

Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung
benefit trust or private foundation)

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

OMB No. 1545-0047

2008Open to Public
Inspection**A** For the 2008 calendar year, or tax year beginning **JUL 1, 2008** and ending **JUN 30, 2009**

B Check if applicable:	Please use IRS label or print or type. See Specific Instructions.	C Name of organization URBAN EDGE HOUSING CORPORATION Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1542 COLUMBUS AVENUE, STE. 2 City or town, state or country, and ZIP + 4 ROXBURY, MA 02119 F Name and address of principal officer: MOSSIK HACOBIAN SAME AS C ABOVE	D Employer identification number 22-2483475 E Telephone number 617-989-9300 G Gross receipts \$ 2,990,476. H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
<input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending		I Tax-exempt status: <input checked="" type="checkbox"/> 501(c) (3) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 J Website: ▶ WWW.URBANEDGE.ORG K Type of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ L Year of formation: 1983 M State of legal domicile: MA	

Part I Summary

1	Briefly describe the organization's mission or most significant activities: AFFORDABLE HOUSING, COMMUNITY BUILDING AND ORGANIZING, FORCLOSURE COUNSELING AND OTHER PROGRAMS.		
2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.		
3	Number of voting members of the governing body (Part VI, line 1a)	3	28
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	28
5	Total number of employees (Part V, line 2a)	5	29
6	Total number of volunteers (estimate if necessary)	6	3
7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	-86,535.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	-126,273.
8	Contributions and grants (Part VIII, line 1h)	8	2,123,667.
9	Program service revenue (Part VIII, line 2g)	9	1,495,493.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	10	102,026.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	11	-2,719,974.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	12	1,001,212.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	13	1,878,722.
14	Benefits paid to or for members (Part IX, column (A), line 4)	14	1,878,722.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	15	1,878,722.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	16a	1,336,139.
b	Total fundraising expenses (Part IX, column (D), line 25) ▶	b	1,336,139.
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	17	3,214,861.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	18	-2,213,649.
19	Revenue less expenses. Subtract line 18 from line 12	19	-147,011.
20	Total assets (Part X, line 16)	20	27,584,022.
21	Total liabilities (Part X, line 26)	21	25,642,737.
22	Net assets or fund balances. Subtract line 21 from line 20	22	1,941,285.

Part II Signature Block

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

Sign Here	Signature of officer MOSSIK HACOBIAN, PRESIDENT Type or print name and title	Date	
Paid Preparer's Use Only	Preparer's signature ALEXANDER, ARONSON, FINNING Firm's name (or yours if self-employed), address, and ZIP + 4 ALEXANDER, ARONSON, FINNING & CO., P.C. 21 EAST MAIN STREET WESTBORO, MA 01581	Date 5/16/10	Check if self-employed <input type="checkbox"/> Preparer's identifying number (see instructions) 508-366-9100

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

Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission:

TO HELP DEVELOP AND SUSTAIN STABLE, HEALTHY AND DIVERSE COMMUNITIES.

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 ☒ 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 ☒ No

If "Yes", describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 \$ 831,140. including grants of \$) (Revenue \$ 2,018,424.)
 COMMUNITY SERVICES- PROVIDES VITAL SOCIAL SERVICES RELATING TO URBAN
 EDGE'S ROLE IN THE EGLESTON SQUARE COMMUNITY

4b (Code:) (Expenses \$ 2,383,721. including grants of \$) (Revenue \$ -717,260.)
 REAL ESTATE AND ECONOMIC DEVELOPMENT PROJECTS- FINANCES THE AQUISITION
 AND RENOVATION OF LOW INCOME RENTAL PROPERTIES AND STIMULATES BUSINESS
 GROWTH AND EMPLOYMENT OPPORTUNITIES

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services. (Describe in Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses \$ 3,214,861. (Must equal Part IX, Line 25, column (B).)

