

*** PUBLIC DISCLOSURE COPY ***

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2020

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

A For the **2020** calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization THE URBAN ALLIANCE FOUNDATION, INC.		D Employer identification number 52-1938443
	Doing business as		E Telephone number (202) 459-4300
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 12,334,312.
	2030 Q STREET, NW		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	City or town, state or province, country, and ZIP or foreign postal code WASHINGTON, DC 20009		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
F Name and address of principal officer: ELIZABETH LINDSEY SAME AS C ABOVE			If "No," attach a list. See instructions
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: ▶ WWW.THEURBANALLIANCE.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			L Year of formation: 1995 M State of legal domicile: DC

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: ADVANCE EQUITY BY CONNECTING YOUNG ADULTS TO SKILLS, EXPOSURE AND NETWORKS FOR ECONOMIC MOBILITY.		
	2 Check this box <input type="checkbox"/> 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)	3	16
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	15
	5 Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	1264
	6 Total number of volunteers (estimate if necessary)	6	100
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 6,315,480.	Current Year 7,838,815.
	9 Program service revenue (Part VIII, line 2g)	3,852,928.	3,402,516.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	66,196.	53,673.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	1,776.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	10,234,604.	11,296,780.
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	40,120.
14 Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		5,113,920.	5,030,509.
16a Professional fundraising fees (Part IX, column (A), line 11e)		34,148.	5,500.
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 682,402.			
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		5,298,798.	4,574,051.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	10,486,986.	9,653,269.	
19 Revenue less expenses. Subtract line 18 from line 12	-252,382.	1,643,511.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 10,163,958.	End of Year 13,167,205.
	21 Total liabilities (Part X, line 26)	1,404,985.	2,681,746.
	22 Net assets or fund balances. Subtract line 21 from line 20	8,758,973.	10,485,459.

Part II Signature Block

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

Sign Here	DocuSigned by: Signature of officer <i>Elizabeth Lindsey</i> ELIZABETH LINDSEY, CHIEF EXECUTIVE OFFICER Type or print name and title	Date October 6, 2021
	Print/Type preparer's name FRANK H. SMITH	Preparer's signature <i>Frank H. Smith</i> Date 09/21/21
Paid Preparer Use Only	Firm's name ▶ MARCUM LLP	Check <input type="checkbox"/> if self-employed PTIN P00639053
	Firm's address ▶ 1899 L STREET, NW, SUITE 850 WASHINGTON, DC 20036	Firm's EIN ▶ 11-1986323 Phone no. (202) 227-4000

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: THE URBAN ALLIANCE FOUNDATION, INC. (THE FOUNDATION) BELIEVES THAT ALL YOUNG PEOPLE DESERVE EQUAL ACCESS TO THE SKILLS TRAINING, PAID WORK EXPERIENCES, AND PROFESSIONAL NETWORKS NEEDED TO ACHIEVE ECONOMIC MOBILITY. URBANALLIANCE IS BUILDING A DIVERSE NEXT-GENERATION

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 [X] No If "Yes," describe these new services on Schedule O.

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

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

4a (Code:) (Expenses \$ 6,952,017. including grants of \$ 40,890.) (Revenue \$ 3,075,424.) WORKFORCE DEVELOPMENT PROGRAMS: THIS CATEGORY PRIMARILY REPRESENTS THE FOUNDATION'S KEY VEHICLE FOR BUILDING A MORE EQUITABLE WORKFORCE: WORK-BASED LEARNING. OUR CORE MODEL, THE HIGH SCHOOL INTERNSHIP PROGRAM (HSIP), BRIDGES THE OPPORTUNITY GAP BY CONNECTING HIGH SCHOOL SENIORS IN ALL FOUR REGIONS FROM HISTORICALLY EXCLUDED COMMUNITIES - PRIMARILY YOUTH OF COLOR - TO PAID INTERNSHIPS, SKILLS AND DIGITAL LITERACY TRAINING, MENTORING, AND COLLEGE AND CAREER PLANNING ASSISTANCE. RECOGNIZING THE VALUE OF CONNECTING YOUTH EARLIER IN THEIR HIGH SCHOOL CAREERS WITH WORK-BASED LEARNING OPPORTUNITIES TO PREVENT DISCONNECTION, THE FOUNDATION ALSO PROVIDES WORKFORCE READINESS TRAINING AND CAREER EXPOSURE TO STUDENTS AS EARLY AS FRESHMAN YEAR OF HIGH SCHOOL IN THE GREATER DC AND CHICAGO REGIONS. THE FOUNDATION ALSO

