



See a Social Security Number? Say Something!  
Report Privacy Problems to <https://public.resource.org/privacy>  
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form **990-EZ**

# Short Form 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)

▶ Sponsoring organizations and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form.

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

Department of the Treasury  
Internal Revenue Service

**2008**  
**Open to Public Inspection**

**A** For the 2008 calendar year, or tax year beginning 2008, and ending 20

**B** Check if applicable:

- Address change
- Name change
- Initial return
- Termination
- Amended return
- Application pending

Please use IRS label or print or type. See Specific Instructions.

**C** Name of organization

Urban Solutions, Inc

Number and street (or P O box, if mail is not delivered to street address) Room/suite

P O Box 1

City or town, state or country, and ZIP + 4

Bellvale NY 10912-0001

**D** Employer identification number

13-3536500

**E** Telephone number

(845) 986-4057

**F** Group Exemption Number

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

**G** Accounting method  Cash  Accrual  
Other (specify) ▶

**I** Website: ▶ none

**H** Check  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

**J** Organization type (check only one) —  501(c) ( ) ◀ (insert no.)  4947(a)(1) or  527

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

**L** Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$1,000,000 or more, file Form 990 instead of Form 990-EZ ▶ \$

### Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 47 of the instructions.)

|            |  | 1  | 2 | 3 | 4 | 5a | 5b | 5c | 6a | 6b | 6c | 7a | 7b | 7c | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 |  |  |
|------------|--|--|---|---|---|----|----|----|----|----|----|----|----|----|---|---|----|----|----|----|----|----|----|----|----|----|----|----|--|--|
| Revenue    | 1  | Contributions, gifts, grants, and similar amounts received   |   |   |   |    |    |    |    |    |    |    |    |    |   |   |    |    |    |    |    |    |    |    |    |    |    |    |  |  |
|            | 2  | Program service revenue including government fees and contracts  |   |   |   |    |    |    |    |    |    |    |    |    |   |   |    |    |    |    |    |    |    |    |    |    |    |    |  |  |
|            | 3  | Membership dues and assessments  |   |   |   |    |    |    |    |    |    |    |    |    |   |   |    |    |    |    |    |    |    |    |    |    |    |    |  |  |
|            | 4  | Investment income  |   |   |   |    |    |    |    |    |    |    |    |    |   |   |    |    |    |    |    |    |    |    |    |    |    |    |  |  |
|            | 5a   | Gross amount from sale of assets other than inventory  |   |   |   |    | 0  |    |    |    |    |    |    |    |   |   |    |    |    |    |    |    |    |    |    |    |    |    |  |  |
|            | 5b   | Less: cost or other basis and sales expenses   |   |   |   |    | 0  |    |    |    |    |    |    |    |   |   |    |    |    |    |    |    |    |    |    |    |    |    |  |  |
|            | 5c   | Gain or (loss) from sale of assets other than inventory (line 5a less line 5b) (attach schedule)   |   |   |   |    |    |    | 0  |    |    |    |    |    |   |   |    |    |    |    |    |    |    |    |    |    |    |    |  |  |
|            | 6  | Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>        |   |   |   |    |    |    |    |    |    |    |    |    |   |   |    |    |    |    |    |    |    |    |    |    |    |    |  |  |
|            | 6a   | Gross revenue (not including \$ <u>0</u> of contributions reported on line 1)  |   |   |   |    |    |    |    | 0  |    |    |    |    |   |   |    |    |    |    |    |    |    |    |    |    |    |    |  |  |