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>	1 X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	2 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>	3	X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>	4	X
5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>	5	
6 Did the organization maintain any donor advised funds or any accounts where 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>	6	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>	7	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>	8	X
9 Did the organization report an amount in Part X, line 21; 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>	9	X
10 Did the organization hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10	X
11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? <i>If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	11 X	
12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	12 X	
13 Is the organization a school as described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	X
14a Did the organization maintain an office, employees, or agents outside of the U.S.?	14a	X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? <i>If "Yes," complete Schedule F, Part I</i>	14b	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, Part II</i>	15	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, Part III</i>	16	X
17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If "Yes," complete Schedule G, Part I</i>	17	X
18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18	X
19 Did the organization report more than \$15,000 on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19	X
20 Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>	20	X
21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	X
22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	X
23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? <i>If "Yes," complete Schedule J</i>	23 X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25</i>	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a	X
b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? <i>If "Yes," complete Schedule L, Part I</i>	25b	X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>	26	X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>	27	X

Part IV Checklist of Required Schedules (continued)

	Yes	No
28 During the tax year, did any person who is a current or former officer, director, trustee, or key employee:		
a Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i>		X
b Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		X
c Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	X	
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	X	
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	X	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X

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Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable	0	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0	
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	29	
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	X	
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
6a	Did the organization solicit any contributions that were not tax deductible?		X
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter: N/A		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter: N/A		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A	12b	

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)**Section A. Governing Body and Management**

	Yes	No
For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.		
1a Enter the number of voting members of the governing body	28	
1b Enter the number of voting members that are independent	28	
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3 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?		X
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5 Did the organization become aware during the year of a material diversion of the organization's assets?		X
6 Does the organization have members or stockholders?		X
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
7b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	X	
b Each committee with authority to act on behalf of the governing body?	X	
9a Does the organization have local chapters, branches, or affiliates?		X
b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
10 Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	X	
11 Is there any officer, director or 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		X

Section B. Policies

	Yes	No
12a Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done		X
13 Does the organization have a written whistleblower policy?	X	
14 Does the organization have a written document retention and destruction policy?	X	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:		
a The organization's CEO, Executive Director, or top management official?	X	
b Other officers or key employees of the organization?	X	
Describe the process in Schedule O. (see instructions)		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **► MA**

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
☐ Own website ☒ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **►**
SALVATORE J. BOSCO, CFO - 617-989-9300
1542 COLUMBUS AVENUE, STE. 2, ROXBURY, MA 02119

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• 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 the organization did not compensate any officer, director, trustee, or key employee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(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			
ANNE MCKINNON CHAIR	2.00	X		X				0.	0.	0.
TOM DAVIS VICE-CHAIR	2.00	X		X				0.	0.	0.
EDDIE JENKINS VICE-CHAIR	2.00	X		X				0.	0.	0.
BEVERLY ESTES-SMARGIASSI TREASURER	2.00	X		X				0.	0.	0.
VIKI BOK MEMBER	2.00	X						0.	0.	0.
DIANE STAFFORD CLERK	2.00	X		X				0.	0.	0.
MANUEL DURAN ASSISTANT CLERK	2.00	X		X				0.	0.	0.
MARY BROWN MEMBER	2.00	X						0.	0.	0.
GENIE CURRY MEMBER	2.00	X						0.	0.	0.
NATACHA DUNKER MEMBER	2.00	X						0.	0.	0.
BRUCE EHRLICH MEMBER	2.00	X						0.	0.	0.
AKIMI GARDEN MEMBER	2.00	X						0.	0.	0.
SARAH HOWARD-MCHUGH MEMBER	2.00	X						0.	0.	0.
KIMMY JACKSON MEMBER	2.00	X						0.	0.	0.
WILLIE JONES MEMBER	2.00	X						0.	0.	0.
PETER LEE MEMBER	2.00	X						0.	0.	0.
GINA MARTINEZ MEMBER	2.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(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			
MANNY MARTINEZ MEMBER	2.00	X						0.	0.	0.
JEFF PAQUETTE MEMBER	2.00	X						0.	0.	0.
DARRYL PELTON MEMBER	2.00	X						0.	0.	0.
ELIZABETH RELERFORD MEMBER	2.00	X						0.	0.	0.
CHARLIE ROSE MEMBER	2.00	X						0.	0.	0.
KAREN ROYSTON MEMBER	2.00	X						0.	0.	0.
JOHANNA SMITH MEMBER	2.00	X						0.	0.	0.
ANDREW SOBERS MEMBER	2.00	X						0.	0.	0.
FLOYD STRAW MEMBER	2.00	X						0.	0.	0.
MAY VAUGHN-EBANKS MEMBER	2.00	X						0.	0.	0.
1b Total								356,824.	0.	35,093.