4b (Code:) (Expenses \$ 1,107,029. including grants of \$ 2,319.) (Revenue \$ 326,140.) YOUTH PROGRAMS: THIS CATEGORY REPRESENTS THE FOUNDATION'S SUPPLEMENTAL PROGRAMS. ALL STUDENTS WHO COMPLETE HSIP ARE GUARANTEED LIFETIME COLLEGE AND CAREER SUPPORT THROUGH OUR ALUMNI SERVICES PROGRAM SHOULD THEY NEED IT. SERVICES ARE PRIMARILY CONCENTRATED DURING A STUDENT'S FIRST TWO YEARS POST-PROGRAM TO ENSURE CONTINUED CONNECTION TO AN ECONOMICALLY-MOBILE PATHWAY. ADDITIONAL SERVICES INCLUDE THE ALUMNI INTERNSHIP PROGRAM, EDUCATION AND CAREER COUNSELING, CONTINUED PROFESSIONAL DEVELOPMENT, AND PROFESSIONAL NETWORKING OPPORTUNITIES. ADDITIONALLY, THE FOUNDATION HAS MADE ITS PROPRIETARY CURRICULUM AVAILABLE TO OUTSIDE ORGANIZATIONS ON A LIMITED BASIS, THROUGH STAFF-FACILITATED OR TRAIN-THE-TRAINER OUTREACH MODELS, PROVIDED THAT PROJECT SCOPES AND ORGANIZATIONS ALIGN WITH THE FOUNDATION'S MISSION.

4c (Code:) (Expenses \$ 786,258. including grants of \$) (Revenue \$ 952.) PROGRAM DEVELOPMENT: THIS CATEGORY REFERS TO ACTIVITIES DESIGNED TO SCALE AND IMPROVE THE FOUNDATION'S PROGRAMS. THE FOUNDATION IS DEDICATED TO CONTINUOUS LEARNING, CONSTANTLY REFINING AND FINE-TUNING PROCESSES TO SPUR REAL-TIME, DATA-DRIVEN DECISION-MAKING THAT ALLOWS THE FOUNDATION TO DELIVER PROGRAMMING OF THE HIGHEST-POSSIBLE QUALITY FOR STUDENTS. REPLICATION ACTIVITIES ARE DESIGNED TO INCREASE THE QUANTITY OF YOUTH SERVED BY THE FOUNDATION'S PROGRAMS BY FINDING NEW AND INNOVATIVE WAYS TO DELIVER PROGRAMS IN CURRENT AREAS SERVED AS WELL AS BY EXPANDING TO OFFER PROVEN PROGRAM MODELS IN NEW AREAS. PROGRAM QUALITY AND FIDELITY ARE IMPROVED THROUGH EVALUATION ACTIVITIES DESIGNED TO IDENTIFY STRENGTHS AND AREAS FOR GROWTH THAT INFORM THE FOUNDATION'S PROGRAM OPERATIONS. EVALUATION ACTIVITIES INCLUDE

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 8,845,304.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22 X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23 X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a	X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b	X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	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 entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a X	
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b X	
c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c X	
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38 X	

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 3	
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c X	

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.



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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 16; 1b Enter the number of voting members included on line 1a... 15; 2 Did any officer, director, trustee, or key employee have a family relationship... X; 3 Did the organization delegate control over management duties... X; 4 Did the organization make any significant changes to its governing documents... X; 5 Did the organization become aware during the year of a significant diversion of the organization's assets... X; 6 Did the organization have members or stockholders... X; 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... X; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body... X; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? X; b Each committee with authority to act on behalf of the governing body? X; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O... X

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

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

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed IL, MD, MI, VA
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [] Another's website [X] Upon request [] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records ELIZABETH LINDSEY - (202) 459-4300 2030 Q STREET, NW, WASHINGTON, DC 20009



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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ESHAUNA SMITH CHIEF EXECUTIVE OFFICER	40.00			X			248,093.	0.	8,016.	
(2) JULIA KENT CHIEF DEVELOPMENT OFFICER	40.00				X		141,239.	0.	11,552.	
(3) MONIQUE RIZER EXECUTIVE DIRECTOR, DC REGION	40.00				X		134,869.	0.	9,403.	
(4) NICOLA DIAMOND CHIEF OPERATING OFFICER	40.00				X		138,756.	0.	4,025.	
(5) JENNA KETCHUM EXECUTIVE DIRECTOR, CHICAGO REGION	40.00				X		101,458.	0.	9,831.	
(6) MARY MENELL ZIENTS BOARD CHAIR	2.00	X		X			0.	0.	0.	
(7) ANDREW PLEPLER BOARD VICE CHAIR	2.00	X		X			0.	0.	0.	
(8) GREG DESAUTELS BOARD SECRETARY	2.00	X		X			0.	0.	0.	
(9) KWASI MITCHELL BOARD TREASURER	2.00	X		X			0.	0.	0.	
(10) KELLY DIBBLE BOARD MEMBER	1.00	X					0.	0.	0.	
(11) KEVIN GREER BOARD MEMBER	1.00	X					0.	0.	0.	
(12) CHRISTINE GREGORY BOARD MEMBER	1.00	X					0.	0.	0.	
(13) NICHOLAS KILAVOS BOARD MEMBER	1.00	X					0.	0.	0.	
(14) KAREN LEDER BOARD MEMBER	1.00	X					0.	0.	0.	
(15) TOM NIDES BOARD MEMBER	1.00	X					0.	0.	0.	
(16) VERONICA NOLAN BOARD MEMBER	1.00	X					0.	0.	0.	
(17) SHAHIN REZAI BOARD MEMBER	1.00	X					0.	0.	0.	

