

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Department of the Treasury
Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2007 calendar year, or tax year beginning, 2007, and ending

B Check if applicable: Address change, Name change, Initial return, Termination, Amended return, Application pending. C Name of organization: URBAN LEAGUE OF METROPOLITAN ST. LOUIS, INC. D Employer identification number: 43-0653605. E Telephone number: (314) 615-3600. F Accounting method: Cash, Accrual, Other (specify).

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Website: STLOUIS.MISSOURI.ORG/URBANLEAGUE/
J Organization type (check only one): 501(c)(3), 4947(a)(1) or 527

K Check here if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

H and I are not applicable to section 527 organizations.
H(a) Is this a group return for affiliates? Yes No
H(b) If "Yes," enter number of affiliates
H(c) Are all affiliates included? Yes No
H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No
I Group Exemption Number

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 13,969,732. M Check if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)

Table with columns for Revenue, Expenses, and Net Assets. Rows include: 1 Contributions, gifts, grants, and similar amounts received; 2 Program service revenue; 3 Membership dues and assessments; 4 Interest on savings and temporary cash investments; 5 Dividends and interest from securities; 6a Gross rents; 6b Less: rental expenses; 6c Net rental income or (loss); 7 Other investment income; 8a Gross amount from sales of assets other than inventory; 8b Less: cost or other basis and sales expenses; 8c Gain or (loss); 8d Net gain or (loss); 9 Special events and activities; 9a Gross revenue; 9b Less: direct expenses; 9c Net income or (loss); 10a Gross sales of inventory; 10b Less: cost of goods sold; 10c Gross profit or (loss); 11 Other revenue; 12 Total revenue; 13 Program services; 14 Management and general; 15 Fundraising; 16 Payments to affiliates; 17 Total expenses; 18 Excess or (deficit) for the year; 19 Net assets or fund balances at beginning of year; 20 Other changes in net assets; 21 Net assets or fund balances at end of year.

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

**Part II Statement of Functional Expenses**

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See the instructions.)

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.</i>		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
<b>22a</b>	Grants paid from donor advised funds (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>				
<b>22b</b>	Other grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>				
<b>23</b>	Specific assistance to individuals (attach schedule), . . . . .	2,306,874.	2,306,874.	STMT 5	
<b>24</b>	Benefits paid to or for members (attach schedule), . . . . .				
<b>25a</b>	Compensation of current officers, directors, key employees, etc. listed in Part V-A . . . . .	490,759.	382,032.	85,894.	22,833.
<b>25b</b>	Compensation of former officers, directors, key employees, etc. listed in Part V-B . . . . .				
<b>25c</b>	Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .				
<b>26</b>	Salaries and wages of employees not included on lines 25a, b, and c . . . . .	5,629,611.	4,382,373.	985,311.	261,927.
<b>27</b>	Pension plan contributions not included on lines 25a, b, and c . . . . .				
<b>28</b>	Employee benefits not included on lines 25a - 27 . . . . .	726,835.	597,213.	104,726.	24,896.
<b>29</b>	Payroll taxes . . . . .	653,937.	537,422.	93,094.	23,421.
<b>30</b>	Professional fundraising fees . . . . .				
<b>31</b>	Accounting fees . . . . .				
<b>32</b>	Legal fees . . . . .				
<b>33</b>	Supplies . . . . .	439,679.	371,909.	64,632.	3,138.
<b>34</b>	Telephone . . . . .	112,729.	75,228.	34,487.	3,014.
<b>35</b>	Postage and shipping . . . . .	29,036.	8,793.	18,356.	1,887.
<b>36</b>	Occupancy, . . . . .	675,511.	590,407.	83,404.	1,700.
<b>37</b>	Equipment rental and maintenance, . . . . .	129,672.	67,396.	55,781.	6,495.
<b>38</b>	Printing and publications . . . . .	184,374.	90,459.	69,350.	24,565.
<b>39</b>	Travel, . . . . .	85,299.	59,018.	26,269.	12.
<b>40</b>	Conferences, conventions, and meetings . . . . .	313,378.	122,940.	185,374.	5,064.
<b>41</b>	Interest, . . . . .				
<b>42</b>	Depreciation, depletion, etc. (attach schedule)	390,308.	265,600.	124,708.	
<b>43</b>	OTHER EXPENSES NOT COVERED ABOVE (ITEMIZE):				
<b>43a</b>	a STMT 6	1,561,310.	2,547,455.	-993,405.	7,260.
<b>43b</b>	b				
<b>43c</b>	c				
<b>43d</b>	d				
<b>43e</b>	e				
<b>43f</b>	f				
<b>43g</b>	g				
<b>44</b>	<b>Total functional expenses.</b> Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15). . . . .	13,729,312.	12,405,119.	937,981.	386,212.

