

**Return of Organization Exempt From Income Tax**

**2012**

Department of the Treasury  
Internal Revenue Service

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

Open to Public Inspection

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

**A For the 2012 calendar year, or tax year beginning JUL 1, 2012 and ending JUN 30, 2013**

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C Name of organization</b> <b>URBAN HOMESTEADING ASSISTANCE BOARD, INC</b> Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>120 WALL STREET, FLOOR 20</b> City, town, or post office, state, and ZIP code <b>NEW YORK, NY 10005</b> <b>F Name and address of principal officer: ANDREW REICHER</b> <b>SAME AS C ABOVE</b>	<b>D Employer identification number</b> <b>13-2902798</b> <b>E Telephone number</b> <b>212-479-3300</b> <b>G Gross receipts \$</b> <b>3,662,095.</b> <b>H(a) Is this a group return for affiliates?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b) Are all affiliates included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c) Group exemption number</b> ▶
<b>I Tax-exempt status:</b> <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		
<b>J Website:</b> ▶ <b>WWW.UHAB.ORG</b>		
<b>K Form of organization:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		
<b>L Year of formation:</b> 1975 <b>M State of legal domicile:</b> NY		

**Part I Summary**

<b>1</b>	Briefly describe the organization's mission or most significant activities: <b>DEVELOPMENT OF AND TECHNICAL ASSISTANCE AND TRAINING TO LOW-INCOME HOUSING COOPERATIVES.</b>			
<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>		<b>8</b>
<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>		<b>8</b>
<b>5</b>	Total number of individuals employed in calendar year 2012 (Part V, line 2a)	<b>5</b>		<b>0</b>
<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>		<b>16</b>
<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>		<b>0.</b>
<b>b</b>	Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>		<b>0.</b>
<b>8</b>	Contributions and grants (Part VIII, line 1h)	<b>8</b>	<b>Prior Year</b>	<b>Current Year</b>
<b>9</b>	Program service revenue (Part VIII, line 2g)	<b>9</b>	<b>3,930,483.</b>	<b>1,821,393.</b>
<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>10</b>	<b>2,528,737.</b>	<b>1,341,810.</b>
<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>11</b>	<b>0.</b>	<b>88.</b>
<b>12</b>	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>12</b>	<b>105,742.</b>	<b>425,595.</b>
<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>13</b>	<b>6,564,962.</b>	<b>3,588,886.</b>
<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)	<b>14</b>	<b>2,000.</b>	<b>124,314.</b>
<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>15</b>	<b>0.</b>	<b>0.</b>
<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	<b>16a</b>	<b>1,464,295.</b>	<b>0.</b>
<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>238,016.</b>	<b>b</b>	<b>0.</b>	<b>0.</b>
<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>17</b>	<b>4,167,839.</b>	<b>3,697,675.</b>
<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>18</b>	<b>5,634,134.</b>	<b>3,821,989.</b>
<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	<b>19</b>	<b>930,828.</b>	<b>-233,103.</b>
<b>20</b>	Total assets (Part X, line 16)	<b>20</b>	<b>Beginning of Current Year</b>	<b>End of Year</b>
<b>21</b>	Total liabilities (Part X, line 26)	<b>21</b>	<b>19,799,411.</b>	<b>18,950,341.</b>
<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	<b>22</b>	<b>18,912,332.</b>	<b>18,296,365.</b>
<b>23</b>		<b>23</b>	<b>887,079.</b>	<b>653,976.</b>

**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.

<b>Sign Here</b>	Signature of officer  <b>ANDREW REICHER, EXECUTIVE DIRECTOR</b> Type or print name and title	Date <b>3-26-14</b>
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>GARRETT M. HIGGINS</b> Preparer's signature <b>GARRETT M. HIGGINS</b> Date <b>03/24/14</b> Firm's name ▶ <b>O'CONNOR DAVIES, LLP</b> Firm's address ▶ <b>500 MAMARONECK AVENUE HARRISON, NY 10528-1633</b> Firm's EIN ▶ <b>27-1728945</b> Phone no. <b>914-381-8900</b>	Check <input type="checkbox"/> self-employed PTIN <b>P00543209</b>

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 to any question in this Part III [X]

1 Briefly describe the organization's mission: UHAB HELPS TRANSFORM RENTERS INTO HOMEOWNERS WHO COLLECTIVELY OWN AND DEMOCRATICALLY GOVERN HOUSING COOPERATIVES. THE ORGANIZATION WORKS TO CREATE AND SUSTAIN HIGH QUALITY HOUSING COOPERATIVES THAT WILL REMAIN AFFORDABLE IN PERPETUITY TO PEOPLE OF MODEST MEANS.

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 \$ 1,051,829. including grants of \$ ) (Revenue \$ 889,176.) DEVELOPMENT SERVICES:

PROVIDES FINANCE, CONSTRUCTION MANAGEMENT, RESIDENT TRAINING, AND LEGAL ASSISTANCE WITH CONVERSION TO COOPERATIVE OWNERSHIP FOR LOW-INCOME HOUSING PROJECTS IN NEW YORK CITY. IN FISCAL YEAR 2013, THE UHAB DEVELOPMENT GROUP COMPLETED THE CONVERSION OF 14 BUILDINGS CONTAINING 376 APARTMENTS, BRINGING OUR TOTAL NUMBER OF COMPLETED PROJECTS TO 57 BUILDINGS CONTAINING 1,175 UNITS AS OF JUNE 30, 2013.

4b (Code: ) (Expenses \$ 988,054. including grants of \$ ) (Revenue \$ ) TENANT INTERIM LEASE PROGRAM:

UHAB HAS A CONTRACT WITH NEW YORK CITY'S DEPARTMENT OF HOUSING PRESERVATION AND DEVELOPMENT TO PROVIDE TRAINING AND TECHNICAL ASSISTANCE TO LOW-INCOME RESIDENTS IN THE 176 BUILDINGS THAT ARE IN THE TENANT INTERIM LEASE PROGRAM OR OVER 1,200 CO-OPS THAT HAVE GRADUATED FROM THESE PROGRAMS. IN FISCAL 2013, UHAB STAFF CONDUCTED 1,064 ON-SITE AND TECHNICAL ASSISTANCE SESSIONS AT THE BUILDINGS AND 552 OFFICE CONSULTATIONS WITH CO-OPS AND TENANT ASSOCIATIONS. 1,115 CONSULTATIONS WERE CONDUCTED BY EMAIL OR ON THE PHONE.

