add line 7 to line 6)	8		
Seci	ion C - Distributable Amount	1 <b>11111111111111111</b>		Current Year
_ 1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	Mile it is a first second	
2	Enter 85% of line 1.	2	17 4 18 7 (1905 - 1906 1970 1986 198	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	1017, 47 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	<u></u>
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5	May the Section in	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to	_ <del>  `</del>		
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional		tad Type III supporting cross	ization loss
	instructions).	., integra	coa i ypo in supporting organ	ization (See

Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990 EZ) 2019 HOUSTON AREA URBAN LEAGUE, INC. 74-1611455 Page 7 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations Amounts paid to acquire exempt-use assets 4 Qualified set-aside amounts (prior IRS approval required) Other distributions (describe in Part VI). See instructions. 6 Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. Distributable amount for 2019 from Section C, line 6 10 Line 8 amount divided by line 9 amount (ii)(iii) Section E - Distribution Allocations (see instructions) Excess Distributions Underdistributions Distributable Pre-2019 Amount for 2019 Distributable amount for 2019 from Section C, line 6 Underdistributions, if any, for years prior to 2019 (reasonable cause required- explain in Part VI). See instructions. Excess distributions carryover, if any, to 2019 **第**4字题集167 a From 2014 **b** From 2015 · " 新、加工公公 c From 2016 的音樂學家 **光源**学是在1969年第 d From 2017 **计算机器多类编码的** e From 2018 3.象而各位3600日的第一个 f Total of lines 3a through e A & 85 g Applied to underdistributions of prior years h Applied to 2019 distributable amount AND THE COLD HAVE THE CASE i Carryover from 2014 not applied (see instructions) 子,是多性。 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 CHRONIA TO Company of the Company c Remainder. Subtract lines 4a and 4b from 4. TOTAL SECTION STATES 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. Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. Excess distributions carryover to 2020. Add lines 3j and 4c. Breakdown of line 7: a Excess from 2015 b Excess from 2016 c Excess from 2017 d Excess from 2018 e Excess from 2019 Ky My &

Schedule A (Form 990 or 990-EZ) 2019

### 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 Employer identification number HOUSTON AREA URBAN LEAGUE, 74-1611455 Organization type (check one): Filers of: Section: Form 990 or 990-EZ X 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 X 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

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

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of	organization	E	Pag mployer identification numbe
	ON AREA URBAN LEAGUE, INC.		74-1611455
Part I	Contributors (see instructions). Use duplicate copies of Part I if a	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	UNITED WAY OF GREATER HOUSTON		Person X
	50 WAUGH DRIVE	\$\$567,396	L ,
	HOUSTON, TX 77007		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	WELLS FARGO BANK		Person X
	1000 LOUISIANA ST TUNNEL LEVEL	\$62,500	Payroll
	HOUSTON, TX 77002		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d)
3	TEXAS VETERANS COMMISSION	. Total contributions	Type of contribution
	2002 HOLCOMBE BOULEVARD #2A112	\$272,972	Payroli
	HOUSTON, TX 77030		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	CITY OF HOUSTON		Person X
ĺ	900 BAGBY ST	\$61,696	Payroll Noncash
	HOUSTON, TX 77002	· 	(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
		\$	Payroll Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
		\$	Payroll Noncash
52 11-06-1			(Complete Part II for noncash contributions.)

Name of organization

Employer identification number

	ON AREA URBAN LEAGUE, INC.		4-1611455
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
		\$	
(a) No. rom	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-		\$	
(a) No. om art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
a) lo. om urt l	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		<b>\$</b>	
a) o. om rt I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_   -		\$	
n) o. om rt I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_   _			
11-06-19			