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization 2

	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 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.

(A) Name and business address	(B) Description of services	(C) Compensation
ACCOUNTING MANAGEMENT SOLUTIONS, INC., 800 SOUTH STREET, SUITE 195, WALTHAM, MA 02453	ACCOUNTING TEMPS	278,931.

2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization 1

SEE SCHEDULE J-2 FOR PART VII, SECTION A CONTINUATION

Form 990 (2008)

Part VIII Statement of Revenue

				(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	211,016.				
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e	600,316.				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	1,312,335.				
	g	Noncash contributions included in lines 1a-1f: \$						
	h	Total. Add lines 1a-1f			212,366.7.			
	Program Service Revenue	2 a	PROJECT MANAGEMENT	Business Code	531390	809,821.	809,821.	
b		RENTAL INCOME		531110	275,081.	275,081.		
c		RESIDENT SERVICE		532000	208,560.	208,560.		
d		ASSET MANAGEMENT FEES		531310	202,031.	202,031.		
e								
f		All other program service revenue						
g		Total. Add lines 2a-2f			149,549.3.			
Other Revenue		3	Investment income (including dividends, interest, and other similar amounts)			102,026.		
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6 a	Gross Rents	(i) Real	(ii) Personal				
	b	Less: rental expenses						
	c	Rental income or (loss)						
	d	Net rental income or (loss)			-299,952.	-213,417.	-86,535.	
	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	MASTER LEASE RENT INCO		531110	178,461.	178,461.			
b	DISCHARGE OF INDEBTEDN		900099	41,800.	41,800.			
c	PROVISIONS FOR VALUATI		900099	-812,362.	-812,362.			
d	All other revenue		531390	-1,827,921.	-1,827,921.			
e	Total. Add lines 11a-11d			-2,420,022.				
12	Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e			100,121.2.	-1,137,946.	-86,535.	102,026.	

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) but are not required to complete columns (B), (C), and (D).

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 U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	437,967.	180,919.	257,048.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,202,056.	638,974.	563,082.	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	49,262.	12,005.	37,257.	
10 Payroll taxes	189,437.	87,912.	101,525.	
11 Fees for services (non-employees):				
a Management				
b Legal	10,493.	10,493.		
c Accounting	145,586.	17,901.	127,685.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	21,386.	21,386.		
12 Advertising and promotion	1,865.		1,865.	
13 Office expenses	90,653.	53,032.	37,621.	
14 Information technology				
15 Royalties				
16 Occupancy	31,995.	31,995.		
17 Travel	9,599.	1,478.	8,121.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	20,271.	3,059.	17,212.	
20 Interest	563,197.	359,468.	203,729.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	82,368.	37,198.	45,170.	
23 Insurance	9,249.	6,696.	2,553.	
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a CONSULTING AND CONTRACT	158,012.		158,012.	
b BAD DEBT	52,023.	52,023.		
c EQUIPMENT RENTAL AND PU	37,178.	21,158.	16,020.	
d DUES AND SUBSCRIPTIONS	36,982.	9,968.	27,014.	
e SPECIAL EVENTS	27,483.	9,649.	17,834.	
f All other expenses	37,799.	1,659,547.	-1,621,748.	
25 Total functional expenses. Add lines 1 through 24f	3,214,861.	3,214,861.	0.	0.
26 Joint Costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation ...				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	171,744.	1	456,227.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	555,183.	4	863,677.
	5 Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net	2,111,533.	7	1,587,064.
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	52,364.	9	70,771.
	10a Land, buildings, and equipment: cost basis ... 10a 19,115,321.			
	b Less: accumulated depreciation. Complete Part VI of Schedule D ... 10b 3,870,830.	15,631,506.	10c	15,244,491.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	9,061,692.	15	6,938,237.
16 Total assets. Add lines 1 through 15 (must equal line 34)	27,584,022.	16	25,160,467.	
Liabilities	17 Accounts payable and accrued expenses	1,763,114.	17	1,471,208.
	18 Grants payable		18	
	19 Deferred revenue	69,078.	19	66,339.
	20 Tax-exempt bond liabilities		20	
	21 Escrow account liability. Complete Part IV of Schedule D		21	
	22 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	18,325,864.	23	19,064,129.
	24 Unsecured notes and loans payable		24	
	25 Other liabilities. Complete Part X of Schedule D	5,484,681.	25	4,623,323.
	26 Total liabilities. Add lines 17 through 25	25,642,737.	26	25,224,999.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	744,904.	27	-1,523,867.
	28 Temporarily restricted net assets	1,196,381.	28	475,000.
	29 Permanently restricted net assets		29	984,335.
	Organizations that do not follow SFAS 117, 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 Total net assets or fund balances	1,941,285.	33	-64,532.
	34 Total liabilities and net assets/fund balances	27,584,022.	34	25,160,467.