4c (Code: ) (Expenses \$ 905,166. including grants of \$ 2,000.) (Revenue \$ 452,634.) COOPERATIVE SERVICES:

UHAB RUNS A NUMBER OF PROGRAMS DESIGNED TO ENHANCE THE SUSTAINABILITY OF SHARED-EQUITY COOPERATIVES IN NEW YORK CITY. OVER 600 COOPERATIVES ARE MEMBERS OF UHAB AND AS A RESULT HAVE ACCESS TO A NUMBER OF QUALITY, COST SAVING SERVICES:
- PACKAGED \$4,088,069 IN GOVERNMENT LOANS AND \$860,000 IN PRIVATE LOANS FOR CO-OPS WITH PHYSICAL AND FINANCIAL NEEDS.
- PROVIDE REGULATORY COMPLIANCE MONITORING AND TECHNICAL ASSISTANCE TO 133 CO-OPS FOR NYS HCR, NYC HPD AND VARIOUS PRIVATE LENDERS.
- PROVIDED FIRE AND LIABILITY INSURANCE TO 650 BUILDINGS WITH A TOTAL

4d Other program services (Describe in Schedule O.) (Expenses \$ 124,374. including grants of \$ 122,314.) (Revenue \$ )

4e Total program service expenses 3,069,423.

**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 <b>Section 501(c)(3) organizations.</b> 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 temporarily restricted endowments, permanent endowments, or 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 assistance to any organization or entity located outside the United States? <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 assistance to individuals located outside the United States? <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 <i>If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?</i>		

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	X	
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		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? If "Yes," complete Schedule J		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? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III		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, or key employee? If "Yes," complete Schedule L, Part IV		X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		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? If "Yes," complete Schedule R, Part VI		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	
<b>Note.</b> 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 to any question in this Part V

Main form area containing questions 1a through 14b with input fields and Yes/No columns.

**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 in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI

**Section A. Governing Body and Management**

	Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	8	
<b>1b</b> Enter the number of voting members included in line 1a, above, who are independent	8	
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	X
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3	X
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	X
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?	5	X
<b>6</b> Did the organization have members or stockholders?	6	X
<b>7a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	X
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	X
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b> The governing body?	8a	X
<b>b</b> Each committee with authority to act on behalf of the governing body?	8b	X
<b>9</b> 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 in Schedule O	9	X

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

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

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **NY**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 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.  
 Own website  Another's website  Upon request  Other (explain in Schedule O)
- 19** Describe in 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, physical address, and telephone number of the person who possesses the books and records of the organization: **JULIE HARRIS - 212-479-3300**  
**120 WALL STREET, FLOOR 20, NEW YORK, NY 10005**

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

Check if Schedule O contains a response to any question 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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) CHARLES S. LAVEN CHAIR	1.00	X		X				0.	0.	0.
(2) REV. JAMES P. MORTON VICE PRESIDENT	0.20	X		X				0.	0.	0.
(3) MAURICE SIERADZKI, ESQ. SECRETARY	0.20	X		X				0.	0.	0.
(4) CLIFFORD P. CHARLES BOARD MEMBER	0.20	X						0.	0.	0.
(5) CHRISTOPHER FRISSORA BOARD MEMBER	0.20	X						0.	0.	0.
(6) SISTER JOAN KIRBY BOARD MEMBER	0.20	X						0.	0.	0.
(7) C. KNOX LASISTER BOARD MEMBER	0.20	X						0.	0.	0.
(8) MARY ANN ROTHMAN BOARD MEMBER	0.20	X						0.	0.	0.
(9) ANDREW REICHER EXECUTIVE DIRECTOR	36.00 1.00			X				85,170.	0.	711.
(10) RICHARD HEITLER CHIEF OPERATING OFFICER	36.00 1.00			X				81,276.	0.	14,978.
(11) JULIE HARRIS CHIEF FINANCIAL OFFICER	21.00			X				71,495.	0.	7,875.

**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			
<b>1b Sub-total</b>							237,941.	0.	23,564.	
<b>c Total from continuation sheets to Part VII, Section A</b>							0.	0.	0.	
<b>d Total (add lines 1b and 1c)</b>							237,941.	0.	23,564.	

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 **0**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		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? If "Yes," complete Schedule J for such individual		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? If "Yes," complete Schedule J for such person		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
PRESTIGE EMPLOYEE ADMINISTRATORS, 538 BROADHOLLOW ROAD, SUITE 311, MELVILLE, NY	EMPLOYMENT ADMINISTRATION	2,607,565.

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**



**Part VIII Statement of Revenue**

Check if Schedule O contains a response to any question in this Part VIII

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e	1,150,193.			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	671,200.			
	g Noncash contributions included in lines 1a-1f: \$		25,158.			
	<b>h Total. Add lines 1a-1f</b>		<b>1,821,393.</b>			
	Program Service Revenue	2 a <b>CO-OP SERVICES</b>	Business Code 531390	889,176.	889,176.	
b <b>DEVELOPMENT SERVICES</b>		531390	452,634.	452,634.		
c						
d						
e						
f All other program service revenue						
<b>g Total. Add lines 2a-2f</b>			<b>1,341,810.</b>			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		88.		88.	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross rents	(i) Real	73,209.			
		(ii) Personal				
		b Less: rental expenses	73,209.			
		c Rental income or (loss)	0.			
	d Net rental income or (loss)		0.			
	7 a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		b Less: cost or other basis and sales expenses				
		c Gain or (loss)				
	d Net gain or (loss)					
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a				
	b Less: direct expenses	b				
c Net income or (loss) from fundraising events						
9 a Gross income from gaming activities. See Part IV, line 19	a					
b Less: direct expenses	b					
c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	a					
b Less: cost of goods sold	b					
c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code				
11 a <b>BAD DEBT RECOVERY</b>	900099	360,837.			360,837.	
b <b>INSURANCE PROCEEDS</b>	900099	30,000.			30,000.	
c <b>ENERGY IMPROVEMENTS</b>	900099	19,674.			19,674.	
d All other revenue	900099	15,084.			15,084.	
e <b>Total. Add lines 11a-11d</b>		<b>425,595.</b>				
<b>12 Total revenue. See instructions.</b>		<b>3,588,886.</b>	<b>1,341,810.</b>	<b>0.</b>	<b>425,683.</b>	