**Joint Costs.** Check  if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  Yes  No  
 If "Yes," enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_ ; (ii) the amount allocated to Program services \$ \_\_\_\_\_ ;  
 (iii) the amount allocated to Management and general \$ \_\_\_\_\_ ; and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_

**Part III Statement of Program Service Accomplishments** (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? <b>SEE STATEMENT 7</b> All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	<b>Program Service Expenses</b> (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
<b>a</b> THE URBAN LEAGUE WILL EDUCATE AND EMPOWER AFRICAN AMERICANS AND OTHERS TO ACHIEVE ECONOMIC SELF-SUFFICIENCY AND WEALTH ACCRUAL BY PRIORITIZING "LADDERS OUT OF POVERTY" PROGRAMMING.  (Grants and allocations \$ _____ ) If this amount includes foreign grants, check here <input type="checkbox"/>	3,889,117.
<b>b</b> THE URBAN LEAGUE WILL PROVIDE THOSE NEEDS THAT STABILIZE FAMILIES SO THAT EMPOWERED CLIENTS MAY FOCUS ON BETTERING THEMSELVES AND THEIR COMMUNITIES.  (Grants and allocations \$ _____ ) If this amount includes foreign grants, check here <input type="checkbox"/>	1,775,969.
<b>c</b> THE URBAN LEAGUE WILL ADVOCATE FOR EDUCATIONAL EQUALITY FOR AFRICAN AMERICANS AND OTHERS WHILE PROVIDING PROGRAMS THAT ENSURE EARLY SKILLS ACHIEVEMENT, EQUAL ACCESS TO SECONDARY EDUCATIONAL OPPORTUNITIES AND PARENTAL INVOLVEMENT.  (Grants and allocations \$ _____ ) If this amount includes foreign grants, check here <input type="checkbox"/>	6,740,033.
<b>d</b>   (Grants and allocations \$ _____ ) If this amount includes foreign grants, check here <input type="checkbox"/>	
<b>e</b> Other program services (attach schedule) (Grants and allocations \$ _____ ) If this amount includes foreign grants, check here <input type="checkbox"/>	
<b>f Total of Program Service Expenses</b> (should equal line 44, column (B), Program services) . . . . . <input type="checkbox"/>	12,405,119.

**Part IV Balance Sheets** (See the instructions.)

		(A)		(B)
		Beginning of year		End of year
<b>Assets</b>	<b>45</b> Cash - non-interest-bearing . . . . .	1,150.	<b>45</b>	1,650.
	<b>46</b> Savings and temporary cash investments . . . . .	454,263.	<b>46</b>	204,317.
	<b>47a</b> Accounts receivable . . . . .	<b>47a</b> 898,237.		
	<b>b</b> Less: allowance for doubtful accounts . . . . .	<b>47b</b> 45,393.	1,102,360.	<b>47c</b> 852,844.
	<b>48a</b> Pledges receivable . . . . .	<b>48a</b> 1,865,867.		
	<b>b</b> Less: allowance for doubtful accounts . . . . .	<b>48b</b>	1,927,115.	<b>48c</b> 1,865,867.
	<b>49</b> Grants receivable . . . . .			<b>49</b>
	<b>50a</b> Receivables from current and former officers, directors, trustees, and key employees (attach schedule) . . . . .			<b>50a</b>
	<b>b</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule) . . . . .			<b>50b</b>
	<b>51a</b> Other notes and loans receivable (attach schedule) . . . . .	<b>51a</b>		
	<b>b</b> Less: allowance for doubtful accounts . . . . .	<b>51b</b>		<b>51c</b>
	<b>52</b> Inventories for sale or use . . . . .			<b>52</b>
	<b>53</b> Prepaid expenses and deferred charges . . . . .	97,506.	<b>53</b>	136,344.
	<b>54a</b> Investments - publicly-traded securities <input type="checkbox"/> STMT & <input checked="" type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV . . . . .	748,232.	<b>54a</b>	795,340.
	<b>b</b> Investments - other securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV . . . . .		<b>54b</b>	
<b>55a</b> Investments - land, buildings, and equipment: basis . . . . .	<b>55a</b>			
<b>b</b> Less: accumulated depreciation (attach schedule) . . . . .	<b>55b</b>		<b>55c</b>	
<b>56</b> Investments - other (attach schedule) . . . . .			<b>56</b>	
<b>57a</b> Land, buildings, and equipment: basis . . . . .	<b>57a</b> 4,746,769.			
<b>b</b> Less: accumulated depreciation (attach schedule) . . . . .	<b>57b</b> 2,436,918.	2,685,326.	<b>57c</b> 2,309,851.	
<b>58</b> Other assets, including program-related investments (describe <input type="checkbox"/> ) . . . . .			<b>58</b>	
<b>59 Total assets</b> (must equal line 74). Add lines 45 through 58 . . . . .	7,015,952.	<b>59</b>	6,166,213.	
<b>Liabilities</b>	<b>60</b> Accounts payable and accrued expenses . . . . .	765,237.	<b>60</b>	562,452.
	<b>61</b> Grants payable . . . . .		<b>61</b>	
	<b>62</b> Deferred revenue . . . . .	214,426.	<b>62</b>	116,677.
	<b>63</b> Loans from officers, directors, trustees, and key employees (attach schedule) . . . . .		<b>63</b>	
	<b>64a</b> Tax-exempt bond liabilities (attach schedule) . . . . .		<b>64a</b>	
	<b>b</b> Mortgages and other notes payable (attach schedule) . . . . .		<b>64b</b>	
	<b>65</b> Other liabilities (describe <input type="checkbox"/> ) . . . . .		<b>65</b>	
<b>66 Total liabilities.</b> Add lines 60 through 65 . . . . .	979,663.	<b>66</b>	679,129.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	<b>67</b> Unrestricted . . . . .	3,329,260.	<b>67</b>	3,011,028.
	<b>68</b> Temporarily restricted . . . . .	2,234,754.	<b>68</b>	1,975,698.
	<b>69</b> Permanently restricted . . . . .	472,275.	<b>69</b>	500,358.
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> and complete lines 70 through 74.			
	<b>70</b> Capital stock, trust principal, or current funds . . . . .		<b>70</b>	
	<b>71</b> Paid-in or capital surplus, or land, building, and equipment fund . . . . .		<b>71</b>	
	<b>72</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>72</b>	
	<b>73 Total net assets or fund balances.</b> Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21) . . . . .	6,036,289.	<b>73</b>	5,487,084.
	<b>74 Total liabilities and net assets/fund balances.</b> Add lines 66 and 73 . . . . .	7,015,952.	<b>74</b>	6,166,213.