*** PUBLIC DISCLOSURE COPY ***

Form 990 (2020)

THE URBAN ALLIANCE FOUNDATION, INC.

52-1938443

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) ZED SMITH BOARD MEMBER	1.00	X						0.	0.	0.
(19) MARTHA URQUILLA BOARD MEMBER	1.00	X						0.	0.	0.
(20) JEANNA VIDALE BOARD MEMBER	1.00	X						0.	0.	0.
(21) DELINDA WASHINGTON BOARD MEMBER	1.00	X						0.	0.	0.
1b Subtotal								764,415.	0.	42,827.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								764,415.	0.	42,827.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **5**

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
THE URBAN INSTITUTE, 500 L'ENFANT PLAZA, SW, WASHINGTON, DC 20024	RANDOMIZED CONTROL TRIAL OF INTERN PROG	440,618.

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

Form 990 (2020)



Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	53,988.				
	b	Membership dues					
	c	Fundraising events					
	d	Related organizations					
	e	Government grants (contributions)	1,572,794.				
	f	All other contributions, gifts, grants, and similar amounts not included above	6,212,033.				
	g	Noncash contributions included in lines 1a-1f	\$				
	h	Total. Add lines 1a-1f		7,838,815.			
	Program Service Revenue	2 a	STUDENT SPONSORSHIPS	900099	2,249,709.	2,249,709.	
b		OUTSOURCED PROGRAMS	900099	1,152,807.	1,152,807.		
c							
d							
e							
f		All other program service revenue					
g		Total. Add lines 2a-2f		3,402,516.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		53,510.		53,510.	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross rents	(i) Real				
			(ii) Personal				
	b	Less: rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	1037695.			
			(ii) Other				
	b	Less: cost or other basis and sales expenses		1037532.			
c	Gain or (loss)		163.				
d	Net gain or (loss)		163.		163.		
8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18						
b	Less: direct expenses						
c	Net income or (loss) from fundraising events						
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						
Miscellaneous Revenue	11 a	MISCELLANEOUS INCOME	900099	1,776.		1,776.	
	b						
	c						
	d	All other revenue					
	e	Total. Add lines 11a-11d		1,776.			
12	Total revenue. See instructions		11296780.	3,402,516.	0.	55,449.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...				
2 Grants and other assistance to domestic individuals. See Part IV, line 22	43,209.	43,209.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	256,110.	133,177.	28,172.	94,761.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	3,685,725.	3,226,229.	45,184.	414,312.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	76,888.	69,600.	911.	6,377.
9 Other employee benefits	424,107.	382,766.	4,813.	36,528.
10 Payroll taxes	587,679.	535,858.	6,479.	45,342.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	56,044.	51,366.	726.	3,952.
d Lobbying				
e Professional fundraising services. See Part IV, line 17	5,500.			5,500.
f Investment management fees	200.		200.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	699,889.	663,333.	32,373.	4,183.
12 Advertising and promotion	1,694.			1,694.
13 Office expenses	60,712.	48,414.	554.	11,744.
14 Information technology	160,577.	145,943.	1,555.	13,079.
15 Royalties				
16 Occupancy	302,836.	277,556.	3,923.	21,357.
17 Travel	40,851.	37,264.	176.	3,411.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	16,418.	15,047.	213.	1,158.
23 Insurance	18,067.	16,559.	234.	1,274.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a STUDENT INTERNSHIPS	2,961,278.	2,961,278.		
b TRAINING & ACTIVITIES	220,955.	220,955.		
c MISCELLANEOUS	20,112.	5,303.	16.	14,793.
d DUES, FEES, SUBSCRIPTIONS	14,418.	11,447.	34.	2,937.
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	9,653,269.	8,845,304.	125,563.	682,402.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

Part X Balance Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash - non-interest-bearing	1,474,474.	1	2,958,565.
	2 Savings and temporary cash investments	4,299,438.	2	4,029,839.
	3 Pledges and grants receivable, net	1,317,750.	3	1,346,629.
	4 Accounts receivable, net	1,664,977.	4	1,708,083.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net	394.	7	350.
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	70,427.	9	153,190.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 145,756.		
	b Less: accumulated depreciation	10b 135,386.		
	11 Investments - publicly traded securities	26,788.	10c	10,370.
	12 Investments - other securities. See Part IV, line 11	1,298,885.	11	2,953,104.
	13 Investments - program-related. See Part IV, line 11		12	
	14 Intangible assets		13	
	15 Other assets. See Part IV, line 11	10,825.	14	7,075.
16 Total assets. Add lines 1 through 15 (must equal line 33)	10,163,958.	15	13,167,205.	
17 Accounts payable and accrued expenses	387,597.	16	236,033.	
18 Grants payable		17		
19 Deferred revenue	964,514.	18	939,474.	
20 Tax-exempt bond liabilities		19		
21 Escrow or custodial account liability. Complete Part IV of Schedule D		20		
22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		21		
23 Secured mortgages and notes payable to unrelated third parties		22		
24 Unsecured notes and loans payable to unrelated third parties		23	1,463,887.	
25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	52,874.	24	42,352.	
26 Total liabilities. Add lines 17 through 25	1,404,985.	25	2,681,746.	
27 Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.		26		
27 Net assets without donor restrictions	4,296,773.		4,952,436.	
28 Net assets with donor restrictions	4,462,200.		5,533,023.	
29 Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.				
29 Capital stock or trust principal, or current funds		27		
30 Paid-in or capital surplus, or land, building, or equipment fund		28		
31 Retained earnings, endowment, accumulated income, or other funds		29		
32 Total net assets or fund balances	8,758,973.	30	10,485,459.	
33 Total liabilities and net assets/fund balances	10,163,958.	31	13,167,205.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	11,296,780.
2	Total expenses (must equal Part IX, column (A), line 25)	2	9,653,269.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,643,511.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	8,758,973.
5	Net unrealized gains (losses) on investments	5	82,975.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	10,485,459.