|            | 6b   | Less: direct expenses other than fundraising expenses  |   |   |   |    |    |    |    | 0  |    |    |    |    |   |   |    |    |    |    |    |    |    |    |    |    |    |    |  |  |
| 6c         | Net income or (loss) from special events and activities (line 6a less line 6b) |  |   |   |   |    |    |    |    |    |    |    |    |    |   |   |    |    |    |    |    |    |    |    |    |    |    |    |  |  |
| 7a         | Gross sales of inventory, less returns and allowances                          |  |   |   |   |    |    |    |    |    |    |    |    |    |   |   |    |    |    |    |    |    |    |    |    |    |    |    |  |  |
| 7b         | Less: cost of goods sold   |  |   |   |   |    |    |    |    |    |    |    |    |    |   |   |    |    |    |    |    |    |    |    |    |    |    |    |  |  |
| 7c         | Gross profit or (loss) from sales of inventory (line 7a less line 7b)          |  |   |   |   |    |    |    |    |    |    |    |    |    |   |   |    |    |    |    |    |    |    |    |    |    |    |    |  |  |
| 8          | Other revenue (describe ▶)   |  |   |   |   |    |    |    |    |    |    |    |    |    |   |   |    |    |    |    |    |    |    |    |    |    |    |    |  |  |
| 9          | <b>Total revenue</b> (add lines 1, 2, 3, 4, 5a, 6a, 7a, and 8)                 |  |   |   |   |    |    |    |    |    |    |    |    |    |   |   |    |    |    |    |    |    |    |    |    |    |    |    |  |  |
| Expenses   | 10   | Grants and similar amounts paid (attach schedule)  |   |   |   |    |    |    |    |    |    |    |    |    |   |   |    |    |    |    |    |    |    |    |    |    |    |    |  |  |
|            | 11   | Benefits paid to or for members  |   |   |   |    |    |    |    |    |    |    |    |    |   |   |    |    |    |    |    |    |    |    |    |    |    |    |  |  |
|            | 12   | Salaries, other compensation, and employee benefits  |   |   |   |    |    |    |    |    |    |    |    |    |   |   |    |    |    |    |    |    |    |    |    |    |    |    |  |  |
|            | 13   | Professional fees and other payments to independent contractors  |   |   |   |    |    |    |    |    |    |    |    |    |   |   |    |    |    |    |    |    |    |    |    |    |    |    |  |  |
|            | 14   | Occupancy, rent, utilities, and maintenance  |   |   |   |    |    |    |    |    |    |    |    |    |   |   |    |    |    |    |    |    |    |    |    |    |    |    |  |  |
|            | 15   | Printing, publications, postage, and shipping  |   |   |   |    |    |    |    |    |    |    |    |    |   |   |    |    |    |    |    |    |    |    |    |    |    |    |  |  |
|            | 16   | Other expenses (describe ▶)  |   |   |   |    |    |    |    |    |    |    |    |    |   |   |    |    |    |    |    |    |    |    |    |    |    |    |  |  |
| 17         | <b>Total expenses</b> (add lines 10 through 16)                                |  |   |   |   |    |    |    |    |    |    |    |    |    |   |   |    |    |    |    |    |    |    |    |    |    |    |    |  |  |
| Net Assets | 18   | Excess or (deficit) for the year (line 9 less line 17)   |   |   |   |    |    |    |    |    |    |    |    |    |   |   |    |    |    |    |    |    |    |    |    |    |    |    |  |  |
|            | 19   | Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) |   |   |   |    |    |    |    |    |    |    |    |    |   |   |    |    |    |    |    |    |    |    |    |    |    |    |  |  |
|            | 20   | Other changes in net assets or fund balances (attach explanation)  |   |   |   |    |    |    |    |    |    |    |    |    |   |   |    |    |    |    |    |    |    |    |    |    |    |    |  |  |
|            | 21   | <b>Net assets or fund balances at end of year</b> (combine lines 18 through 20)  |   |   |   |    |    |    |    |    |    |    |    |    |   |   |    |    |    |    |    |    |    |    |    |    |    |    |  |  |