Part VI Other Information (continued)

Form with multiple rows and columns for reporting information. Includes questions 82a through 91a and a Yes/No column. Contains handwritten entries such as '1,113,003', 'NONE', 'IL', 'COO AND CFO', and '3701 GRANDEL SQUARE ST LOUIS, MO'.

**Part VI Other Information (continued)** Yes  No

c At any time during the calendar year, did the organization maintain an office outside of the United States? . . . . . **91c**  Yes  No

If "Yes," enter the name of the foreign country ▶ \_\_\_\_\_

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here . . . . .  **92**  NONE

and enter the amount of tax-exempt interest received or accrued during the tax year . . . . ▶ | **92** | \_\_\_\_\_

**Part VII Analysis of Income-Producing Activities (See the instructions.)**

**Note:** Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
<b>93</b> Program service revenue:					
a _____					
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments . . . . .					
g Fees and contracts from government agencies . . . . .					
<b>94</b> Membership dues and assessments . . . . .			01	8,487.	
<b>95</b> Interest on savings and temporary cash investments . . . . .			14	53,582.	
<b>96</b> Dividends and interest from securities . . . . .					
<b>97</b> Net rental income or (loss) from real estate:					
a debt-financed property . . . . .					
b not debt-financed property . . . . .					
<b>98</b> Net rental income or (loss) from personal property . . . . .					
<b>99</b> Other investment income . . . . .					
<b>100</b> Gain or (loss) from sales of assets other than inventory . . . . .			18	-354.	
<b>101</b> Net income or (loss) from special events . . . . .			03	178,662.	
<b>102</b> Gross profit or (loss) from sales of inventory . . . . .					
<b>103</b> Other revenue: a _____					
b _____			01	26,516.	
c _____					
d _____					
e _____					
<b>104</b> Subtotal (add columns (B), (D), and (E)) . . . . .				266,893.	
<b>105</b> Total (add line 104, columns (B), (D), and (E)) . . . . .					266,893.

**Note:** Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)**

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
▼	

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)**

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)**

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Yes  No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes  No

**Note:** If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

**Part XI** Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13).

**106** Did the reporting organization **make** any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes	No
	X

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	----- -----			
b	----- -----			
c	----- -----			
<b>Totals</b>				

**107** Did the reporting organization **receive** any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes	No
	X

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	----- -----			
b	----- -----			
c	----- -----			
<b>Totals</b>				

**108** Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

Yes	No
	X

**Please Sign Here** 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 \_\_\_\_\_ Date \_\_\_\_\_  
 Type or print name and title \_\_\_\_\_

**Paid Preparer's Use Only**

Preparer's signature <input type="checkbox"/>	Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN (See Gen. Inst. X)
Firm's name (or yours if self-employed), address, and ZIP + 4 <input type="checkbox"/>	RUBINBROWN LLP ONE NORTH BRENTWOOD SAINT LOUIS, MO 63105		EIN <input type="checkbox"/> 43-0765316 Phone no. <input type="checkbox"/> 314-290-3300

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Organization Exempt Under Section 501(c)(3)**

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n),  
or 4947(a)(1) Nonexempt Charitable Trust

**Supplementary Information - (See separate instructions.)**

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No. 1545-0047

**2007**

Name of the organization

URBAN LEAGUE OF METROPOLITAN ST. LOUIS, INC.

Employer identification number

43-0653605

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**  
(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
SEE STATEMENT 13				

Total number of other employees paid over \$50,000 . . ▶ 6

**Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services**  
(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
SEE STATEMENT 14		

Total number of others receiving over \$50,000 for professional services . . . . . ▶ NONE

**Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services**  
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
SEE STATEMENT 15		

Total number of other contractors receiving over \$50,000 for other services . . . . . ▶ 11

Part III Statements About Activities (See page 2 of the instructions.)