Part XI Financial Statements and Reporting1 Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

b Were the organization's financial statements audited by an independent accountant?

c If "Yes" to lines 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?

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

b If "Yes," did the organization undergo the required audit or audits?

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

Department of the Treasury
Internal Revenue Service

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

OMB No. 1545-0047

Open to Public Inspection

22-2483475

The organization is not a private foundation because it is: (Please check only **one** organization.)

- | | Yes | No |
|----------|-----|----|
| 11g(i) | | |
| 11g(ii) | | |
| 11g(iii) | | |

Total

Schedule A (Form 990 or 990-EZ) 2008

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,555,800.	1,980,604.	1,375,269.	906,172.	2,123,667.	7,941,512.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 - 3	1,555,800.	1,980,604.	1,375,269.	906,172.	2,123,667.	7,941,512.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						89,356.
6 Public Support. Subtract line 5 from line 4.						7,852,156.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	1,555,800.	1,980,604.	1,375,269.	906,172.	2,123,667.	7,941,512.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	46,938.	105,927.	33,326.	170,973.	102,026.	459,190.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)				61,250.	220,261.	281,511.
11 Total support. Add lines 7 through 10						8,682,213.
12 Gross receipts from related activities, etc. (see instructions)					12	8,253,629.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	90.44	%
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	98.15	%
16a 33 1/3% support test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input checked="" type="checkbox"/>			
b 33 1/3% support test - 2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>			
17a 10% -facts-and-circumstances test - 2008. 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 ▶ <input type="checkbox"/>			
b 10% -facts-and-circumstances test - 2007. 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 ▶ <input type="checkbox"/>			
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>			

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 - 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)) **15** %

16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g **16** %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)) **17** %

18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h **18** %

19a 33 1/3% support tests - 2008. 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 - 2007. 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 ☐

2008

*** Not Open to Public Inspection ***

823171 09-11-08

Department of the Treasury
Internal Revenue Service

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization

URBAN EDGE HOUSING CORPORATION

Employer identification number

22-2483475

Part I	Questions Regarding Compensation
--------	----------------------------------

- 1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

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

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

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

- 3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

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

- 4** During the year, did any person listed in Form 990, Part VII, Section A, line 1a:

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

Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.

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

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

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

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

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

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

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

Schedule J (Form 990) 2008

Continuation Sheet for Form 990

OMB No. 1545-0047

2008

**Open to Public
Inspection**

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

Name of the Organization

URBAN EDGE HOUSING CORPORATION

Employer Identification number
22-2483475

Part I	Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
---------------	--

[illegible]

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

2008

Open to Public
Inspection

Name of the organization

URBAN EDGE HOUSING CORPORATION

Employer identification number
22-2483475

FORM 990, PART VI, SECTION A, LINE 10: THE 990 IS REVIEWED BY THE CHIEF FINANCIAL OFFICER AND A COPY IS PROVIDED TO THE BOARD OF DIRECTORS BEFORE IT IS FILED.

FORM 990, PART VI, SECTION B, LINE 15: MANAGEMENT COMPENSATION IS DETERMINED BY THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION C, LINE 19: URBAN EDGE HOUSING CORPORATION MAKES ITS GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS AVAILABLE UPON REQUEST.

FORM 990, PART XI, LINE 2C
THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

**SCHEDULE R
(Form 990)**Department of the Treasury
Internal Revenue Service**Related Organizations and Unrelated Partnerships**

▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37.

▶ See separate instructions.