**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 to any question 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 governments and organizations in the United States. See Part IV, line 21	122,314.	122,314.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22	2,000.	2,000.		
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
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				
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees):				
a Management	2,789,600.	2,192,742.	409,371.	187,487.
b Legal	15,330.	15,295.	35.	
c Accounting	50,000.	16,000.	34,000.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	55,745.	54,025.	1,720.	
12 Advertising and promotion				
13 Office expenses	175,674.	147,250.	18,242.	10,182.
14 Information technology				
15 Royalties				
16 Occupancy	450,966.	390,644.	36,984.	23,338.
17 Travel	33,223.	33,223.		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	72,773.	69,567.	1,578.	1,628.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	9,064.		9,064.	
23 Insurance	28,573.	23,591.	3,531.	1,451.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a FUNDRAISING	16,727.	2,772.	25.	13,930.
b				
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	3,821,989.	3,069,423.	514,550.	238,016.
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 to any question in this Part X

		(A) Beginning of year		(B) End of year	
Assets	1	Cash - non-interest-bearing	859,141.	1	512,857.
	2	Savings and temporary cash investments	86,273.	2	265,334.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	829,491.	4	1,244,322.
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7	Notes and loans receivable, net	2,086,910.	7	2,035,941.
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	20,103.	9	74,910.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 687,543.		
	b	Less: accumulated depreciation	10b 659,358.	11,116.	10c 28,185.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11	14,455,432.	13	14,455,432.
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	1,450,945.	15	333,360.
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	19,799,411.	16	18,950,341.	
Liabilities	17	Accounts payable and accrued expenses	384,557.	17	350,446.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	17,399,420.	23	16,801,778.
	24	Unsecured notes and loans payable to unrelated third parties	873,355.	24	466,400.
	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	255,000.	25	677,741.
	26	<b>Total liabilities.</b> Add lines 17 through 25	18,912,332.	26	18,296,365.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	887,079.	27	476,290.
	28	Temporarily restricted net assets		28	177,686.
	29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
33	<b>Total net assets or fund balances</b>	887,079.	33	653,976.	
34	<b>Total liabilities and net assets/fund balances</b>	19,799,411.	34	18,950,341.	

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,588,886.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,821,989.
3	Revenue less expenses. Subtract line 2 from line 1	3	-233,103.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	887,079.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	653,976.

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response to any question 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
2b	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	
2c	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 in 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
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

Form 990 (2012)

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

**2012**

Open to Public Inspection

Name of the organization **URBAN HOMESTEADING ASSISTANCE BOARD, INC** Employer identification number **13-2902798**

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2  A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.
  - a  Type I
  - b  Type II
  - c  Type III - Functionally integrated
  - d  Type III - Non-functionally integrated
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? .....	11g(i)	
(ii) A family member of a person described in (i) above? .....	11g(ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above? .....	11g(iii)	
- h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
<b>Total</b>									



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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge ...						
<b>4 Total.</b> Add lines 1 through 3 .....						
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>7</b> Amounts from line 4 .....						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ...						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on ...						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						
<b>11 Total support.</b> Add lines 7 through 10						

**12** Gross receipts from related activities, etc. (see instructions) 12

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

**Section C. Computation of Public Support Percentage**

**14** Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) 14 %

**15** Public support percentage from 2011 Schedule A, Part II, line 14 15 %

**16a 33 1/3% support test - 2012.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ►

**b 33 1/3% support test - 2011.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ►

**17a 10% -facts-and-circumstances test - 2012.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ►

**b 10% -facts-and-circumstances test - 2011.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ►

**18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ►

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	791,516.	622,222.	3,357,267.	3,930,483.	1,821,393.	10,522,881.
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....	3,386,102.	3,902,528.	1,809,022.	2,560,802.	1,341,810.	13,000,264.
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge ...						
<b>6 Total.</b> Add lines 1 through 5 .....	4,177,618.	4,524,750.	5,166,289.	6,491,285.	3,163,203.	23,523,145.
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....	9,200.	26,725.	27,800.	20,000.	13,975.	97,700.
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						0.
<b>c</b> Add lines 7a and 7b .....	9,200.	26,725.	27,800.	20,000.	13,975.	97,700.
<b>8 Public support</b> (Subtract line 7c from line 6.)						23,425,445.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>9</b> Amounts from line 6 .....	4,177,618.	4,524,750.	5,166,289.	6,491,285.	3,163,203.	23,523,145.
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ...	195,680.	242.	63,868.	69,486.	73,297.	402,573.
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....	195,680.	242.	63,868.	69,486.	73,297.	402,573.
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....	28,587.	48,233.	31,492.	131,525.	425,595.	665,432.
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)	4,401,885.	4,573,225.	5,261,649.	6,692,296.	3,662,095.	24,591,150.

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

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	95.26 %
<b>16</b> Public support percentage from 2011 Schedule A, Part III, line 15 .....	<b>16</b>	97.06 %

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	1.64 %
<b>18</b> Investment income percentage from 2011 Schedule A, Part III, line 17 .....	<b>18</b>	1.66 %

**19a 33 1/3% support tests - 2012.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests - 2011.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

**Part IV** **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

SCHEDULE A, PART III, LINE 12, EXPLANATION FOR OTHER INCOME:

MISCELLANEOUS INCOME

2008 AMOUNT: \$ 28,587.

2009 AMOUNT: \$ 48,233.

2010 AMOUNT: \$ 31,492.

2011 AMOUNT: \$ 51,268.

2012 AMOUNT: \$ 2,210.

BAD DEBT RECOVERY

2011 AMOUNT: \$ 80,257.

2012 AMOUNT: \$ 360,837.

ENERGY IMPROVEMENTS

2012 AMOUNT: \$ 19,674.

REFUND

2012 AMOUNT: \$ 12,874.

INSURANCE PROCEEDS

2012 AMOUNT: \$ 30,000.

Schedule A

Payments from Disqualified Persons  
Included on Part III, Line 7a

2012

\*\* Do Not File \*\*

\*\*\* Not Open to Public Inspection \*\*\*

Payer's Name	2008 Amount	2009 Amount	2010 Amount	2011 Amount	2012 Amount
CHUCK LAVEN	0.	5,000.	10,000.	10,000.	5,000.
CHRISTOPHER FRISSORA	5,000.	5,000.	10,000.	0.	0.
EMMA BLOOMBERG	0.	10,000.	0.	10,000.	3,000.
ANDREW REICHER	2,000.	2,500.	0.	0.	2,300.
TESSA HUXLEY	0.	0.	250.	0.	750.
RITA REICHER	225.	225.	250.	0.	500.
PHYLISS REICHER	0.	0.	500.	0.	0.
RICHARD HEITLER	100.	400.	0.	0.	575.
MARY ANN ROTHMAN	1,500.	2,500.	5,000.	0.	1,500.
MAURICE SIERADZI	0.	100.	0.	0.	0.
JULIE HARRIS	350.	200.	250.	0.	250.
JAMES MORTON	25.	600.	0.	0.	100.
JOSH LOCKWOOD	0.	200.	500.	0.	0.
SR. JOAN KIRBY	0.	0.	50.	0.	0.
CLIFFORD CHARLES	0.	0.	1,000.	0.	0.
Total to Schedule A, Part III, Line 7a .....	9,200.	26,725.	27,800.	20,000.	13,975.