Yes No

Table with 3 columns: Question, Yes, No. Rows include: 1. Lobbying activities (NONE); 2. Acts with contributors; 2a-e. Financial activities; 3a-d. Grants and services; 4a-c. Donor advised funds; 4d-f. Fund details.

**Part IV Reason for Non-Private Foundation Status** (See pages 4 through 8 of the instructions.)

I certify that the organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5  A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6  A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7  A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8  A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9  A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). **Enter the hospital's name, city, and state** ► \_\_\_\_\_
- 10  An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a  An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b  A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12  An organization that normally receives: (1) **more than 33 1/3%** of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) **no more than 33 1/3%** of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13  An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:  
 Type I       Type II       Type III - Functionally Integrated       Type III - Other

**Provide the following information about the supported organizations.** (See page 8 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
<b>Total</b> . . . . .					

- 14  An organization organized and operated to test for public safety. Section 509(a)(4). (See page 8 of the instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting.

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Table with columns: Calendar year (or fiscal year beginning in), (a) 2006, (b) 2005, (c) 2004, (d) 2003, (e) Total. Rows include: 15 Gifts, grants, and contributions received; 16 Membership fees received; 17 Gross receipts from admissions, merchandise sold or services performed; 18 Gross income from interest, dividends; 19 Net income from unrelated business activities; 20 Tax revenues levied for the organization's benefit; 21 The value of services or facilities furnished to the organization by a governmental unit without charge; 22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets; 23 Total of lines 15 through 22; 24 Line 23 minus line 17; 25 Enter 1% of line 23; 26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24; b Prepare a list for your records to show the name of and amount contributed by each person; c Total support for section 509(a)(1) test; d Add: Amounts from column (e) for lines: 18, 19, 22, 26b; e Public support (line 26c minus line 26d total); f Public support percentage (line 26e (numerator) divided by line 26c (denominator)); 27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: NOT APPLICABLE; b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year; c Add: Amounts from column (e) for lines: 15, 16, 17, 20, 21; d Add: Line 27a total and line 27b total; e Public support (line 27c total minus line 27d total); f Total support for section 509(a)(2) test: Enter amount from line 23, column (e); g Public support percentage (line 27e (numerator) divided by line 27f (denominator)); h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)); 28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

**Part V Private School Questionnaire** (See page 9 of the instructions.) NOT APPLICABLE  
**(To be completed ONLY by schools that checked the box on line 6 in Part IV)**

		Yes	No
<b>29</b>	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? . . . . .	<b>29</b>	
<b>30</b>	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? . . . . .	<b>30</b>	
<b>31</b>	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? . . . . . If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.) ----- ----- -----	<b>31</b>	
<b>32</b>	Does the organization maintain the following:		
<b>a</b>	Records indicating the racial composition of the student body, faculty, and administrative staff? . . . . .	<b>32a</b>	
<b>b</b>	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? . . . . .	<b>32b</b>	
<b>c</b>	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? . . . . .	<b>32c</b>	
<b>d</b>	Copies of all material used by the organization or on its behalf to solicit contributions? . . . . .	<b>32d</b>	
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.) ----- -----		
<b>33</b>	Does the organization discriminate by race in any way with respect to:		
<b>a</b>	Students' rights or privileges? . . . . .	<b>33a</b>	
<b>b</b>	Admissions policies? . . . . .	<b>33b</b>	
<b>c</b>	Employment of faculty or administrative staff? . . . . .	<b>33c</b>	
<b>d</b>	Scholarships or other financial assistance? . . . . .	<b>33d</b>	
<b>e</b>	Educational policies? . . . . .	<b>33e</b>	
<b>f</b>	Use of facilities? . . . . .	<b>33f</b>	
<b>g</b>	Athletic programs? . . . . .	<b>33g</b>	
<b>h</b>	Other extracurricular activities? . . . . .	<b>33h</b>	
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.) ----- -----		
<b>34 a</b>	Does the organization receive any financial aid or assistance from a governmental agency? . . . . .	<b>34a</b>	
<b>b</b>	Has the organization's right to such aid ever been revoked or suspended? . . . . . If you answered "Yes" to either 34a or b, please explain using an attached statement.	<b>34b</b>	
<b>35</b>	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation . . . . .	<b>35</b>	

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 11 of the instructions.) (To be completed ONLY by an eligible organization that filed Form 5768) NOT APPLICABLE

Check a if the organization belongs to an affiliated group. Check b if you checked "a" and "limited control" provisions apply.

Limits on Lobbying Expenditures

(The term "expenditures" means amounts paid or incurred.)

Table with 3 columns: Line number, Description, and Amount. Rows include Total lobbying expenditures, Total exempt purpose expenditures, and Lobbying nontaxable amount.

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 13 of the instructions.)

Table with 6 columns: Calendar year (or fiscal year beginning in), (a) 2007, (b) 2006, (c) 2005, (d) 2004, (e) Total. Rows include Lobbying nontaxable amount, Lobbying ceiling amount, Total lobbying expenditures, Grassroots nontaxable amount, Grassroots ceiling amount, and Grassroots lobbying expenditures.