	organization		Page						
ivanie oi c	organization		Employer identification number						
HOUST	ON AREA URBAN LEAGUE, IN	rc	74 1611455						
Part III	Exclusively religious, charitable, etc., contribution	ons to organizations described in a	74-1611455 ection 501(c)(7), (8), or (10) that total more than \$1,000 for the year						
•	non any one contributor, complete commis (a)	uli ought (e) and the following line er	ntry. For organizations  less for the year. (Enter this info, once.)  \$						
	Use duplicate copies of Part III if additional s	space is needed.	Tess for the year. (chief fills file), once,						
(a) No. from	(b) Purpose of gift	(c) Use of gift							
Part I		(o) oso of gat	(d) Description of how gift is held						
		(e) Transfer of gif	t						
	Transferrale	I THE							
	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee						
ļ									
(a) No.									
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						
_ rarej			, , , , , , , , , , , , , , , , , , ,						
ļ									
	(e) Transfer of gift								
ļ.	Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee								
			riedadonship of dansieror to transferee						
(a) No.									
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						
	<u>, , , , , , , , , , , , , , , , , , , </u>	(e) Transfer of gift							
	(e) transfer of girt								
-	Transferee's name, address, and	Relationship of transferor to transferee							
ŀ									
(a) No. from	(b) Purpose of gift	(c) Use of gift							
Part I	(a) t inpose of gift	(c) Ose of gift	(d) Description of how gift is held						
ľ									
		(e) Transfer of gift							
	<b>.</b>								
-	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 Open to Public Inspection

Name of the organization

HOUSTON AREA URBAN LEAGUE, INC.

Employer identification number 74-1611455

Pa	rt I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds or A	ccounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin		= =,
		(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 fur	nds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be used	only
	for charitable purposes and not for the benefit of the donor o		
130	impermissible private benefit?		Yes No
	rt II Conservation Easements. Complete if the org		/, line 7.
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (for example, recreating	tion or education) Preservation of a his	torically important land area
	Protection of natural habitat	Preservation of a cer	tified historic structure
_	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form of a c	
	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
¢	Number of conservation easements on a certified historic stru	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	ifter 7/25/06, and not on a historic structure	
	listed in the National Register		2d
. 3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the orgar	nization during the tax
4	year >		
4	Number of states where property subject to conservation eas		
5	Does the organization have a written policy regarding the peri		
6	violations, and enforcement of the conservation easements it		Yes No
ь	Staff and volunteer hours devoted to monitoring, inspecting, I	nandling of violations, and enforcing conservati	on easements during the year
7	Amount of expenses incurred in manifesting inspecting bond	Book of deleters and the first	
,	Amount of expenses incurred in monitoring, inspecting, handl  \$\blue{\star}\$\$	ling of violations, and enforcing conservation ea	asements during the year
8	Does each conservation easement reported on line 2(d) above	a natisfy the requirements of anotice of 70/LV/A/C	0.20
Ŭ			
9	and section 170(h)(4)(B)(ii)?	an apparants in its values is and apparant.	YesNo
•	balance sheet, and include, if applicable, the text of the footne		
	organization's accounting for conservation easements.	ote to the organization's linancial statements tr	nat describes the
Par	t III Organizations Maintaining Collections of	Art. Historical Treasures, or Other 5	Similar Assets
<u> </u>	Complete if the organization answered "Yes" on Form	990. Part IV. line 8.	7.000201
	If the organization elected, as permitted under FASB ASC 958		lance shoot works
	of art, historical treasures, or other similar assets held for publi	lic exhibition, education, or research in furthers	nce of public
	service, provide in Part XIII the text of the footnote to its finance	cial statements that describes these items	neo or public
b	If the organization elected, as permitted under FASB ASC 958		e sheet worke of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furtherance	e of public service
	provide the following amounts relating to these items:		o or public service,
	(i) Revenue included on Form 990, Part VIII, line 1		<b>▶</b> \$
2	If the organization received or held works of art, historical trea	sures, or other similar assets for financial cain	provide
	the following amounts required to be reported under FASB AS		PICANG
а	Revenue included on Form 990, Part VIII, line 1		. ▶ \$
b	Assets included in Form 990, Part X		<b>b</b> \$
LHA	For Paperwork Reduction Act Notice, see the Instructions	for Form 990,	Schedule D (Form 990) 2019
	·		