**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.

OMB No. 1545-0047

**2012**

Name of the organization

Employer identification number

**URBAN HOMESTEADING ASSISTANCE BOARD, INC**

**13-2902798**

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, \$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 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution 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 a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions 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 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total 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.** An organization that is not covered by the General Rule and/or the Special Rules does not 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 Part I, line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2012)



Name of organization <b>URBAN HOMESTEADING ASSISTANCE BOARD, INC</b>	Employer identification number <b>13-2902798</b>
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**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	ASTORIA FEDERAL SAVINGS ONE ASTORIA FEDERAL PLAZA LAKE SUCCESS, NY 11042	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	BANK OF TOKYO 1251 A VENUE OF THE AMERICA NEW YORK, NY 10020	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	BLOOMBERG SISTERS FOUNDATION C/O GELLER & CO. 909 THIRD AVENUE, 15TH FLOOR NEW YORK, NY 10022	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	BROOKLYN COMMUNITY FOUNDATION 201 DEKALB AVE BROOKLYN, NY 11204	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	CAPITAL ONE BANK 15000 CAPITAL ONE DRIVE RICHMOND, VA 23235	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	CHARLES LAVEN C/O FORSYTHE STREET ADVISORS, 588 BROADWAY NEW YORK, NY 10012	\$ 5,000.	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 <b>URBAN HOMESTEADING ASSISTANCE BOARD, INC</b>	Employer identification number <b>13-2902798</b>
-------------------------------------------------------------------------	-----------------------------------------------------

**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	CRC INSURANCE SERVICES, INC. PO BOX 59689 LAKE SUCCESS, NY 11042	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8	GUARDIAN LIFE INSURANCE CO. 7 HANOVER SQUARE NEW YORK, NY 10004	\$ 45,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9	HYDE & WATSON FOUNDATION 31-F MOUNTAIN BOULEVARD WARREN, NJ 07059	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
10	M&T CHARITABLE FOUNDATION 350 PARK AVE, 6TH FLOOR NEW YORK, NY 10022	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
11	NATIONAL PHILANTHROPIC TRUST 165 TOWNSHIP LINE ROAD, SUITE 50 JENKINTOWN, PA 19046	\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
12	NCB 2011 CRYSTAL DRIVE, SUITE 800 ARLINGTON, VA 22202	\$ 10,000.	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 <b>URBAN HOMESTEADING ASSISTANCE BOARD, INC</b>	Employer identification number <b>13-2902798</b>
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**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
13	NEW YORK COMMUNITY TRUST 909 THIRD AVENUE NEW YORK, NY 10022	\$ 65,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
14	NYC DEPARTMENT OF HOUSING PRESERVATION & DEVELOPMENT 100 GOLD STREET NEW YORK, NY 10038	\$ 1,150,193.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
15	PRATT AREA COMMUNITY COUNCIL 201 DEKALB AVE BROOKLYN, NY 11205	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
16	ROBERT STERLING CLARK FOUNDATION 135 EAST 64TH STREET NEW YORK, NY 10021	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
17	SURDNA FOUNDATION 330 MADISON AVE, 30TH FLOOR NEW YORK, NY 10017	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
18	THE SETH SPRAGUE EDUCATION & CHARITY FOUNDATION 114 WEST 47TH STREET NEW YORK, NY 10036	\$ 30,000.	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 <b>URBAN HOMESTEADING ASSISTANCE BOARD, INC</b>	Employer identification number <b>13-2902798</b>
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**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
19	<p><u>TECHSOUP</u></p> <p><u>435 BRANNAN STREET</u></p> <p><u>SAN FRANCISCO, CA 94107-1780</u></p>	\$ <u>25,158.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
20	<p><u>THE ROBIN HOOD FOUNDATION</u></p> <p><u>826 BROADWAY, 9TH FLOOR</u></p> <p><u>NEW YORK, NY 10003</u></p>	\$ <u>300,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
21	<p><u>ANDREW REICHER</u></p> <p><u>152 FORSYTH STREET #6</u></p> <p><u>NEW YORK, NY 10002</u></p>	\$ <u>5,300.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	<p>_____</p> <p>_____</p> <p>_____</p>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	<p>_____</p> <p>_____</p> <p>_____</p>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	<p>_____</p> <p>_____</p> <p>_____</p>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

**URBAN HOMESTEADING ASSISTANCE BOARD, INC**

**13-2902798**

**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
19	COMPUTERS AND SOFTWARE	\$ 25,158.	12/11/12



Name of organization <b>URBAN HOMESTEADING ASSISTANCE BOARD, INC</b>	Employer identification number <b>13-2902798</b>
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**Part III** Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. 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 information 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

(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

(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

(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

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2012

Open to Public Inspection

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

Attach to Form 990. See separate instructions.

Department of the Treasury Internal Revenue Service

Name of the organization URBAN HOMESTEADING ASSISTANCE BOARD, INC Employer identification number 13-2902798

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate contributions to (during year), 3 Aggregate grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

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

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

Table with 2 columns: \$. Rows include: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. 1b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X. 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenues included in Form 990, Part VIII, line 1, b Assets included in Form 990, Part X.

**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 are a 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 programs
- 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" to 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?  Yes  No

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

**Part V Endowment Funds.** Complete if the organization answered "Yes" to 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 Temporarily restricted endowment  %

The percentages in 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" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	

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

**Part VI Land, Buildings, and Equipment.** 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		183,684.	179,411.	4,273.
d Equipment		503,859.	479,947.	23,912.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				28,185.