Part VI-B Lobbying Activity by Nonelecting Public Charities (For reporting only by organizations that did not complete Part VI-A) (See page 13 of the instructions.) NOT APPLICABLE

Table with 3 columns: Description, Yes, No, Amount. Rows include Volunteers, Paid staff or management, Media advertisements, Mailings to members, Publications, Grants to other organizations, Direct contact with legislators, Rallies, and Total lobbying expenditures.

**Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations** (See page 14 of the instructions.)

**51** Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

		Yes	No
<b>a</b>	Transfers from the reporting organization to a noncharitable exempt organization of:		
(i)	Cash . . . . .	<b>51a(i)</b>	X
(ii)	Other assets . . . . .	<b>a(ii)</b>	X
<b>b</b>	Other transactions:		
(i)	Sales or exchanges of assets with a noncharitable exempt organization . . . . .	<b>b(i)</b>	X
(ii)	Purchases of assets from a noncharitable exempt organization . . . . .	<b>b(ii)</b>	X
(iii)	Rental of facilities, equipment, or other assets . . . . .	<b>b(iii)</b>	X
(iv)	Reimbursement arrangements . . . . .	<b>b(iv)</b>	X
(v)	Loans or loan guarantees . . . . .	<b>b(v)</b>	X
(vi)	Performance of services or membership or fundraising solicitations . . . . .	<b>b(vi)</b>	X
<b>c</b>	Sharing of facilities, equipment, mailing lists, other assets, or paid employees . . . . .	<b>c</b>	X

**d** If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received:

(a) Line no.	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements
N/A			

**52a** Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?  Yes  No

**b** If "Yes," complete the following schedule:

(a) Name of organization	(b) Type of organization	(c) Description of relationship
N/A		

Name of organization URBAN LEAGUE OF METROPOLITAN ST. LOUIS, INC.	Employer identification number 43-0653605
--	--

**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 organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

**Special Rules -**

For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33<sup>1/3</sup>% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms. (Complete Parts I and II.)

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. (Complete Parts I, II, and III.)

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to 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. Do not complete any of the Parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.) . . . . . ▶ \$ \_\_\_\_\_

**Caution:** Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they **must** check the box in the heading of their Form 990, Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization **URBAN LEAGUE OF METROPOLITAN ST. LOUIS, INC.**

Employer identification number

43-0653605

**Part I** Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	UNITED WAY OF GREATER ST. LOUIS 111 OLIVE SAINT LOUIS, MO 63101	\$ 1,286,047.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	VARIOUS < 2% OF TOTAL CONTRIBUTIONS	\$ 1,906,349.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	VARIOUS GOV' T GRANTS < 2%	\$ 980,365.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	U. S. DEPARTMENT OF LABOR 200 CONSTITUTION AVE NW WASHINGTON, DC 20210	\$ 2,241,798.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	U. S. DEPARTMENT OF ENERGY 1000 INDEPENDENCE AVE. SW WASHINGTON, DC 20585	\$ 999,387.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	U. S. DEPARTMENT OF AGRICULTURE 1400 INDEPENDENCE AVE. SW WASHINGTON, DC 20250	\$ 419,794.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization URBAN LEAGUE OF METROPOLITAN ST. LOUIS, INC.

Employer identification number  
43-0653605

**Part I** Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	U. S. DEPT OF HEALTH & HUMAN SVCS 200 INDEPENDENCE AVE. SW WASHINGTON, DC 20201	\$ 5,034,403.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

FORM 990, PART I - MEMBERSHIP DUES AND ASSESSMENTS  
=====

DESCRIPTION -----	AMOUNT -----
MEMBERSHIP DUES	8,487. -----
TOTAL	8,487. =====

FORM 990, PART I - INTEREST ON SAVINGS AND TEMPORARY CASH INVESTMENTS  
=====

DESCRIPTION -----	AMOUNT -----
INTEREST AND DIVIDENDS	53,582.
	-----
TOTAL	53,582.
	=====

FORM 990, PART I - PAYMENTS TO AFFILIATES  
=====

DESCRIPTION -----	AMOUNT -----
DUES TO NATIONAL ORGANIZATION	15,000.
	-----
TOTAL	15,000.
	=====

FORM 990, PART I - OTHER INCREASES IN FUND BALANCES

=====

DESCRIPTION	AMOUNT
-----	-----
UNREALIZED GAIN	6,996.
EFFECT OF ADOPTION OF PROVISIONS OF FASB STATEMENT NO. 158	53,075.
	-----
TOTAL	60,071.
	=====

FORM 990, PART II - SPECIFIC ASSISTANCE TO INDIVIDUALS  
=====

DESCRIPTION -----	PROGRAM SERVICES -----
SPECIFIC ASSISTANCE TO INDIVIDUALS	2,306,874.
TOTALS	----- 2,306,874. =====

FORM 990, PART II - OTHER EXPENSES

=====

DESCRIPTION -----	TOTAL -----	PROGRAM SERVICES -----	MANAGEMENT AND GENERAL -----	FUNDRAISING -----
MEMBERSHIP DUES	14,458.	195.	12,983.	1,280.
MISCELLANEOUS	22,633.	4,495.	17,443.	695.
EQUIPMENT PURCHASE	74,005.	50,487.	18,333.	5,185.
INSURANCE	118,262.	102,002.	16,260.	
PROFESSIONAL FEES	766,506.	572,096.	194,410.	
LOCAL TRANSPORTATION	526,973.	516,309.	10,664.	
SPECIFIC ASSISTANCE	38,473.		38,373.	100.
TRANSFER OF ADMIN. COSTS		1,301,871.	-1,301,871.	
TOTALS	1,561,310.	2,547,455.	-993,405.	7,260.