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	edule D (Form 990) 2019 HOUSTOI	N AREA URBA	N LE	EAGUE,	INC.		7	4-161	145	5 F	Page 2	
Pe	art III Organizations Maintaining	Collections of A	rt, His	torical Tre	easures, d	or Other	Similar .	Assets	(contir	nued)		
3	Using the organization's acquisition, access	sion, and other record	ds, chec	k any of the	following that	at make sig	nificant us	e of its	,			
	collection items (check all that apply):			_								
a			d		change prog							
ib	==	•	е	Other								
C												
4	Provide a description of the organization's of	collections and explai	in how t	hey further t	he organizat	ion's exem <sub>l</sub>	ot purpose	in Part X	III.			
5	During the year, did the organization solicit	or receive donations	of art, h	iistorical trea	sures, or oth	ıer similar a	ssets					
Da	to be sold to raise funds rather than to be maintained as part of the organization's collection?											
Fa	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.											
та	Is the organization an agent, trustee, custoo	lian or other intermed	liary for	contribution	s or other as	sets not in	cluded					
	on Form 990, Part X?							🗀	Yes		□No	
Ö	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing	table:	•			<del> </del>				
_	Designation by Lawrence						<u> </u>		Amount	i .		
C	Beginning balance						1c					
d	,			·····			1d					
e	, ,			**************			1e		: -	<u> </u>		
f 2a	Ending balance	000 D. 137 II		••••••		•••••	1f			-		
	Did the organization include an amount on F If "Yes," explain the arrangement in Part XIII	Chael have the	21, for	escrow or cu	ustodial acco	ount liability	?	لــا	Yes		No	
Pai	rt V Endowment Funds. Complete	if the organization or	planatio	on nas been	provided on	Part XIII		<u></u>			<u></u>	
····	Compete	(a) Current year			1			<del> </del>				
†a	Beginning of year balance		(0)	Prior year	(c) Two yea	irs dack (c	I) Three yea	irs back	(e) Four	years	back	
b	Contributions											
c	Net investment earnings, gains, and losses							<del></del>			<del></del>	
ď									·			
	Other expenditures for facilities				<del></del>					•		
-	and programs				}							
f	Administrative expenses					<del> </del> _						
g	End of year balance			·······				<del></del>				
2	Provide the estimated percentage of the curr		line 1	n column (a)	) held as:							
а	Board designated or quasi-endowment	on your one building	%	g, column (a)	y Holu as.							
b	Permanent endowment	%								,		
С	_	%						•				
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.										
3a	Are there endowment funds not in the posse		tion tha	ıt are held an	d administer	red for the	organizatio	າກ				
	by:	•			ia danimioto	od for the	organizati.	A1	Ţ.	Vaa	No	
	(i) Unrelated organizations							. 1	3a(i)	Yes	NO	
	(II) Related organizations								3a(ii)			
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as require	ed on S	chedule R?	***************************************				3b			
_4_	Describe in Part XIII the intended uses of the	organization's endov	vment f	unds.					UU			
Par	t Vi Land, Buildings, and Equipm	ent.			···			· · · · · · · · · · · · · · · · · · ·				
	Complete if the organization answered	d "Yes" on Form 990	, Part IV	/, line 11a. S	ee Form 990	, Part X, lin	e 10.					
	Description of property	(a) Cost or of		(b) Cost			umulated	(6	l) Book	value	Δ .	
		basis (investn	nent)	basis (			ciation	,	a, Door	VAICE		
1a	Land			56:	9,195.	Part Million	Capagos.	998	569	. 1	95.	
b	Buildings	.,			8,830.		9,939		,058	. 8	91.	
C	Leasehold improvements				5,600.		3,510			, 0		
	Equipment				8,141.	16	9,391			,7		
e	Other			22	8,627.		4,888			,7.		
Total.	. Add lines 1a through 1e. (Column (d) must ed	gual Form 990, Part V	Colum	n (B) line 10	)c )				652			