**Part VII Investments - Other Securities.** 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)		
(I)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		

**Part VIII Investments - Program Related.** See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) LOW INCOME HOUSING		
(2) PROJECTS LOANS RECEIVABLE	14,455,432.	COST
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.)	14,455,432.	

**Part IX Other Assets.** See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

**Part X Other Liabilities.** See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DUE TO NEW YORK CITY DEPARTMENT OF	
(3) HOUSING PRESERVATION AND	
(4) DEVELOPMENT	5,000.
(5) REFUNDABLE ADVANCES	672,741.
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	677,741.

2. FIN 48 (ASC 740) Footnote. 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 FIN 48 (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**

1	Total revenue, gains, and other support per audited financial statements		1	3,588,886.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e		0.
3	Subtract line 2e from line 1		3	3,588,886.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	3,588,886.

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

1	Total expenses and losses per audited financial statements		1	3,821,989.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e		0.
3	Subtract line 2e from line 1		3	3,821,989.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	3,821,989.

**Part XIII Supplemental Information**

Complete this part to 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: U-HAB RECOGNIZES THE EFFECT OF INCOME TAX POSITIONS**

**ONLY IF THOSE POSITIONS ARE MORE LIKELY THAN NOT TO BE SUSTAINED.**

**MANAGEMENT HAS DETERMINED THAT THE U-HAB HAD NO UNCERTAIN TAX POSITIONS**

**THAT WOULD REQUIRE FINANCIAL STATEMENT RECOGNITION OR DISCLOSURE. U-HAB IS**

**NO LONGER SUBJECT TO EXAMINATIONS BY THE APPLICABLE TAXING JURISDICTIONS**

**FOR PERIODS PRIOR TO JUNE 30, 2010.**



**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

OMB No. 1545-0047

**2012**

Open to Public  
Inspection

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

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

Name of the organization

Employer identification number  
**13-2902798**

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

Yes  No

**Part II** **Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to 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 non-cash assistance	(h) Purpose of grant or assistance
165-7-9 AVENUE C 165-7-9 AVENUE C NEW YORK, NY 10009	20-4679553		20,046.	0.			TO HELP RESTORE SERVICES AND REPAIR INFRASTRUCTURE AFTER HURRICANE SANDY
551 EAST 12TH STREET 551 EAST 12TH STREET NEW YORK, NY 10009	13-3856258		30,325.	0.			TO HELP RESTORE SERVICES AND REPAIR INFRASTRUCTURE AFTER HURRICANE SANDY
621-23 EAST 6TH STREET 621-23 EAST 6TH STREET NEW YORK, NY 10009	13-3997030		5,226.	0.			TO HELP RESTORE SERVICES AND REPAIR INFRASTRUCTURE AFTER HURRICANE SANDY
219 EAST 7TH STREET 219 EAST 7TH STREET NEW YORK, NY 10009	13-3607420		14,895.	0.			TO HELP RESTORE SERVICES AND REPAIR INFRASTRUCTURE AFTER HURRICANE SANDY
274 EAST 7TH STREET 274 EAST 7TH STREET NEW YORK, NY 10009	26-4621842		6,476.	0.			TO HELP RESTORE SERVICES AND REPAIR INFRASTRUCTURE AFTER HURRICANE SANDY
367 EAST 10TH STREET 367 EAST 10TH STREET NEW YORK, NY 10009	13-3705634		24,475.	0.			TO HELP RESTORE SERVICES AND REPAIR INFRASTRUCTURE AFTER HURRICANE SANDY

**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

0.  
8.

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

Schedule I (Form 990) (2012)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CASA ALBA 393 EAST 10TH STREET NEW YORK, NY 10009	13-3641350		5,000.	0.			TO HELP RESTORE SERVICES AND REPAIR INFRASTRUCTURE AFTER HURRICANE SANDY
JLP MANAGEMENT 3397 E TREMONT AVE BRONX, NY 10461	26-0728454		15,870.	0.			TO HELP RESTORE SERVICES AND REPAIR INFRASTRUCTURE AFTER HURRICANE SANDY

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

**Part IV** Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

UHAB USED GRANT MONEY FROM THE ROBIN HOOD FOUNDATION TO HELP LOWER EAST SIDE BUILDINGS RESTORE SERVICES AND REPAIR INFRASTRUCTURE AFTER HURRICANE SANDY. THE BUILDINGS GETTING ASSISTANCE WERE REQUIRED TO FILE AN INSURANCE CLAIM AND DETAIL THEIR STORM DAMAGE. WE PRIORITIZED USE OF THE GRANT MONEY ON BUILDINGS' HEAT AND ELECTRICAL SYSTEMS.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2012**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

Name of the organization **URBAN HOMESTEADING ASSISTANCE BOARD, INC** Employer identification number **13-2902798**

Part I	Types of Property	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art .....				
2	Art - Historical treasures .....				
3	Art - Fractional interests .....				
4	Books and publications .....				
5	Clothing and household goods .....				
6	Cars and other vehicles .....				
7	Boats and planes .....				
8	Intellectual property .....				
9	Securities - Publicly traded .....				
10	Securities - Closely held stock .....				
11	Securities - Partnership, LLC, or trust interests .....				
12	Securities - Miscellaneous .....				
13	Qualified conservation contribution - Historic structures .....				
14	Qualified conservation contribution - Other .....				
15	Real estate - Residential .....				
16	Real estate - Commercial .....				
17	Real estate - Other .....				
18	Collectibles .....				
19	Food inventory .....				
20	Drugs and medical supplies .....				
21	Taxidermy .....				
22	Historical artifacts .....				
23	Scientific specimens .....				
24	Archeological artifacts .....				
25	Other ▶ ( <b>COMPUTER SOFT</b> )	<b>X</b>	<b>3</b>	<b>17,287.</b>	
26	Other ▶ ( <b>COMPUTERS</b> )	<b>X</b>	<b>11</b>	<b>7,871.</b>	
27	Other ▶ ( )				
28	Other ▶ ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement ..... **29** **0**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? .....		<b>X</b>
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? .....		<b>X</b>
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? .....		<b>X</b>
b If "Yes," describe in Part II.		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) (2012)

**Part II Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B): THE ORGANIZATION IS REPORTING THE  
NUMBER OF ITEMS DONATED IN PART I, COLUMN (B).

Multiple horizontal lines for data entry.