FORM 990, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE

=====

TO EMPOWER AFRICAN AMERICANS AND OTHERS THROUGHOUT THE ST. LOUIS REGION IN SECURING ECONOMIC SELF-RELIANCE, SOCIAL EQUALITY AND CIVIL RIGHTS. THE URBAN LEAGUE WILL BE A CATALYST FOR THIS CHANGE THROUGH ADVOCACY, COALITION BUILDING, PROGRAM SERVICES, AND BY PROMOTING COMMUNICATION AND UNDERSTANDING AMONG DIFFERENT RACES AND CULTURES.

FORM 990, PART IV - INVESTMENTS - PUBLICLY TRADED SECURITIES

=====

DESCRIPTION	ENDING BOOK VALUE	COST OR FMV
-----	-----	-----
PUBLICLY TRADED SECURITIES	795,340.	FMV
TOTALS	----- 795,340. =====	

FORM 990, PART IV-A - OTHER REVENUE ON BOOKS BUT NOT ON RETURN

=====

DESCRIPTION	AMOUNT
-----	-----
IN-KIND RENT	1,113,003.
	-----
TOTAL	1,113,003.
	=====

FORM 990, PART IV-A - OTHER REVENUE ON RETURN BUT NOT ON BOOKS

=====

DESCRIPTION	AMOUNT
-----	-----
UNREALIZED GAIN	-6,996.
TOTAL	----- -6,996.
	=====

FORM 990, PART IV-B - OTHER EXPENSES ON BOOKS BUT NOT ON RETURN

=====

DESCRIPTION	AMOUNT
-----	-----
IN-KIND RENT	1,113,003.
TOTAL	----- 1,113,003. =====

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

=====

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
-----	-----	-----	-----	-----
VOLUNTEER DIRECTORS SEE SCHEDULE A ATTACHED		NONE	NONE	NONE
JAMES H. BUFORD P. O. BOX 8138 ST. LOUIS, MO 63156	PRESIDENT/CEO 37.50	235,141.	14,106.	NONE
BRENDA J. WRENCH P. O. BOX 8138 ST. LOUIS, MO 63156	COO 37.50	145,887.	10,383.	NONE
LORI A. BURCH P. O. BOX 8138 ST. LOUIS, MO 63156	CFO 37.50	109,731.	8,876.	NONE
	GRAND TOTALS	490,759.	33,365.	NONE

-----  
=====

SCHEDULE A, PART I - COMPENSATION OF THE FIVE HIGHEST PAID EMPLOYEES

=====

NAME AND ADDRESS -----	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION -----	COMPENSATION -----	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS -----	EXPENSE ACCOUNT -----
ROLANDIS NASH P. O. BOX 8138 ST. LOUIS, MO 63156	VP, CITY 37.50	106,208.	8,760.	NONE
SERETHA CURRY P. O. BOX 8138 ST. LOUIS, MO 63156	HEAD START DIRECTOR 37.50	95,421.	4,520.	NONE
BARBARA BOWMAN P. O. BOX 8138 ST. LOUIS, MO 63156	VP DEVELOPMENT 37.50	71,269.	5,787.	NONE
VICTORIA REAVES P. O. BOX 8138	VP ST. LOUIS COUNTY 37.50	68,885.	7,037.	NONE
STEVE NIENKAMP P. O. BOX 8138 ST. LOUIS, MO 63156	VP, HUMAN RESOURCES 37.50	68,718.	3,352.	NONE
	TOTAL COMPENSATION	----- 410,501. =====	----- 29,456. =====	----- NONE =====

SCH. A, PART II-A COMPENSATION OF THE 5 HIGHEST PAID FOR PROF. SERV.

=====

NAME AND ADDRESS	TYPE OF SERVICE	COMPENSATION
-----	-----	-----
DELOITTE 100 SOUTH 4TH STREET ST. LOUIS, MO 63102	ACCOUNTING	107,083.
TOTAL COMPENSATION		----- 107,083. =====

SCH. A, PART II-B COMPENSATION OF THE 5 HIGHEST PAID FOR OTHER SERV.