OMB No. 1545-0047

2008

Open to Public
Inspection**Name of the organization**

URBAN EDGE HOUSING CORPORATION

Employer identification number
22-2483475**Part I Identification of Disregarded Entities**

(A) Name, address, and EIN 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
DIXWELL PARK LLC - 22-2483475					
1542 COLUMBUS AVENUE					
ROXBURY, MA 02119	RENTAL PROPERTY	DELAWARE	630,188.	2528836.	N/A
HARVARD HILL LLC - 22-2483475					
1542 COLUMBUS AVENUE					
ROXBURY, MA 02119	RENTAL PROPERTY	MASSACHUSETTS	574,149.	2908468.	N/A
ENNIS HIGHLAND UE LLC - 22-2483475					
1542 COLUMBUS AVENUE					
ROXBURY, MA 02119	RENTAL PROPERTY	MASSACHUSETTS	117,749.	1548191.	N/A
HYDE-BLAKEMORE LLC - 22-2483475					
1542 COLUMBUS AVENUE					
ROXBURY, MA 02119	RENTAL PROPERTY	MASSACHUSETTS	1107352.	3545978.	N/A

Part II Identification of Related Tax-Exempt Organizations

(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
URBAN EDGE REAL ESTATE OF GREATER BOSTON (UEPM) - 23-7450277, 1542 COLUMBUS AVENUE, ROXBURY, MA 02119	PROPERTY MANAGEMENT	MASSACHUSETTS	501(C)(4)		N/A
UECDF - 01-0571960					
1542 COLUMBUS AVENUE					
ROXBURY, MA 02119	LENDING ACTIVITIES	MASSACHUSETTS	501(C)(3)	170(B)(1)(A)(VIN/A)	

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

Schedule R (Form 990) 2008

Part III Identification of Related Organizations Taxable as a Partnership

(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, investment, unrelated)	(F) Share of total income	(G) Share of end-of-year assets	(H) Disproportionate allocations?		(I) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(J) General or managing partner?
							Yes	No		
THEROCH APARTMENTS, LLC - 87-0371054, 1542 COLUMBUS AVENUE, ROXBURY, MA 02119	RENTAL PROPERTY	MA	N/A	RELATED	-46,532.	5,054,512.		X	N/A	X
DIMOCK-BRAGDON LIMITED PARTNERSHIP - 04-2789963, 1542 COLUMBUS AVENUE, ROXBURY, MA 02119	RENTAL PROPERTY	MA	DIMOCK-BRAGDON HOUSING, INC.	RELATED	1,703.	455,368.		X	N/A	X
MONTEBELLO LIMITED PARTNERSHIP - 04-2899724, 1542 COLUMBUS AVENUE, ROXBURY, MA 02119	RENTAL PROPERTY	MA	MONTEBELLO HOUSING, INC.	RELATED	21.	834,545.		X	N/A	X
U.E. LIMITED PARTNERSHIP - 04-2842727, PO BOX 1209, JAMAICA PLAIN, MA 02130	RENTAL PROPERTY	MA	U.E. HOUSING, INC.	RELATED	5,880.	2,211,158.		X	N/A	X

Part IV 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
EGLESTON CENTER CORPORATION - 04-3314811 1542 COLUMBUS AVENUE ROXBURY, MA 02119	OWNERSHIP ENTITY OF COMMERCIAL DEVELOPMENT	MA	N/A	C CORP	209,041.	1,822,493.	100.00%
DIMOCK-BRAGDON HOUSING, INC. - 04-2769640 1542 COLUMBUS AVENUE ROXBURY, MA 02119	GENERAL PARTNER OF RENTAL PROPERTY	MA	N/A	C CORP	1,703.	114,091.	100.00%
MONTEBELLO HOUSING, INC. - 04-2895867 1542 COLUMBUS AVENUE ROXBURY, MA 02119	GENERAL PARTNER OF RENTAL PROPERTY	MA	N/A	C CORP	11.	65,218.	100.00%
U.E. HOUSING, INC. - 04-2868324 1542 COLUMBUS AVENUE ROXBURY, MA 02119	GENERAL PARTNER OF RENTAL PROPERTY	MA	N/A	C CORP	5,880.	1.	100.00%
U.E. II HOUSING, INC. - 04-2950432 1542 COLUMBUS AVENUE ROXBURY, MA 02119	GENERAL PARTNER OF RENTAL PROPERTY	MA	N/A	C CORP	13.	0.	100.00%

Part V Transactions With Related Organizations**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV.**1** 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?