Schedule D (Form 990) 2019

### **SCHEDULE G**

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

## Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization	to www.ma.gov/r ormaso for misu	ucuo	is and	the latest informat	ion.	,	inshection
HOUSTON	N AREA URBAN LEAGUE	, I	NC.			74-1611	entification number
Part I Fundraising Activities	- Complete if the organization answer	ered "	res" o	n Form 990, Part IV,	line 1	7. Form 990-E2	filers are not
required to complete this par  1 Indicate whether the organization raise	14.						
a Mail solicitations				Check all that apply. Jovernment grants			
b Internet and email solicitations				rnment grants			
c Phone solicitations	g Special						
d In-person solicitations							
2 a Did the organization have a written of	or oral agreement with any individual	(inclu	ding o	fficers, directors, trus	tees,	or	
key employees listed in Form 990, P	'art VII) or entity in connection with p	rofess	ional f	undraising services?		Yes	No 🗔 No
b If "Yes," list the 10 highest paid indi- compensated at least \$5,000 by the	viduals or entities (fundralsers) pursu corganization	ant to	agree	ments under which t	ne fur	draiser is to be	€
The state of the s	T T T T T T T T T T T T T T T T T T T						
<ul><li>(i) Name and address of individual or entity (fundraiser)</li></ul>	(ii) Activity	or co	Did raiser ustody itrol of	(iv) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser	(vi) Amount paid to (or retained by) organization
		ļ	utions?		list	ed in col. (i)	Organization
		Yes	No				
				,			
					<u> </u>		
Total							-
List all states in which the organization or licensing,	n is registered or licensed to solicit co	ontribu	itions	or has been notified	it is e	xempt from reg	istration
			,,,,,				
						<u> </u>	
							,
LHA For Paperwork Reduction Act Notic	e, see the Instructions for Form 99	0 or 9	90-E2	z. s	chedu	ile G (Form 99	0 or 990-EZ) 2019

Schedule G (Form 990 or 990-EZ) 2019

Sc	hedu ' <b>art</b>	ule G (Form 990 or 990 EZ) 2019 HOUSTO	N AREA URBAN	LEAGUE, INC.	74-	-1611455 Page 2
ٺ	CII L	II Fundraising Events. Complete if to of fundraising event contributions and g	the organization answere ross income on Form 90/	d "Yes" on Form 990, Pa	rt IV, line 18, or reported	more than \$15,000
_	1		(a) Event #1	(b) Event #2	(c) Other events	ts greater than \$5,000.
			EOD ANNUAL	ANNUAL	(c) Other events	(d) Total events
	1		GALA	MEETING	1	(add col. (a) through
•	,		(event type)	(event type)	(total number)	col. (c))
Sevenio	3					
G.	1	Gross receipts	784,909.	97,232.	21,249.	903,390.
	1,	Lass: Contributions	94 225			
	_	Less: Contributions	84,235.			84,235.
	3	Gross income (line 1 minus line 2)	700,674.	97,232.	21,249.	819,155.
						010/1200
	4	Cash prizes	1,439.	<del> </del>		1,439.
	5	Noncash prizes				
60	1	, torrodori prizad				
Direct Expenses	6	Rent/facility costs	8,278.			8,278.
· X	1					0,270.
rect	7	Food and beverages	93,513.			93,513.
Ö	1	Endordo in	10 605			
	8 9	Entertainment Other direct expenses	12,625. 104,903.			12,625.
	1	Direct expense summary. Add lines 4 through				104,903.
	11	Net income summary. Subtract line 10 from li				220,758. 598,397.
Pε	irt l	II Gaming. Complete if the organization	answered "Yes" on Form	990, Part IV, line 19, or r	eported more than	390,397.
	·	\$15,000 on Form 990-EZ, line 6a.			•	
ψ			(a) Bingo	(b) Puil tabs/instant	(c) Other gaming	(d) Total gaming (add
Revenue				bingo/progressive bingo	(1) - 110. 949	col. (a) through col. (c))
æ	1	Gross revenue				
						<u> </u>
s)	2	Cash prizes				
ense.						
ž	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
ă	~	Rent/facility costs				
	5	Other direct expenses				
			Yes %	Yes %	Yes %	574.246.40.001539.145
	6	Volunteer labor	No	No	No 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)			
	<u> </u>	garring moothe carrinary. Oubtract line	nominie i, column (d)			
9	Ente	er the state(s) in which the organization conduc	cts gaming activities:			
а	Is th	e organization licensed to conduct gaming ac	tivities in each of these s	tates?		Yes No
b	If "N	lo," explain:				
Ωa	Wen	a any of the organization's gamina liganous to	refrant accounts to the			
b	If "Y	e any of the organization's gaming licenses reves," explain:	vokeu, suspended, or ten	minated during the tax ye	ear?	Yes No
-						
						•
3208	2 09-1	1-19			<u> </u>	
					Schedule G (Forr	n 990 or 990-EZ) 2019