=====

NAME AND ADDRESS	TYPE OF SERVICE	COMPENSATION
-----	-----	-----
GSL DEVELOPMENT CENTER 4401 FAIR AVE SAINT LOUIS, MO 63115	CHILD CARE PROVIDER	157,556.
MV STUDENT TRANSPORTATION 1801 NORTH BROADWAY SAINT LOUIS, MO 63102	TRANSPORTATION	420,383.
SCHNUCKS REAL ESTATE 11420 LACKLAND SAINT LOUIS, MO 63146	RENT	156,887.
FINNINGER CATERING SERVICE 6128 BARTMER SAINT LOUIS, MO 63133	CATERING	352,734.
ANC HEATING & COOLING P. O. BOX 8134 ST. LOUIS, MO 63156	REPAIRS/IMPROVEMENTS	131,788.
TOTAL COMPENSATION		----- 1,219,348. =====

SCHEDULE A, PART III - EXPLANATION FOR LINE 2A

=====

URBAN LEAGUE RENTS SPACE FOR PROGRAMS AND ADMINISTRATION FROM A CORPORATION OWNED, IN PART, BY ONE OF THE VOLUNTEER DIRECTORS. THE RENT PAID IS BELOW THE MARKET RATE.

SCHEDULE A, PART III - EXPLANATION FOR LINE 2D  
=====

SEE FORM 990, PART V

SCHEDULE A, PART III - EXPLANATION FOR LINE 3A

=====

REVIEW OF ALL APPLICATIONS AND/OR INFORMATION SUPPLIED BY THE PARTICIPANTS; REFERENCE TO CRITERIA SET FORTH BY THE AGENCY AND/OR FUNDING SOURCE; CONFIRMATION OF INFORMATION FROM OUTSIDE SOURCES AND GENERAL INFORMATION OR KNOWLEDGE.

**SCHEDULE D  
(Form 1041)**

Department of the Treasury  
Internal Revenue Service

# Capital Gains and Losses

▶ **Attach to Form 1041, Form 5227, or Form 990-T. See the separate instructions for Form 1041 (also for Form 5227 or Form 990-T, if applicable).**

OMB No. 1545-0092

# 2007

Name of estate or trust

Employer identification number

URBAN LEAGUE OF METROPOLITAN ST. LOUIS, INC.

43-0653605

**Note:** Form 5227 filers need to complete *only* Parts I and II.

**Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less**

(a) Description of property (Example: 100 shares 7% preferred of "Z" Co.)	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Sales price	(e) Cost or other basis (see page 40 of the instructions)	(f) Gain or (loss) for the entire year Subtract (e) from (d)
<b>1a</b>					

b Enter the short-term gain or (loss), if any, from Schedule D-1, line 1b . . . . .	<b>1b</b>	
2 Short-term capital gain or (loss) from Forms 4684, 6252, 6781, and 8824 . . . . .	<b>2</b>	
3 Net short-term gain or (loss) from partnerships, S corporations, and other estates or trusts . . . . .	<b>3</b>	
4 Short-term capital loss carryover. Enter the amount, if any, from line 9 of the 2006 Capital Loss Carryover Worksheet . . . . .	<b>4</b>	(            )
5 <b>Net short-term gain or (loss).</b> Combine lines 1a through 4 in column (f). Enter here and on line 13, column (3) on the back. . . . . ▶	<b>5</b>	

**Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year**

(a) Description of property (Example: 100 shares 7% preferred of "Z" Co.)	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Sales price	(e) Cost or other basis (see page 40 of the instructions)	(f) Gain or (loss) for the entire year Subtract (e) from (d)
<b>6a</b>					

b Enter the long-term gain or (loss), if any, from Schedule D-1, line 6b. . . . .	<b>6b</b>	-354.
7 Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and 8824 . . . . .	<b>7</b>	
8 Net long-term gain or (loss) from partnerships, S corporations, and other estates or trusts . . . . .	<b>8</b>	
9 Capital gain distributions . . . . .	<b>9</b>	
10 Gain from Form 4797, Part I . . . . .	<b>10</b>	
11 Long-term capital loss carryover. Enter the amount, if any, from line 14 of the 2006 Capital Loss Carryover Worksheet . . . . .	<b>11</b>	(            )
12 <b>Net long-term gain or (loss).</b> Combine lines 6a through 11 in column (f). Enter here and on line 14a, column (3) on the back. . . . . ▶	<b>12</b>	-354.

For Paperwork Reduction Act Notice, see the Instructions for Form 1041.

Schedule D (Form 1041) 2007

JSA  
7F1210 2.000

<b>Part III Summary of Parts I and II</b> <b>Caution: Read the instructions before completing this part.</b>		(1) Beneficiaries' (see page 41)	(2) Estate's or trust's	(3) Total
<b>13</b>	<b>Net short-term gain or (loss)</b> . . . . .	<b>13</b>		
<b>14</b>	<b>Net long-term gain or (loss):</b>			
a	Total for year . . . . .	<b>14a</b>		-354.
b	Unrecaptured section 1250 gain (see line 18 of the wrksht.) . . . . .	<b>14b</b>		
c	28% rate gain . . . . .	<b>14c</b>		
<b>15</b>	<b>Total net gain or (loss).</b> Combine lines 13 and 14a . . . . . ▶	<b>15</b>		-354.