	Yes	No
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity	1a	X
b Gift, grant, or capital contribution to other organization(s)	1b	X
c Gift, grant, or capital contribution from other organization(s)	1c	X
d Loans or loan guarantees to or for other organization(s)	1d	X
e Loans or loan guarantees by other organization(s)	1e	X
f Sale of assets to other organization(s)	1f	X
g Purchase of assets from other organization(s)	1g	X
h Exchange of assets	1h	X
i Lease of facilities, equipment, or other assets to other organization(s)	1i	X
j Lease of facilities, equipment, or other assets from other organization(s)	1j	X
k Performance of services or membership or fundraising solicitations for other organization(s)	1k	X
l Performance of services or membership or fundraising solicitations by other organization(s)	1l	X
m Sharing of facilities, equipment, mailing lists, or other assets	1m	X
n Sharing of paid employees	1n	X
o Reimbursement paid to other organization for expenses	1o	X
p Reimbursement paid by other organization for expenses	1p	X
q Other transfer of cash or property to other organization(s)	1q	X
r Other transfer of cash or property from other organization(s)	1r	X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(A) Name of other organization(s)	(B) Transaction type (a-r)	(C) Amount involved
(1) UECDF	B	1,227,353.
(2) URBAN EDGE REAL ESTATE OF GREATER BOSTON, INC.	R	207,832.
(3) UECDF	K	270,186.
(4) U.E. LIMITED PARTNERSHIP	D	1,470,295.
(5) DIXWELL PARK LLC	D	557,497.
(6) NORTHWEST CLEAVES LIMITED PARTNERSHIP	D	1,098,704.

Name of filing organization

URBAN EDGE HOUSING CORPORATION

Employer identification number
22-2483475

Part I Continuation of Identification of Disregarded Entities

[illegible]

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

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Part III Continuation of Identification of Related Organizations Taxable as a Partnership

(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, investment, unrelated)	(F) Share of total income	(G) Share of end-of-year assets	(H) Disproportionate allocations?		(I) Code V-UBI amount on Box 20 of K-1	(J) General or managing partner?
							Yes	No		
U.E. II LIMITED PARTNERSHIP - 04-2950499, PO BOX 1209, JAMAICA PLAIN, MA 02130	RENTAL PROPERTY	MA	U.E. II HOUSING, INC.	RELATED	-2,618.	78,813.		X	N/A	X
EGLESTON CROSSING UE LIMITED PARTNERSHIP - 05-0552726, 1542 COLUMBUS AVENUE, ROXBURY, MA 02119	RENTAL PROPERTY	MA	EGLESTON CROSSING UE, INC.	RELATED	-102.	435,476.		X	N/A	X
AMORY TERRACE LIMITED PARTNERSHIP - 20-0014817, 40 COURT STREET, SUITE 650, BOSTON, MA 02108	RENTAL PROPERTY	MA	AMORY TERRACE GP LLC	RELATED	-87.	549,371.		X	N/A	X
ACADEMY HOMES URBAN EDGE LIMITED PARTNERSHIP - 04-3401846, 1542 COLUMBUS AVENUE, ROXBURY, MA 02119	RENTAL PROPERTY	MA	ACADEMY HOMES URBAN EDGE, INC.	RELATED	-56.	219,595.		X	N/A	X
BANCROFT LIMITED PARTNERSHIP - 04-3102959, 1542 COLUMBUS AVENUE, ROXBURY, MA 02119	RENTAL PROPERTY	MA	BANCROFT HOUSING, INC.	RELATED	-605.	289,958.		X	N/A	X
J.P. HOUSING LIMITED PARTNERSHIP - 04-3140104, 1542 COLUMBUS AVENUE, ROXBURY, MA 02119	RENTAL PROPERTY	MA	J.P. HOUSING, INC.	RELATED	-1,646.	634,134.		X	N/A	X
NORTHWEST CLEAVES LIMITED PARTNERSHIP - 04-3328894, 1542 COLUMBUS AVENUE, ROXBURY, MA 02119	RENTAL PROPERTY	MA	NORTHWEST CLEAVES, INC.	RELATED	-12.	129,581.		X	N/A	X
WARDMAN URBAN EDGE LIMITED PARTNERSHIP - 04-3520575, 1542 COLUMBUS AVENUE, ROXBURY, MA 02119	RENTAL PROPERTY	MA	WARDMAN URBAN EDGE, INC.	RELATED	-41,522.	353,008.		X	N/A	X
WESTMINSTER COMMUNITY LIMITED PARTNERSHIP - 04-3303207, 1542 COLUMBUS AVENUE, ROXBURY, MA 02119	RENTAL PROPERTY	MA	WCATA COMPANY, INC.	RELATED	-3,231.	91,764.		X	N/A	X