**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.

OMB No. 1545-0047

**2012**

Open to Public  
Inspection

Name of the organization

URBAN HOMESTEADING ASSISTANCE BOARD, INC

Employer identification number

13-2902798

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

INSURED VALUE OF \$1,668,294,537

- PROVIDED COOPERATIVE HOMEOWNERSHIP TRAINING TO OVER 460 RESIDENTS

INTERESTED IN BUYING AFFORDABLE HOUSING UNITS IN UHAB'S DEVELOPMENT

PIPELINE, MANAGED AN APPLICANT POOL OF OVER 820 LOW-INCOME POTENTIAL

HOMEBUYER, RESULTING IN 25 PURCHASES.

- SERVICED 30 SHARE LOANS TOTALING \$640,000 LENT TO RESIDENTS

PURCHASING AFFORDABLE HOUSING UNITS IN UHAB'S DEVELOPMENT PIPELINE.

ORIGINATED 5 NEW LOANS IN FY 2013 AND 2 LOANS WERE PAID OFF.

- SINCE 2007, UHAB HAS BEEN ABLE TO GET LOW-INCOME CO-OPS ASSISTANCE

THROUGH THE CITGO/CITIZENS ENERGY HEATING OIL PROGRAM THAT PROVIDES

GRANTS FOR FREE OIL TO ELIGIBLE BUILDINGS THROUGHOUT THE COUNTRY. UHAB

ENROLLED OVER 100 BUILDINGS IN THE PROGRAM, AND OVER 266,883 GALLONS OF

FREE OIL WAS DELIVERED LAST WINTER, TOTALING A SAVINGS OF \$965,575 FOR

THE 2,785 FAMILIES THAT PARTICIPATED IN THE PROGRAM.

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

HURRICANE SANDY:

UHAB USED GRANT MONEY FROM THE ROBIN HOOD FOUNDATION TO HELP LOWER EAST

SIDE BUILDINGS RESTORE SERVICES AND REPAIR INFRASTRUCTURE AFTER

HURRICANE SANDY. THE BUILDINGS GETTING ASSISTANCE WERE REQUIRED TO

FILE AN INSURANCE CLAIM AND DETAIL THEIR STORM DAMAGE. WE PRIORITIZED

USE OF THE GRANT MONEY ON BUILDINGS' HEAT AND ELECTRICAL SYSTEMS.

EXPENSES \$ 124,374. INCLUDING GRANTS OF \$ 122,314. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 3: BEGINNING IN JANUARY 1, 2012, THE

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

Schedule O (Form 990 or 990-EZ) (2012)

232211  
01-04-13

Name of the organization

URBAN HOMESTEADING ASSISTANCE BOARD, INC

Employer identification number

13-2902798

ORGANIZATION BEGAN USING AN OUTSIDE MANAGEMENT COMPANY, PRESTIGE EMPLOYMENT ORGANIZATION ("PEO") AS A CO-EMPLOYER. THE THREE OFFICERS LISTED IN PART VIII, ANDREW REICHER, RICHARD HEITLER AND JULIE HARRIS ARE ALL PAID BY THE PEO. THEIR CALENDAR YEAR 2012 COMPENSATION IS REPORTED IN PART VII, SECTION A. DURING FISCAL YEAR 2013, UHAB PAID THE PEO \$2,789,600 FOR EMPLOYEE ADMINISTRATION.

FORM 990, PART VI, SECTION A, LINE 4: THE ORGANIZATION AMENDED ITS BY-LAWS TO ADD ADVISORS TO HONORARY BOARD MEMBERS AS NON-VOTING MEMBERS; BRINGING THE FISCAL YEAR INTO CONFORMANCE WITH PRACTICE; AND CHANGING LANGUAGE CONCERNING REMOVAL OF MEMBERS AND TERMS.

FORM 990, PART VI, SECTION B, LINE 11: UHAB HAS ITS FORM 990 PREPARED BY AN OUTSIDE ACCOUNTING FIRM AND HAS ESTABLISHED THE FOLLOWING REVIEW PROCESS TO ENSURE THAT THE INFORMATION REPORTED IS COMPLETE AND ACCURATE. WHEN THE FORM 990 HAS BEEN PREPARED, REVIEWED BY MANAGEMENT AND IS READY TO BE FILED WITH THE INTERNAL REVENUE SERVICE, IT IS ELECTRONICALLY SENT TO THE BOARD MEMBERS OF THE ORGANIZATION FOR ANY COMMENTS. THE BOARD WAS ASKED TO SUBMIT ANY COMMENTS OR QUESTIONS TO MANAGEMENT. AFTER COMMENTS WERE RECEIVED AND REVIEWED, THE FINAL FORM 990 WAS DISTRIBUTED TO THE BOARD PRIOR TO ITS SUBMISSION TO THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C: THE CONFLICT OF INTEREST POLICY IS APPLICABLE TO ALL DIRECTORS, PRINCIPAL OFFICERS, LEASED EMPLOYEES, VOLUNTEERS, AND MEMBERS OF A COMMITTEE WITH GOVERNING BOARD DELEGATED POWERS. EACH INDIVIDUAL MUST COMPLETE AN ANNUAL DISCLOSURE STATEMENT, STATING ANY ACTUAL OR POTENTIAL CONFLICTS. ANY CONFLICTS THAT EMPLOYEES OR VOLUNTEERS HAVE MUST BE BROUGHT TO THE ATTENTION TO THE EXECUTIVE DIRECTOR



Name of the organization

URBAN HOMESTEADING ASSISTANCE BOARD, INC

Employer identification number

13-2902798

FOR HIS REVIEW. ANY CONFLICTS FROM BOARD MEMBERS OR OFFICERS MUST BE BROUGHT TO THE BOARD'S ATTENTION FOR REVIEW. THE INDIVIDUAL WITH THE CONFLICT IS EXCUSED FROM THE DISCUSSION AND VOTE ON THE CONFLICT.

FORM 990, PART VI, SECTION B, LINE 15: THE COMPENSATION OF THE ORGANIZATION'S EXECUTIVE DIRECTOR IS BASED UPON A COMPARABILITY STUDY; THE ORGANIZATION USES STUDIES FROM OUTSIDE ORGANIZATIONS, SUCH AS THE PROFESSIONALS FOR NONPROFITS "ANNUAL SALARY SURVEY OF NYC NONPROFITS". THE EXECUTIVE DIRECTOR'S SALARY IS REVIEWED AND APPROVED ANNUALLY BY THE BOARD. THE BOARD OF DIRECTORS APPROVES COMPENSATION OF ALL EXECUTIVE-LEVEL LEASED EMPLOYEES AS PART OF ITS REVIEW AND APPROVAL OF THE ANNUAL BUDGET.