**Note:** If line 15, column (3), is a net gain, enter the gain on Form 1041, line 4 (or Form 990-T, Part I, line 4a). If lines 14a and 15, column (2), are net gains, go to Part V, and do not complete Part IV. If line 15, column (3), is a net loss, complete Part IV and the **Capital Loss Carryover Worksheet**, as necessary.

**Part IV Capital Loss Limitation**

**16** Enter here and enter as a (loss) on Form 1041, line 4 (or Form 990-T, Part I, line 4c, if a trust), the **smaller** of:

a The loss on line 15, column (3) or b \$3,000 . . . . . **16** ( 354. )

**Note:** If the loss on line 15, column (3), is more than \$3,000, or if Form 1041, page 1, line 22 (or Form 990-T, line 34), is a loss, complete the **Capital Loss Carryover Worksheet** on page 42 of the instructions to figure your capital loss carryover.

**Part V Tax Computation Using Maximum Capital Gains Rates**

**Form 1041 filers.** Complete this part **only** if both lines 14a and 15 in column (2) are gains, or an amount is entered in Part I or Part II and there is an entry on Form 1041, line 2b(2), and Form 1041, line 22, is more than zero.

**Caution:** Skip this part and complete the worksheet on page 43 of the instructions if:

- Either line 14b, col. (2) or line 14c, col. (2) is more than zero, or
- Both Form 1041, line 2b(1), and Form 4952, line 4g are more than zero.

**Form 990-T trusts.** Complete this part **only** if both lines 14a and 15 are gains, or qualified dividends are included in income in Part I of Form 990-T, and Form 990-T, line 34, is more than zero. Skip this part and complete the worksheet on page 43 of the instructions if either line 14b, col. (2) or line 14c, col. (2) is more than zero.

<b>17</b>	Enter taxable income from Form 1041, line 22 (or Form 990-T, line 34) . . . . .	<b>17</b>		
<b>18</b>	Enter the <b>smaller</b> of line 14a or 15 in column (2) but not less than zero . . . . .	<b>18</b>		
<b>19</b>	Enter the estate's or trust's qualified dividends from Form 1041, line 2b(2) (or enter the qualified dividends included in income in Part I of Form 990-T) . . . . .	<b>19</b>		
<b>20</b>	Add lines 18 and 19 . . . . .	<b>20</b>		
<b>21</b>	If the estate or trust is filing Form 4952, enter the amount from line 4g; otherwise, enter -0- . . . . . ▶	<b>21</b>		
<b>22</b>	Subtract line 21 from line 20. If zero or less, enter -0- . . . . .	<b>22</b>		
<b>23</b>	Subtract line 22 from line 17. If zero or less, enter -0- . . . . .	<b>23</b>		
<b>24</b>	Enter the <b>smaller</b> of the amount on line 17 or \$2,150 . . . . .	<b>24</b>		
<b>25</b>	Is the amount on line 23 equal to or more than the amount on line 24? <input type="checkbox"/> <b>Yes.</b> Skip lines 25 through 27; go to line 28 and check the "No" box. <input type="checkbox"/> <b>No.</b> Enter the amount from line 23 . . . . .	<b>25</b>		
<b>26</b>	Subtract line 25 from line 24 . . . . .	<b>26</b>		
<b>27</b>	Multiply line 26 by 5% (.05) . . . . .	<b>27</b>		
<b>28</b>	Are the amounts on lines 22 and 26 the same? <input type="checkbox"/> <b>Yes.</b> Skip lines 28 thru 31; go to line 32. <input type="checkbox"/> <b>No.</b> Enter the <b>smaller</b> of line 17 or line 22 . . . . .	<b>28</b>		
<b>29</b>	Enter the amount from line 26 (If line 26 is blank, enter -0-) . . . . .	<b>29</b>		
<b>30</b>	Subtract line 29 from line 28 . . . . .	<b>30</b>		
<b>31</b>	Multiply line 30 by 15% (.15) . . . . .	<b>31</b>		
<b>32</b>	Figure the tax on the amount on line 23. Use the 2007 Tax Rate Schedule on page 27 of the instructions . . . . .	<b>32</b>		
<b>33</b>	Add lines 27, 31, and 32 . . . . .	<b>33</b>		
<b>34</b>	Figure the tax on the amount on line 17. Use the 2007 Tax Rate Schedule on page 27 of the instructions . . . . .	<b>34</b>		
<b>35</b>	<b>Tax on all taxable income.</b> Enter the <b>smaller</b> of line 33 or line 34 here and on line 1a of Schedule G, Form 1041 (or line 36 of Form 990-T) . . . . .	<b>35</b>		



FEDERAL FOOTNOTES

=====

FORM 990, PART IV, LINE 54

CERTIFICATES OF DEPOSIT	\$196,415
DEBT SECURITIES	598,925
	-----
TOTAL	\$795,340

## FEDERAL FOOTNOTES

=====

FORM 990, PART IV, LINE 57

LAND	\$ 51,615
BUILDINGS AND IMPROVEMENTS	4,233,921
FURNITURE, FIXTURES, AND EQUIPMENT	461,233
	-----
TOTAL	\$4,746,769
ACCUMULATED DEPRECIATION	(2,436,918)
	-----
	\$2,309,851
	=====