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____	X	
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____	X	

Form 990 (2020)

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

2020

Name of the organization

THE URBAN ALLIANCE FOUNDATION, INC.

Employer identification number

52-1938443

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

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

Name of organization THE URBAN ALLIANCE FOUNDATION, INC.	Employer identification number 52-1938443
------------------------------------------------------------------------	---------------------------------------------------------

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	 <hr/> <hr/> <hr/>	\$ <u>1,503,625.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	 <hr/> <hr/> <hr/>	\$ <u>999,075.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	 <hr/> <hr/> <hr/>	\$ <u>429,665.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	 <hr/> <hr/> <hr/>	\$ <u>420,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	 <hr/> <hr/> <hr/>	\$ <u>303,061.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	 <hr/> <hr/> <hr/>	\$ <u>262,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization THE URBAN ALLIANCE FOUNDATION, INC.	Employer identification number 52-1938443
------------------------------------------------------------------------	---------------------------------------------------------

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/>	\$ <u>250,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ <u>203,673.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	<hr/> <hr/> <hr/>	\$ <u>185,878.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	<hr/> <hr/> <hr/>	\$ <u>175,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	<hr/> <hr/> <hr/>	\$ <u>170,427.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

COPY

Name of organization THE URBAN ALLIANCE FOUNDATION, INC.	Employer identification number 52-1938443
------------------------------------------------------------------------	---------------------------------------------------------

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

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



Name of organization THE URBAN ALLIANCE FOUNDATION, INC.	Employer identification number 52-1938443
------------------------------------------------------------------------	---------------------------------------------------------

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

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



SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization THE URBAN ALLIANCE FOUNDATION, INC. Employer identification number 52-1938443

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor property and grant fund usage.

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

Form for Part II Conservation Easements. Includes checkboxes for preservation purposes (land, habitat, open space, historic area, structure), a table for conservation contribution details (2a-2d), and questions about monitoring, expenses, and reporting requirements.

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

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions about reporting requirements and a table for revenue and asset amounts.



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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____%
 - b Permanent endowment _____%
 - c Term endowment _____%
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---------------------------------------------------------------------------------------------------------------------|--------|----|
| (i) Unrelated organizations | 3a(i) | |
| (ii) Related organizations | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		94,379.	84,009.	10,370.
e Other		51,377.	51,377.	0.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				10,370.



Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) CAPITAL LEASE OBLIGATION	7,446.
(3) DEFERRED RENT	34,906.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	42,352.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ...

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

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

1	Total revenue, gains, and other support per audited financial statements	1	11,547,248.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	82,975.
b	Donated services and use of facilities	2b	167,693.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	250,668.
3	Subtract line 2e from line 1	3	11,296,580.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	200.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	200.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	11,296,780.

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

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

1	Total expenses and losses per audited financial statements	1	9,820,762.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	167,693.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	167,693.
3	Subtract line 2e from line 1	3	9,653,069.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	200.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	200.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	9,653,269.

Part XIII Supplemental Information.

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

PART X, LINE 2:

THE FOUNDATION EVALUATED ITS UNCERTAINTY IN INCOME TAXES FOR THE YEAR ENDED DECEMBER 31, 2020, AND DETERMINED THAT THERE WERE NO MATTERS THAT WOULD REQUIRE RECOGNITION IN THE FINANCIAL STATEMENTS OR THAT MAY HAVE ANY EFFECT ON ITS TAX-EXEMPT STATUS.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Name of the organization **THE URBAN ALLIANCE FOUNDATION, INC.** Employer identification number **52-1938443**

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) 2020

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
INTERN SCHOLARSHIPS	14	30,776.	0.		
ALUMNI SCHORASHIPS	13	5,939.	0.		
INTERN STUDENT SUPPORT GRANTS	19	4,175.	0.		
ALUMNI STUDENT SUPPORT GRANTS	10	231.	0.		