Schedule G (Form 990 or 990-EZ) 2019 HOUSTON AREA URBAN LEAGUE, INC. 74-	1611455 Page:
11 Does the organization conduct gaming activities with nonmembers?	Yes No
is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed	111
to administer charitable gaming?	Yes No
13 indicate the percentage of gaming activity conducted in:	
a The organization's facility	13a
b An outside facility	13b
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:	
Name >	
Address >	
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes No
b If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amount	
of gaming revenue retained by the third party 🕨 🕏 🔭	
c If "Yes," enter name and address of the third party:	
Name	
Address >	
16 Gaming manager information:	
Name	
Continuous	
Gaming manager compensation 🕨 \$	
Description of services provided >	
Director/officer Employee Independent contractor	
7 Mandatory distributions:	
a Is the organization required under state law to make charitable distributions from the gaming proceeds to	
retain the state gaming license?	Yes No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year > \$	
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part II.	L. W. P
15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	t III, lines 9, 9b, 10b,
Ti postati and monitorio de instructione,	
	<u> </u>
	· ,
	,
2083 09-11-19 Schedule G / Exemple 2083 09-11-19	

Part IV	3 (Form 990 or 990-EZ)	rmation (continued)	URBAN LEAGUE	, INC.	<u>74-1611455</u>	Page 4
	Supplemental line	(continued)				
<del>-</del>						
		<del>-</del>				
					· · · · · · · · · · · · · · · · · · ·	
						<del>_</del>
	· · · · · · · · · · · · · · · · · · ·					
		•				
					·	

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Grants and Other Assistance to Organizations, Governments, and Individuals in the United States ► Go to www.irs.gov/Form990 for the latest information. ► Attach to Form 990. Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE (Form 990) 

Open to Public Inspection OMB No. 1545-0047

HOUSTON AREA URBAN LEAGUE,	RBA URBAN	LEAGUE, INC.	<u>ن</u>				Linkoyer Identification number
Part I General Information on Grants and Assistance	nd Assistance	1					/4-1611455
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	to substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assi	stance and the edept	
criteria used to award the grants or assistance?	stance?	)				stative, allu tije selecti	; •
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	cedures for moni	toring 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 Bart IV line 31 feet.	Domestic Organi	zations and Domestic	Sovernments, (	Complete if the ords	uization answered "Y	/es" on Form 990 Day	W line 01 feet and
recipient that received more than \$5,000. Part II can be duplicated if additional space is needed	55,000. Part II can	be duplicated if additi	onal space is need	ed.		200	iv, miezi, iof aliy
(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, EMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
					15 15 15 15 15		
				<u> </u>			
, , , , , , , , , , , , , , , , , , , ,		, 2 - 2 - 2					
2 Enter total number of section 501(c)(3) and government organizations	d government org	anizations listed in the line 1 table	ı				
3 Enter total number of other organizations listed in the line 1 table	listed in the line 1	1	1				
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990,	see the Instruction	ทร for Form 990,					Scheditle   (Form 990) (2019)

932101 10-26-19

Schedule I (Form 990) (2019)

HOUSTON AREA URBAN LEAGUE, INC. Schedule I (Form 990) (2019)

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.

Page 2

74-1611455

(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
EDUCATION & YOUTH SERVICE	5134	0.	43,500.	COST	BOOKS & GC, ETC
HOUSING ASSISTANCE	299	257,482.	3,537.	COST	GC & FURN FTC
					.
WORKFORCE DEVELOPMENT	950	0	9,605.COST	COST	TWIC CARDS, ETC
ECONOMIC DEVELOPMENT	ις	20,000.	0.		
Part IV Sumlamantal Information Designs the information					
L. a.r.v.   Supplementar monitation, Provide the monitation required in Part I, the 2; Part III, column (b); and any other additional information.	ulred in Part I, line	2; Part III, column (	b); and any other ade	ditional information.	

PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS N LINE PART I,

TO ENSURE COMPLIANCE WITH GRANT PROVISIONS AND APPROVED PERFORM REVIEW

BUDGET

- ADDITIONAL INFORMATION PART IV

THE ORGANIZATION PROVIDED EDUCATION & YOUTH SERVICE LINE 1,

EDUCATIONAL ASSISTANCE BY PURCHASING \$27,362 WORTH OF BOOKS. ALSO,

AND MOVIE TICKETS. T-SHIRTS, PROVIDED GIFT CARDS

932102 10-26-19

Schedule I (Form 990) HOUSTON AREA URBAN LEAGUE, INC. 74-1611455 Page 2 Part IV   Supplemental Information
LINE 2, HOUSING ASSISTANCE - PROVIDED RENTAL ASSISTANCE TO VETERANS,
HOME BUYING BOOKS TO POTENTIAL HOME BUYERS. ALSO PROVIDED GIFT CARDS,
FURNITURE AND EMERGENCY FINANCIAL ASSISTANCE TO HARVEY STORM VICTIMS.
LINE 3, WORKFORCE DEVELOPMENT - ASSISTED INDIVIDUALS BY PROVIDING BUS
PASSES, TWIC CARDS, TRAINING MANUALS, A SUPPLY OF BOOTS, CLOTHING,
GLOVES, SAFETY TOOLS, AND HARD HATS.
LINE 4, ECONOMIC DEVELOPMENT - COMPETITION AWARDS TO SMALL BUSINESS
OWNERS.

### **SCHEDULE J** (Form 990)

### **Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

**Questions Regarding Compensation** 

Department of the Treasury

Internal Revenue Service

HOUSTON AREA URBAN LEAGUE, INC.

Employer identification number 74-1611455

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal us	se .	L	4.7
	Travel for companions Payments for business use of personal residence.			1
	Tax indemnification and gross-up payments Health or social club dues or initiation fees		/-	
	Discretionary spending account Personal services (such as maid, chauffeur, che	əf)		
		**/   왕왕   건강	9. 5	
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or	a de la companya de l		100
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	i bi bi	Peter ( )
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,	- C		
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	9	action week	attain.
			90,	
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			10 ( TC)
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to		· 50 10 10 10 10 10 10 10 10 10 10 10 10 10	100
	establish compensation of the CEO/Executive Director, but explain in Part III.			A.
	Compensation committee Written employment contract	i *		3
	Independent compensation consultant Compensation survey or study	1345	1	
	Form 990 of other organizations  Approval by the board or compensation commit		14	
	Approval by the board of compensation commi	itee	N	
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing	7 12	<b>排液</b>	* }
•	organization or a related organization:	**		18
a	Pagaina a assument as the second and the second as the sec		12. 14k	
b	Participate in or receive payment from a supplemental payment?	4a		X
	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Х
·	Participate in, or receive payment from, an equity-based compensation arrangement?	4c	1 4 20 4 10	X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		4.5	
	Only continu 504(-V2) 504(-V4)   504(-V00)			7. YES
5	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			413
J	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
_	contingent on the revenues of:	Laufell.	i de la como de la com	2 2
a	The organization?	5a		X
D	Any related organization?	5b		X
_	If "Yes" on line 5a or 5b, describe in Part III.			33
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	**************************************		
	contingent on the net earnings of:			
	The organization?	6a		X
b	Any related organization?	6b		X
	ir res on line ba or bb, describe in Part III.		200	Ŷ,
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7	· · · · · · · · · · · · · · · · · · ·	X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the		<i>3</i> 4.5	alu al
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in		3 / 🖫	1 37
	Regulations section 53.4958-6(c)?	9	. Jindilijo I.	
LHA	For Danaryork Daduction Act Nation and the Instruction of Francisco	Schedule J.(Form	0001	2010

Schedule J (Form 990) 2019

74-1611455

Page 2

HOUSTON AREA URBAN LEAGUE, INC.