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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
EGLESTON CROSSING UE, INC. - 05-0552756							
1542 COLUMBUS AVENUE	GENERAL PARTNER OF						
ROXBURY, MA 02119	RENTAL PROPERTY	MA	N/A	C CORP	0.	0.	100.00%
ARMORY TERRACE GP LLC. - 14-1882135							
1542 COLUMBUS AVENUE	GENERAL PARTNER OF						
ROXBURY, MA 02119	RENTAL PROPERTY	MA	N/A	C CORP	0.	0.	100.00%
BANCROFT HOUSING, INC. - 04-3305743							
1542 COLUMBUS AVENUE	GENERAL PARTNER OF						
ROXBURY, MA 02119	RENTAL PROPERTY	MA	N/A	C CORP	48.	0.	78.00%
J.P. HOUSING, INC. - 04-3140103							
1542 COLUMBUS AVENUE	GENERAL PARTNER OF						
ROXBURY, MA 02119	RENTAL PROPERTY	MA	N/A	C CORP	34.	175,652.	78.00%
NORTHWEST CLEAVES, INC. - 04-3324972							
1542 COLUMBUS AVENUE	GENERAL PARTNER OF						
ROXBURY, MA 02119	RENTAL PROPERTY	MA	N/A	C CORP	0.	0.	79.00%
WARDMAN URBAN EDGE, INC. - 04-3520575							
1542 COLUMBUS AVENUE	GENERAL PARTNER OF						
ROXBURY, MA 02119	RENTAL PROPERTY	MA	N/A	C CORP	1.	1,375.	79.00%
ACADEMY HOMES URBAN EDGE, INC. - 04-3401846							
1542 COLUMBUS AVENUE	GENERAL PARTNER OF						
ROXBURY, MA 02119	RENTAL PROPERTY	MA	N/A	C CORP	0.	0.	50.00%
ROSLINDALE FIELD DEVELOPMENT CORPORATION - 22-2483475							
1542 COLUMBUS AVENUE	HOLDING COMPANY	MA	N/A	C CORP	0.	0.	50.00%
ROXBURY, MA 02119							
WCATA COMPANY - 04-3266053							
1542 COLUMBUS AVENUE	GENERAL PARTNER OF						
ROXBURY, MA 02119	RENTAL PROPERTY	MA	N/A	C CORP	50.	0.	50.00%
EGLESTON STATION MANAGER - 20-8562844							
1542 COLUMBUS AVENUE	MANAGING MEMBER OF						
ROXBURY, MA 02119	RENTAL PROPERTY	MA	N/A	C CORP	1.	68.	55.00%
UED CORPORATION							
1542 COLUMBUS AVENUE	HOLDING COMPANY	MA	N/A	C CORP	0.	0.	100.00%
ROXBURY, MA 02119							
EGLESTON SQUARE DEVELOPMENT CORPORATION							
1542 COLUMBUS AVENUE	HOLDING COMPANY	MA	N/A	C CORP	0.	0.	100.00%
ROXBURY, MA 02119							

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Part V Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

	(A) Name of other organization	(B) Transaction type (a-r)	(C) Amount involved
(7)	EGLESTON CROSSING UE, LLC	D	181,802.
(8)	MONTEBELLO LIMITED PARTNERSHIP	D	369,969.
(9)	WARDMAN UE LIMITED PARTNERSHIP	D	320,000.
(10)	EGLESTON CROSSING UE LIMITED PARTNERSHIP	D	1,911,363.
(11)	AMORY TERRACE LIMITED PARTNERSHIP	D	1,259,691.
(12)	ACADEMY HOMES URBAN EDGE LIMITED PARTNERSHIP	D	500,000.
(13)	DIMOCK-BRAGDON LIMITED PARTNERSHIP	D	450,998.
(14)	J.P. HOUSING LIMITED PARTNERSHIP	D	172,535.
(15)			
(16)			
(17)			
(18)			
(19)			
(20)			
(21)			
(22)			
(23)			
(24)			

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