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

PART I, LINE 2:

IN 2020, THE FOUNDATION AWARDED THREE TYPES OF SCHOLARSHIPS IN CONJUNCTION WITH THIRD PARTIES. THE INTERN EXCELLENCE SCHOLARSHIP REQUIRES NOMINATIONS FROM THE INTERNS' JOB SITE MENTORS AND/OR PROGRAM STAFF HIGHLIGHTING THE INTERN'S ACHIEVEMENTS DURING THE INTERNSHIP. THE SECOND SCHOLARSHIP IS SPONSORED BY MURIEL MAIGNAN-WILKINS AND IS OPEN TO ALL DC INTERNS WHO MUST APPLY AND PROVIDE AN ESSAY. THE THIRD SCHOLARSHIP, THE LONGVIEW SCHOLARSHIP, IS SPONSORED BY SETH GOLDMAN AND JULIE FARKAS AND IS OPEN TO ALL DC/MOCO INTERNS WHO MUST APPLY AND PROVIDE AN ESSAY.

Part IV Supplemental Information

VARIOUS REGIONAL OFFICES HAVE ADDITIONAL SCHOLARSHIPS AWARDED BASED UPON OTHER PERFORMANCE FACTORS SUCH AS MOST IMPROVED INTERN OR INTERN WHO BEST EMBODIES THE FOUNDATION'S CORE VALUES.

THE SCHOLARSHIPS PROVIDED BY THE FOUNDATION WERE PAID DIRECTLY TO THE INSTITUTION OF HIGHER LEARNING AND WERE TYPICALLY APPLIED TO TUITION EXPENSES FOR THE INTERN'S FIRST SEMESTER OF COLLEGE.

DURING THE COVID-19 PANDEMIC TO MEET THE EMERGENCY NEEDS OF OUR STUDENTS, THE FOUNDATION AWARDED STUDENT SUPPORT GRANTS TO INTERNS AND ALUMNI WHO DEMONSTRATED A FINANCIAL HARDSHIP DUE TO COVID-19. REQUESTS FOR ASSISTANCE FROM STUDENTS WERE SUBMITTED BY THE PROGRAM TEAMS. THE EXECUTIVE DIRECTOR OR SENIOR DIRECTOR OF PROGRAMS REVIEWED THE REQUESTS AND, ONCE APPROVED, THE FOUNDATION PROVIDED STUDENT SUPPORT GRANTS DIRECTLY TO THE INDIVIDUALS.

COPY

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.

Name of the organization

THE URBAN ALLIANCE FOUNDATION, INC.

Employer identification number

52-1938443

Part I Questions Regarding Compensation

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.

- | | |
|--------------------------------------------------------------------|----------------------------------------------------------------------------|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in or receive payment from a supplemental nonqualified retirement plan?
- c** Participate in or receive payment from an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2	X	
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2020

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) ESHAUNA SMITH CHIEF EXECUTIVE OFFICER	(i)	246,721.	0.	1,372.	7,116.	900.	256,109.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) JULIA KENT CHIEF DEVELOPMENT OFFICER	(i)	140,504.	0.	735.	6,215.	5,337.	152,791.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
2025 MASSACHUSETTS AVENUE,	MARY ZIENTS IS THE	187,194.	THE FOUNDAT		X

Part V Supplemental Information.

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

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: 2025 MASSACHUSETTS AVENUE, LLC

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

MARY ZIENTS IS THE BOARD CHAIR OF THE FOUNDATION AND A MEMBER OF THE LLC.

(C) AMOUNT OF TRANSACTION \$ 187,194.

(D) DESCRIPTION OF TRANSACTION: THE FOUNDATION LEASES SPACE AT 2030 Q STREET, NW IN WASHINGTON, DC. 2025 MASSACHUSETTS AVENUE, LLC OWNS THE BUILDING AND LICENSES THE USE OF OFFICE SPACE TO THE FOUNDATION. MARY AND JEFFREY ZIENTS ARE THE SOLE MEMBERS OF THE LLC, AND MARY ZIENTS SERVES AS THE MANAGER OF THE LLC.

(E) SHARING OF ORGANIZATION REVENUES? = NO

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public
Inspection

Name of the organization

THE URBAN ALLIANCE FOUNDATION, INC.

Employer identification number

52-1938443

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

WORKFORCE BY PROVIDING JOB SKILLS TRAINING, MENTORING, AND PAID
INTERNSHIPS TO HIGH SCHOOL YOUTH FROM UNDER-RESOURCED COMMUNITIES,
PREDOMINANTLY YOUTH OF COLOR. WE FIGHT FOR EQUITY BY EMPOWERING
STUDENTS TO DREAM BIG AND ACHIEVE ECONOMIC MOBILITY. OUR WORK SUPPORTS
THE DEVELOPMENT OF DIVERSE TALENT PIPELINES WHILE PREVENTING
DISCONNECTION FROM SCHOOL OR THE WORKFORCE. IN PARTNERSHIP WITH OVER
200 EMPLOYERS, WE LEVEL THE PLAYING FIELD FOR YOUNG PEOPLE IN THE
WORKFORCE BY EQUIPPING THEM WITH THE TOOLS TO OVERCOME THE SYSTEMIC
BARRIERS THAT PREVENT EQUAL ACCESS TO ECONOMIC OPPORTUNITY.

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

FACILITATES OTHER INTERNSHIP PROGRAMS FOR NON-HIGH SCHOOL YOUTH VIA
CONTRACTS WITH OTHER ORGANIZATIONS. THESE PROGRAMS ARE MODELED AFTER
THE HSIP IN THAT YOUTH ARE PROVIDED PAID INTERNSHIPS AND RECEIVE
LIFE-SKILLS AND JOB READINESS TRAINING. DURING THE COVID-19 PANDEMIC
THE FOUNDATION TRANSITIONED TO VIRTUAL PROGRAMMING.