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS FORM 990 AVAILABLE FOR PUBLIC INSPECTION AS REQUIRED UNDER SECTION 6104 OF THE INTERNAL REVENUE CODE. THE RETURN IS POSTED ON GUIDESTAR.ORG AND OTHER SIMILAR TYPES OF WEBSITES. IN ADDITION, THE FINANCIAL STATEMENTS, CONFLICT OF INTEREST POLICY, ARTICLES OF INCORPORATION FORM 990, FORM 1023, AND BY-LAWS ARE ALSO AVAILABLE UPON WRITTEN REQUEST OR BY CALLING THE ORGANIZATION DIRECTLY.

FORM 990, PART XII, LINE 2C:

THE ORGANIZATION HAS A COMMITTEE THAT ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND SELECTION OF AN INDEPENDENT ACCOUNTANT. THIS PROCESS DID NOT CHANGE FROM THE PRIOR YEAR.

**Related Organizations and Unrelated Partnerships**  
▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.  
▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization

Employer identification number  
**13-2902798**

**URBAN HOMESTEADING ASSISTANCE BOARD, INC**

**Part I Identification of Disregarded Entities** (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
HOMENERSHIP LENDING - 46-3056032 120 WALL STREET, 20TH FLOOR NEW YORK, NY 10005	TO PROVIDE FUNDING TO QUALIFIED COOPERATIVES AND SHARE HOLDERS	NEW YORK	0.	0.	URBAN HOMESTEADING ASSISTANCE BOARD INC.

**Part II Identification of Related Tax-Exempt Organizations** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
UHAB HOUSING DEVELOPMENT FUND CORPORATION - 13-4188404, 120 WALL STREET, 20TH FLOOR, NEW YORK, NY 10005	HOUSING DEVELOPMENT	NEW YORK	501(C)3	11B	URBAN HOMESTEADING ASSISTANCE BOARD		X
UHAB-STERLING STREET HOUSING DEVELOPMENT FUND CORPORATION - 26-2885058, 266 BROADWAY, SUITE 401, BROOKLYN, NY 11211	HOUSING DEVELOPMENT	NEW YORK	501(C)3	11A	URBAN HOMESTEADING ASSISTANCE BOARD		X

**Part III Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportion- ate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
186 EAST 104TH STREET HDFC - 26-0395542			URBAN HOMESTEADING	C CORP	180,633.	25,107.	100.00%		X
120 WALL STREET, 20TH FLOOR NEW YORK, NY 10005	HOUSING DEVELOPMENT	NY	ASSISTANCE	C CORP	0.	2,272,486.	100.00%		X
473 WEST 145TH STREET HDFC - 26-0395632			URBAN HOMESTEADING	C CORP	2,116,110.	9,391,728.	100.00%		X
120 WALL STREET, 20TH FLOOR NEW YORK, NY 10005	HOUSING DEVELOPMENT	NY	ASSISTANCE	C CORP	0.	194,646.	100.00%		X
508 WEST 135TH STREET HDFC - 26-0395728			URBAN HOMESTEADING	C CORP	0.	0.	100.00%		X
120 WALL STREET, 20TH FLOOR NEW YORK, NY 10005	HOUSING DEVELOPMENT	NY	ASSISTANCE	C CORP	0.	0.	100.00%		X
ELVA-UHAB HDFC - 26-8677210			URBAN HOMESTEADING	C CORP	2,116,110.	9,391,728.	100.00%		X
120 WALL STREET, 20TH FLOOR NEW YORK, NY 10005	HOUSING DEVELOPMENT	NY	ASSISTANCE	C CORP	0.	194,646.	100.00%		X
GP-UHAB HDFC - 20-3116396			URBAN HOMESTEADING	C CORP	0.	0.	100.00%		X
120 WALL STREET, 20TH FLOOR NEW YORK, NY 10005	HOUSING DEVELOPMENT	NY	ASSISTANCE	C CORP	0.	194,646.	100.00%		X

**Part IV** Continuation of Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
MANHATTAN 203B-UHAB HDFC - 26-0373814 120 WALL STREET, 20TH FLOOR NEW YORK, NY 10005	HOUSING DEVELOPMENT	NY	URBAN HOMESTEADING ASSISTANCE	C CORP	488.	0.	100.00%		X
ROUND V-2 WEST 135TH STREET HDFC (512 W 135 HDFC) - 26-1233014, 120 WALL STREET, 20TH FLOOR, NEW YORK, NY 10005	HOUSING DEVELOPMENT	NY	URBAN HOMESTEADING ASSISTANCE	C CORP	0.	0.	100.00%		X
ROUND IV EAST 101ST STREET HDFC - 26-1232717 120 WALL STREET, 20TH FLOOR NEW YORK, NY 10005	HOUSING DEVELOPMENT	NY	URBAN HOMESTEADING ASSISTANCE	C CORP	132,786.	29,916.	100.00%		X
1520 SEDGWICH HDFC - 26-1232785 120 WALL STREET, 20TH FLOOR NEW YORK, NY 10005	HOUSING DEVELOPMENT	NY	URBAN HOMESTEADING ASSISTANCE	C CORP	0.	17,595.	100.00%		X
ROUND IV SECOND AVENUE HOUSING DEVELOPMENT FUND CORPORATION - 26-1232498, 120 WALL STREET, 20TH FLOOR, NEW YORK, NY 10005	HOUSING DEVELOPMENT	NY	URBAN HOMESTEADING ASSISTANCE	C CORP	0.	144,853.	100.00%		X
110 MADISON HDFC - 45-4897009 120 WALL STREET, 20TH FLOOR NEW YORK, NY 10005	HOUSING DEVELOPMENT	NY	URBAN HOMESTEADING ASSISTANCE	C CORP	0.	0.	100.00%		X
1380 HDFC - 46-3051656 120 WALL STREET, 20TH FLOOR NEW YORK, NY 10005	HOUSING DEVELOPMENT	NY	URBAN HOMESTEADING ASSISTANCE	C CORP	0.	0.	100.00%		X
EAST 147TH STREET HDFC - 46-1529290 120 WALL STREET, 20TH FLOOR NEW YORK, NY 10005	HOUSING DEVELOPMENT	NY	URBAN HOMESTEADING ASSISTANCE	C CORP	0.	0.	100.00%		X
WESTSIDE 135TH STREET HDFC 120 WALL STREET, 20TH FLOOR NEW YORK, NY 10005	HOUSING DEVELOPMENT	NY	URBAN HOMESTEADING ASSISTANCE	C CORP	0.	0.	100.00%		X