Schedule J (Form 990) 2019

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

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

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

		(B) Breakdown of	W.P. and/or 10901 MOSOL Tolbus C-W	C. Common Co.	3			L
			WI COOL IN THE	oo compansation	(v) Retirement and	Die	(E) Total of columns	Щ.
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	benefits	(G)(Q-(D)	in column (B) reported as deferred on prior Form 990
(1) JUDSON ROBINSON III	8	151,047.	0		C	28 736	170 702	c
PRESIDENT & CEO	=	0	0	0		.067,02	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
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Schedule J (Form 990) 2019

932113 10-21-19

### SCHEDULE M (Form 990)

Department of the Treasury

Name of the organization

Internal Revenue Service

### **Noncash Contributions**

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

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

Employer identification number

HOUSTON AREA URBAN LEAGUE, INC. 74-1611455 Part I Types of Property (a) (b) (d) (c) Check if Number of Noncash contribution Method of determining contributions or amounts reported on applicable noncash contribution amounts items contributed Form 990, Part VIII, line 1g Art - Works of art Art - Historical treasures Art - Fractional interests 3 Books and publications 49, 1 the Clothing and household goods ..... 5 Cars and other vehicles 6 Boats and planes \_\_\_\_\_ 7 intellectual property R Securities - Publicly traded ..... 9 Securities - Closely held stock ..... 10 Securities - Partnership, LLC, or trust interests Securities - Miscellaneous 12 13 Qualified conservation contribution -Historic structures Qualified conservation contribution - Other 14 Real estate · Residential Real estate - Commercial 16 17 Real estate - Other 18 Collectibles Food inventory 19 20 Drugs and medical supplies 21 Taxidermy Historical artifacts 22 Scientific specimens 23 Archeological artifacts 24 ( VARIOUS 112 84,235. FAIR MARKET VALUE 25 26 Other > 27 Other > 28 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? 30a b If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or self noncash contributions? 32a **b** If "Yes," describe in Part II. If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,

932141 09-27-19

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Schedule M (Form 990) 2019

chedule M	(Form 990) 2019	HOUSTON	AREA	URBAN	LEAGUE,	INC.	74-1611455	Page
Part II	Supplemental is reporting in Part this part for any ac	l Information t I. column (b). th	l Provide	the informa of contribut	tion required b tions, the numb	y Part I, lines 30b, 32b per of items received,	o, and 33, and whether the organizator a combination of both. Also comp	tion olete
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42 09-27-19		·				. ,,,,,,,	Schadula M /Farm 6	

Schedule M (Form 990) 2019

### **SCHEDULE 0**

(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.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Employer identification number

HOUSTON AREA URBAN LEAGUE, INC.	74-1611455
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISS	
TRAINING, HOUSING, AND HEALTH.	
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:	
SPECIAL PROJECTS: \$133,474	
ECONOMIC DEVELOPMENT: \$199,981, INCLUDING GRANTS \$21,000	
HEALTH INITIATIVES: \$14,432	
EXPENSES \$ 347,887. INCLUDING GRANTS OF \$ 21,000. REVE	NUE \$ 0.
FORM 990, PART VI, SECTION A, LINE 6:	
THE BYLAWS OF THE ORGANIZATION REQUIRE AT LEAST 25 BUT NO 1	MORE THAN 40
MEMBERS.	
FORM 990, PART VI, SECTION A, LINE 7A:	
NOMINATIONS FOR BOARD MEMBERS MAY BE MADE FROM THE FLOOR DU	JRING THE ANNUAL
MEETING.	
FORM 990, PART VI, SECTION A, LINE 7B:	
DONE BY VOTE OF MEMBERS.	
FORM 990, PART VI, SECTION B, LINE 11B:	
BOARD MEMBERS WILL REVIEW DURING REGULARLY SCHEDULED MEETIN	IGS BEFORE THE
990 IS FILED TO THE IRS, AND A COPY IS MAILED OR EMAILED TO	
URBAN LEAGUE AND THE UNITED WAY.	
FORM 990, PART VI. SECTION B. LINE 12C:	
POIGE JOV. EVET AT' SPECIATION R. PLNR. 176.	

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Schedule O (Form 990 or 990-EZ) (2019)

FORM	990,	PART	XII,	LINE	2C

THE ORGANIZATION HAS NOT CHANGED EITHER ITS OVERSIGHT PROCESS OR SELECTION PROCESS DURING THE TAX YEAR.