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

THE FOUNDATION'S CURRICULUM WILL BE SELECTED AND MODIFIED, IF
NECESSARY, TO MEET THE NEEDS OF THE PROJECT. THE FOUNDATION RECEIVES
REVENUE FOR AN ORGANIZATION'S USE OF THE FOUNDATION'S CURRICULUM,
PROFESSIONAL FEES FOR THE FOUNDATION STAFF, AND EXPENSES NECESSARY TO
EXECUTE THE PROJECT. DUE TO THE COVID-19 PANDEMIC, THE FOUNDATION
TRANSITIONED TO VIRTUAL PROGRAMMING.

COPY

Name of the organization THE URBAN ALLIANCE FOUNDATION, INC.	Employer identification number 52-1938443
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FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

EXPERIMENTAL DESIGN STUDIES WITH THE URBAN INSTITUTE AS WELL AS SHORT TERM OUTCOME EVALUATIONS THAT ALLOW THE FOUNDATION TO IMPROVE PROGRAM QUALITY AND DELIVER IMPROVED SERVICES TO YOUTH.

FORM 990, PART VI, SECTION A, LINE 8B:

WHILE COMMITTEES EXIST, THEY DO NOT HAVE THE AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY. A WRITTEN SUMMARY OF COMMITTEE ACTIVITIES IS PRESENTED AT BOARD MEETINGS, AND KEY MATTERS ARE VOTED UPON BY THE BOARD OF DIRECTORS.

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

THE FINANCE TEAM EXECUTES THE FOUNDATION'S ACCOUNTING AND FINANCE FUNCTIONS. THE FINANCE TEAM COORDINATES THE ANNUAL AUDIT AND COMPLETION OF THE FEDERAL FORM 990 BY THE FOUNDATION'S OUTSIDE CPA FIRM, MARCUM, LLP. THE ACCOUNTING AND FINANCE RESPONSIBILITIES OF THE FINANCE TEAM ARE DOCUMENTED IN JOB DESCRIPTIONS WHICH ARE RETAINED IN PERSONNEL FILES.

ONCE THE AUDIT IS COMPLETE, THE AUDIT STAFF OF MARCUM, LLP PROVIDES AUDITED FINANCIAL DATA TO THE TAX DEPARTMENT AT MARCUM, LLP WHO PREPARES A DRAFT COPY OF THE FEDERAL FORM 990. IN ADDITION, MARCUM, LLP PREPARES A LIST OF ADDITIONAL INFORMATION REQUIRED FOR THE FEDERAL FORM 990, WHICH THE FINANCE TEAM PROVIDES DIRECTLY TO THE TAX STAFF. A DRAFT COPY OF THE FEDERAL FORM 990 IS SENT TO THE FINANCE TEAM FOR REVIEW. THE FINANCE TEAM ENSURES THAT ALL FINANCIAL FIGURES INCLUDED ON THE FEDERAL FORM 990 CORRESPOND TO FINANCIAL DATA GIVEN TO THE AUDITORS AND REVIEWS THE ANSWERS TO THE NON-FINANCIAL QUESTIONS FOR PROPRIETY. ANY QUESTIONS IN REGARD TO THE AMOUNTS APPEARING ON THE FEDERAL FORM 990 ARE DISCUSSED WITH MARCUM, LLP.

Name of the organization THE URBAN ALLIANCE FOUNDATION, INC.	Employer identification number 52-1938443
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ANY NECESSARY CHANGES ARE MADE AND A REVISED DRAFT IS GENERATED BY MARCUM, LLP AND SENT TO THE FINANCE TEAM FOR SECONDARY REVIEW.

ONCE THE REVISED DRAFT IS APPROVED BY THE FINANCE TEAM, IT IS THEN REVIEWED WITH THE FOUNDATION'S CHIEF EXECUTIVE OFFICER (CEO) AND CHIEF OPERATING OFFICER (COO). THE FINANCE TEAM POINT OUT HOW THE FINANCIAL FIGURES FROM THE AUDIT HAVE BEEN PROPERLY INCLUDED ON THE FEDERAL FORM 990 AND REVIEW THE ANSWERS TO THE NON-FINANCIAL QUESTIONS TO ENSURE THEY REPRESENT CURRENT ACTIVITIES.

AN ADDITIONAL REVIEW OF THE DRAFT FEDERAL FORM 990 IS PERFORMED BY THE BOARD FINANCE COMMITTEE, WHICH CONSISTS OF THE BOARD CHAIR, THE BOARD TREASURER, THE BOARD SECRETARY, THE CEO, THE COO, THE CHIEF DEVELOPMENT OFFICER (CDO) AND THE FINANCE TEAM. ONCE THE BOARD FINANCE COMMITTEE'S APPROVAL IS OBTAINED, THE DRAFT IS PRESENTED TO THE BOARD OF DIRECTORS FOR FINAL REVIEW. ONCE THE BOARD OF DIRECTORS CONFIRMS THEIR REVIEW, MARCUM, LLP IS NOTIFIED THAT THE FINAL FEDERAL FORM 990 CAN BE E-FILED.