### Part II Balance Sheets—If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ.

|    |  | (See page 51 of the instructions.) |                 |
|----|--|------------------------------------|-----------------|
|    |  | (A) Beginning of year              | (B) End of year |
| 22 | Cash, savings, and investments   | 0                                  | 22 0            |
| 23 | Land and buildings   | 0                                  | 23 0            |
| 24 | Other assets (describe ▶ <u>none</u> )   | 0                                  | 24 0            |
| 25 | <b>Total assets</b>  | 0                                  | 25 0            |
| 26 | <b>Total liabilities</b> (describe ▶ <u>none</u> )                                 | 0                                  | 26 0            |
| 27 | <b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21) | 0                                  | 27 0            |

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

Cat. No. 106421

Form **990-EZ** (2008)

9



Part V Other Information (Note the statement requirement in General Instruction V.)

|     |  | Yes | No                                     |
|-----|--|-----|--|
| 33  | Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity   |     | <input checked="" type="checkbox"/>    |
| 34  | Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes   |     | <input checked="" type="checkbox"/>    |
| 35  | If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.   |     |  |
| 35a | a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?   |     | <input checked="" type="checkbox"/>    |
| 35b | b If "Yes," has it filed a tax return on Form 990-T for this year?   |     | <input checked="" type="checkbox"/>    |
| 36  | 36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N  |     | <input checked="" type="checkbox"/>    |
| 37a | 37a Enter amount of political expenditures, direct or indirect, as described in the instructions.  |     |  |
| 37b | b Did the organization file Form 1120-POL for this year?   |     | <input checked="" type="checkbox"/>    |
| 38a | 38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?  |     | <input checked="" type="checkbox"/>    |
| 38b | b If "Yes," complete Schedule L, Part II and enter the total amount involved   |     |  |
| 39  | 39 501(c)(7) organizations. Enter:   |     |  |
| 39a | a Initiation fees and capital contributions included on line 9   |     |  |
| 39b | b Gross receipts, included on line 9, for public use of club facilities  |     |  |
| 40a | 40a 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 <u>0</u> ; section 4912 <u>0</u> ; section 4955 <u>0</u>  |     |  |
| 40b | b 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I   |     | <input checked="" type="checkbox"/>    |
| 40c | c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958   |     |  |
| 40d | d Enter amount of tax on line 40c reimbursed by the organization   |     |  |
| 40e | e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?  |     | <input checked="" type="checkbox"/>    |
| 41  | 41 List the states with which a copy of this return is filed <u>New York</u>   |     |  |
| 42a | 42a The books are in care of <u>Maurino Brian Blaise</u> Telephone no. <u>(875) 986 4057</u><br>Located at <u>P O Box 1 Bellville, NJ 08012-0001</u> ZIP + 4   |     |  |
| 42b | b 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)?<br>If "Yes," enter the name of the foreign country: _____<br>See the instructions for exceptions and filing requirements for Form TD F 90-22.1. | Yes | No <input checked="" type="checkbox"/> |
| 42c | c At any time during the calendar year, did the organization maintain an office outside of the U.S.?<br>If "Yes," enter the name of the foreign country: _____   |     | <input checked="" type="checkbox"/>    |
| 43  | 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year <u>0</u>  |     |  |
| 44  | 44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ  |     | <input checked="" type="checkbox"/>    |
| 45  | 45 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ   |     | <input checked="" type="checkbox"/>    |

**Part VI Section 501(c)(3) organizations only.** All 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

- 46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I Yes No
- 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II 46 47 48 49a 49b
- 48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 49a Did the organization make any transfers to an exempt non-charitable related organization?
- 49b If "Yes," was the related organization(s) a section 527 organization?
- 50 Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who received more than \$100,000 of compensation from the organization. If there are none, enter "None."

|     | Yes | No                                  |
|-----|-----|-------------------------------------|
| 46  |     | <input checked="" type="checkbox"/> |
| 47  |     | <input checked="" type="checkbox"/> |
| 48  |     | <input checked="" type="checkbox"/> |
| 49a |     | <input checked="" type="checkbox"/> |
| 49b |     | <input checked="" type="checkbox"/> |

| (a) Name and address of each employee paid more than \$100,000                           | (b) Title and average hours per week devoted to position | (c) Compensation | (d) Contributions to employee benefit plans & deferred compensation | (e) Expense account and other allowances |
|--|--|------------------|---|--|
| None   |  |                  |   |  |
|  |  |                  |   |  |
|  |  |                  |   |  |
|  |  |                  |   |  |
|  |  |                  |   |  |
|  |  |                  |   |  |
|  |  |                  |   |  |
|  |  |                  |   |  |
|  |  |                  |   |  |
| Total number of other employees paid over \$100,000 <span style="float: right;">▶</span> |  |                  |   |  |

51 Complete this table for the five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. If there are none, enter "None."

| (a) Name and address of each independent contractor paid more than \$100,000                                | (b) Type of service | (c) Compensation |
|---|---------------------|------------------|
| None  |                     |                  |
|   |                     |                  |
|   |                     |                  |
|   |                     |                  |
|   |                     |                  |
|   |                     |                  |
|   |                     |                  |
|   |                     |                  |
|   |                     |                  |
| Total number of other independent contractors receiving over \$100,000 <span style="float: right;">▶</span> |                     |                  |

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

**Please Sign Here**

Signature of officer: *[Signature]* Date: 10/15/10

Type or print name and title: executive director

**Paid Preparer's Use Only**

Preparer's signature: \_\_\_\_\_ Date: \_\_\_\_\_ Check if self-employed:  Preparer's PTIN (See Gen Inst X): \_\_\_\_\_

Firm's name (or yours if self-employed), address, and ZIP + 4: \_\_\_\_\_ EIN: \_\_\_\_\_ Phone no: ( ) \_\_\_\_\_

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