**URBAN HOMESTEADING ASSISTANCE BOARD, INC**

**Part V Transactions With Related Organizations** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35b, or 36.)

		Yes	No
<b>Note.</b> Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.			
<b>1</b>	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
<b>a</b>	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity		<input checked="" type="checkbox"/>
<b>b</b>	Gift, grant, or capital contribution to related organization(s)		<input checked="" type="checkbox"/>
<b>c</b>	Gift, grant, or capital contribution from related organization(s)		<input checked="" type="checkbox"/>
<b>d</b>	Loans or loan guarantees to or for related organization(s)		<input checked="" type="checkbox"/>
<b>e</b>	Loans or loan guarantees by related organization(s)		<input checked="" type="checkbox"/>
<b>f</b>	Dividends from related organization(s)		<input checked="" type="checkbox"/>
<b>g</b>	Sale of assets to related organization(s)		<input checked="" type="checkbox"/>
<b>h</b>	Purchase of assets from related organization(s)		<input checked="" type="checkbox"/>
<b>i</b>	Exchange of assets with related organization(s)		<input checked="" type="checkbox"/>
<b>j</b>	Lease of facilities, equipment, or other assets to related organization(s)		<input checked="" type="checkbox"/>
<b>k</b>	Lease of facilities, equipment, or other assets from related organization(s)		<input checked="" type="checkbox"/>
<b>l</b>	Performance of services or membership or fundraising solicitations for related organization(s)		<input checked="" type="checkbox"/>
<b>m</b>	Performance of services or membership or fundraising solicitations by related organization(s)		<input checked="" type="checkbox"/>
<b>n</b>	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		<input checked="" type="checkbox"/>
<b>o</b>	Sharing of paid employees with related organization(s)		<input checked="" type="checkbox"/>
<b>p</b>	Reimbursement paid to related organization(s) for expenses		<input checked="" type="checkbox"/>
<b>q</b>	Reimbursement paid by related organization(s) for expenses		<input checked="" type="checkbox"/>
<b>r</b>	Other transfer of cash or property to related organization(s)		<input checked="" type="checkbox"/>
<b>s</b>	Other transfer of cash or property from related organization(s)		<input checked="" type="checkbox"/>

	(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
<b>(1)</b>				
<b>(2)</b>				
<b>(3)</b>				
<b>(4)</b>				
<b>(5)</b>				
<b>(6)</b>				

**Part VI Unrelated Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512-514)	(e) Are all partners sec. 501(c)(3) orgs.?		(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor- tionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

**Part VII Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

**PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:**

NAME OF RELATED ORGANIZATION:

UHAB HOUSING DEVELOPMENT FUND CORPORATION

DIRECT CONTROLLING ENTITY: URBAN HOMESTEADING ASSISTANCE BOARD, INC.

NAME OF RELATED ORGANIZATION:

UHAB-STERLING STREET HOUSING DEVELOPMENT FUND CORPORATION

DIRECT CONTROLLING ENTITY: URBAN HOMESTEADING ASSISTANCE BOARD, INC.

**PART IV, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS CORP OR TRUST:**

NAME OF RELATED ORGANIZATION:

186 EAST 104TH STREET HDFC

DIRECT CONTROLLING ENTITY: URBAN HOMESTEADING ASSISTANCE BOARD, INC.

NAME OF RELATED ORGANIZATION:

473 WEST 145TH STREET HDFC

DIRECT CONTROLLING ENTITY: URBAN HOMESTEADING ASSISTANCE BOARD, INC.

NAME OF RELATED ORGANIZATION:

508 WEST 135TH STREET HDFC

DIRECT CONTROLLING ENTITY: URBAN HOMESTEADING ASSISTANCE BOARD, INC.

NAME OF RELATED ORGANIZATION:

ELVA-UHAB HDFC

DIRECT CONTROLLING ENTITY: URBAN HOMESTEADING ASSISTANCE BOARD, INC.



**Part VII** Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

NAME OF RELATED ORGANIZATION:

GP-UHAB HDFC

DIRECT CONTROLLING ENTITY: URBAN HOMESTEADING ASSISTANCE BOARD, INC.

NAME OF RELATED ORGANIZATION:

MANHATTAN 203B-UHAB HDFC

DIRECT CONTROLLING ENTITY: URBAN HOMESTEADING ASSISTANCE BOARD, INC.

NAME OF RELATED ORGANIZATION:

ROUND V-2 WEST 135TH STREET HDFC (512 W 135 HDFC)

DIRECT CONTROLLING ENTITY: URBAN HOMESTEADING ASSISTANCE BOARD, INC.

NAME OF RELATED ORGANIZATION:

ROUND IV EAST 101ST STREET HDFC

DIRECT CONTROLLING ENTITY: URBAN HOMESTEADING ASSISTANCE BOARD, INC.

NAME OF RELATED ORGANIZATION:

1520 SEDGWICH HDFC

DIRECT CONTROLLING ENTITY: URBAN HOMESTEADING ASSISTANCE BOARD, INC.

NAME OF RELATED ORGANIZATION:

ROUND IV SECOND AVENUE HOUSING DEVELOPMENT FUND CORPORATION

DIRECT CONTROLLING ENTITY: URBAN HOMESTEADING ASSISTANCE BOARD, INC.

NAME OF RELATED ORGANIZATION:

110 MADISON HDFC

DIRECT CONTROLLING ENTITY: URBAN HOMESTEADING ASSISTANCE BOARD, INC.

**Part VII Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

NAME OF RELATED ORGANIZATION:

1380 HDFC

DIRECT CONTROLLING ENTITY: URBAN HOMESTEADING ASSISTANCE BOARD, INC.

NAME OF RELATED ORGANIZATION:

EAST 147TH STREET HDFC

DIRECT CONTROLLING ENTITY: URBAN HOMESTEADING ASSISTANCE BOARD, INC.

NAME OF RELATED ORGANIZATION:

WESTSIDE 135TH STREET HDFC

DIRECT CONTROLLING ENTITY: URBAN HOMESTEADING ASSISTANCE BOARD, INC.