THE CEO PROVIDES MARCUM, LLP WITH SIGNED ELECTRONIC AUTHORIZATION TO FILE THE FINAL FEDERAL FORM 990. MARCUM, LLP THEN ELECTRONICALLY FILES THE FINAL FEDERAL FORM 990 WITH THE INTERNAL REVENUE SERVICE AND PROVIDES THE FOUNDATION WITH A FINAL PDF COPY OF THE FEDERAL FORM 990, WHICH IS KEPT FOR THE FOUNDATION'S OFFICE RECORDS.

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

THE FOUNDATION'S CONFLICT OF INTEREST POLICY FOR BOARD MEMBERS IS PRESENTED FOR APPROVAL TO THE BOARD OF DIRECTORS ON AN ANNUAL BASIS. AFTER APPROVAL, EACH MEMBER SIGNS THE ACKNOWLEDGEMENT AND RETURNS IT TO THE OFFICE OF THE

Name of the organization THE URBAN ALLIANCE FOUNDATION, INC.	Employer identification number 52-1938443
-----------------------------------------------------------------	----------------------------------------------

CEO FOR RETENTION. ANY DISCLOSED CONFLICTS ARE BROUGHT TO THE ATTENTION OF THE BOARD CHAIRPERSON FOR RESOLUTION AND POTENTIAL DISCUSSION AT AN UPCOMING BOARD MEETING. INCOMING BOARD MEMBERS RECEIVE THIS POLICY AS PART OF A BOARD ORIENTATION PACKAGE AND ARE REQUIRED TO REVIEW AND SIGN THE POLICY.

THE FOUNDATION'S CONFLICT OF INTEREST POLICY FOR EMPLOYEES IS INCLUDED IN THE EMPLOYEE MANUAL. THE EMPLOYEE MANUAL IS POSTED ON THE FOUNDATION'S SHARED NETWORK DRIVE AND IN PAYCOM, THE FOUNDATION'S ONLINE PAYROLL AND HR PLATFORM.

DURING A NEW EMPLOYEE'S ORIENTATION PERIOD, THE DIRECTOR OF HUMAN CAPITAL AND OPERATIONS (DHCO)/HUMAN RESOURCES MANAGER (HRM) AND/OR CHIEF OPERATING OFFICER (COO) REVIEWS INFORMATION CONTAINED IN THE EMPLOYEE MANUAL WITH THE NEW EMPLOYEE. NEW EMPLOYEES ARE REQUIRED TO READ THE EMPLOYEE MANUAL AND SIGN AN ACKNOWLEDGMENT THAT THEY HAVE READ AND UNDERSTOOD POLICIES OUTLINED THEREIN.

WHEN CHANGES TO THE EMPLOYEE MANUAL ARE MADE, THE DHCO/HRM/COO ARE RESPONSIBLE FOR PROPERLY COMMUNICATING SUCH CHANGES TO ALL STAFF.

ON AN ANNUAL BASIS, THE FOUNDATION CONDUCTS A STAFF RETREAT AWAY FROM THE OFFICE. DUE TO THE COVID-19 PANDEMIC THE FOUNDATION TRANSITIONED TO A VIRTUAL STAFF RETREAT IN 2020. ONE OF MANY TOPICS COVERED DURING THE RETREAT IS THE HIGH EXPECTATION FOR PROFESSIONAL CONDUCT FOR ALL STAFF. INTEGRAL TO THE FOUNDATION'S SUCCESS IS THE ARDENT FOLLOWING OF THE FOUNDATION'S CORE VALUES. THE FOUNDATION'S CORE VALUES ARE DEFINED IN THE EMPLOYEE MANUAL AND ARE VISIBLY POSTED AROUND THE FOUNDATION'S OFFICES. ONE

Name of the organization THE URBAN ALLIANCE FOUNDATION, INC.	Employer identification number 52-1938443
-----------------------------------------------------------------	----------------------------------------------

OF THESE CORE VALUES IS "DEDICATION TO MISSION AND RESULTS FROM MISSION" WHICH IS DEFINED AS "MAKING DECISIONS BASED UPON THE MISSION AND VISION."

ON AN ANNUAL BASIS, ALL EMPLOYEES RECEIVE A PERFORMANCE REVIEW. AS PART OF THIS REVIEW, ALL STAFF ARE EVALUATED BASED UPON CORE COMPETENCIES RELATED TO HIS/HER POSITION. A SECTION OF THIS EVALUATION IS DIRECTED AT DETERMINING HOW WELL AN EMPLOYEE'S CONDUCT SUPPORTS THE CORE VALUES OF THE ORGANIZATION AND HOW WELL A STAFF MEMBER CONDUCTS HIMSELF/HERSELF IN A PROFESSIONAL-LIKE MANNER.

WHEN AN EMPLOYEE LEAVES THE FOUNDATION, THE HRM/DHCO/COO CONDUCTS AN EXIT INTERVIEW WITH THE STAFF EMPHASIZING THEIR RESPONSIBILITIES TO REPRESENT THE FOUNDATION IN A PROFESSIONAL MANNER AND THAT ALL THE FOUNDATION PROPERTY THAT WAS IN THEIR USE MUST REMAIN AT THE FOUNDATION.

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

ON AN ANNUAL BASIS, THE CEO/COO PERFORM A LANDSCAPE REVIEW OF COMPENSATION FOR KEY MANAGERS AND PERSONNEL OF THE FOUNDATION. THE CEO/COO MAY CONSULT WITH OTHER NON-PROFIT ORGANIZATIONS OF SIMILAR MISSION, STAFF, AND BUDGET SIZE TO INQUIRE ON COMPENSATION LEVELS OF KEY EMPLOYEES. THE CEO/COO PRESENTS THE INFORMATION GATHERED TO THE BOARD CHAIR TO APPROVE EXISTING COMPENSATION RANGES OR, IF WARRANTED, TO APPROVE AN INCREASE FOR EACH LEVEL OF STAFF.

TRADITIONALLY, FOR THE CEO'S COMPENSATION, THE BOARD CHAIR, MARY ZIENTS, CONDUCTS A COMPARATIVE ANALYSIS OF COMPENSATION RATES OF OTHER AREA NON-PROFIT EXECUTIVE DIRECTORS AND CEOS. MS. ZIENTS PRESENTS HER FINDINGS TO THE BOARD EXECUTIVE COMMITTEE, AND THEY DETERMINE THE COMPENSATION LEVEL

Name of the organization THE URBAN ALLIANCE FOUNDATION, INC.	Employer identification number 52-1938443
-----------------------------------------------------------------	----------------------------------------------

FOR THE CEO BASED UPON JOB RESPONSIBILITIES, PROGRESS TOWARD ORGANIZATIONAL WIDE GOALS, AND MARKET COMPARABLE SALARIES. THE CEO'S COMPENSATION, AS RECOMMENDED BY THE BOARD EXECUTIVE COMMITTEE, IS PRESENTED FOR APPROVAL AT A REGULARLY SCHEDULED BOARD MEETING FOR APPROVAL. THE APPROVED COMPENSATION IS RELAYED TO THE CEO IN WRITING DURING AN ANNUAL PERFORMANCE REVIEW. MS. ZIENTS HAS READY ACCESS TO COMPARABLE SALARY DATA AS SHE HAS SERVED AS A MEMBER OF THE BOARD OF DIRECTORS FOR SEVERAL LOCAL NON-PROFIT ORGANIZATIONS, SERVED AS THE CHAIR OF THE PRESIDENT'S COMMISSION ON WHITE HOUSE FELLOWS, SERVED AS THE CHAIR OF THE FUND RAISING COMMITTEE OF THE NELSON MANDELA CHILDREN'S FUND USA, CO-OPERATED HER OWN FAMILY FOUNDATION, AND IS DEEPLY INVOLVED IN THE PHILANTHROPIC COMMUNITY. THE NEW SALARY OF THE CEO, AS APPROVED BY THE EXECUTIVE COMMITTEE, IS DISCLOSED AND RATIFIED BY THE FULL UA BOARD DURING A REGULARLY SCHEDULED MEETING.

IN 2020, DUE TO THE COVID-19 PANDEMIC THE FOUNDATION AWARDED 3% RAISES TO ALL STAFF UNLESS THEY WERE A NEW HIRE OR RECENTLY PROMOTED. THE RAISES WENT INTO EFFECT NOVEMBER 30, 2020.

FORM 990, PART VI, SECTION C, LINE 19:

THE FOUNDATION DOES NOT PUBLICLY POST GOVERNING DOCUMENTS OR THE CONFLICT OF INTEREST POLICY. THE CONFLICT OF INTEREST POLICY IS INCORPORATED INTO THE EMPLOYEE MANUAL WHICH IS POSTED INTERNALLY ON THE FOUNDATION'S SHARED NETWORK DRIVE.

AS PART OF THE GRANT WRITING PROCESS, POTENTIAL FUNDERS MAY REQUEST ADDITIONAL INFORMATION FROM THE FOUNDATION. AFTER APPROVAL OF THE CEO, THE FOUNDATION PROVIDES REQUESTED DOCUMENTATION SUCH AS AN IRS DETERMINATION LETTER, AUDITED FINANCIAL STATEMENTS, FEDERAL FORMS 990, ETC. TO A

Name of the organization

THE URBAN ALLIANCE FOUNDATION, INC.

Employer identification number

52-1938443

REQUESTING FUNDER.

THE FOUNDATION POSTS ITS LATEST AUDITED FINANCIAL STATEMENTS AND FEDERAL FORM 990 TO ITS WEBSITE.

THE FOUNDATION POSTS AN ANNUAL REPORT TO ITS WEBSITE. THIS REPORT INCLUDES CONDENSED INFORMATION FROM THE AUDITED FINANCIAL STATEMENTS.

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

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

MISCELLANEOUS

2016 AMOUNT: \$ 2,279.

2018 AMOUNT: \$ 1,000.

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