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# Short Form Return of Organization Exempt From Income Tax

# 2008

**Open to Public Inspection**

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)

▶ Sponsoring organizations of donor advised funds 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.

**A** For the 2008 calendar year, or tax year beginning 9/1/2008, and ending 8/31/2009

<p><b>B</b> Check if applicable:</p> <p><input type="checkbox"/> Address change</p> <p><input type="checkbox"/> Name change</p> <p><input type="checkbox"/> Initial return</p> <p><input type="checkbox"/> Termination</p> <p><input checked="" type="checkbox"/> Amended return</p> <p><input type="checkbox"/> Application pending</p>	<p>Please use IRS label or print or type. See Specific Instructions.</p>	<p><b>C</b> Name of organization <b>WESTSIDE SUPPORT SERVICES FOUNDATION</b></p> <p>Number and street (or P O box, if mail is not delivered to street address) Room/suite <b>3666 72 SEVENTH AVENUE</b></p> <p>City, town, or country State ZIP + 4 <b>LOS ANGELES CA 90018</b></p>	<p><b>D</b> Employer identification number <b>95-4757748</b></p> <p><b>E</b> Telephone number <b>(323) 732-1212</b></p> <p><b>F</b> Group Exemption Number . . . ▶</p>
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• **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) ▶

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

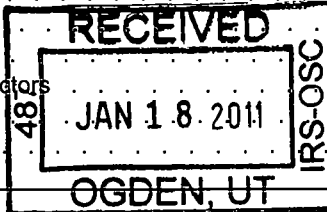
**J** Organization type (check only one)—  501(c) ( 3 ) ◀ (insert no)  4947(a)(1) or  527

**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. ▶ \$ **405,888**

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

	Description	Code	Amount
Revenue	<b>1</b> Contributions, gifts, grants, and similar amounts received . . . . .	<b>1</b>	0
	<b>2</b> Program service revenue including government fees and contracts . . . . .	<b>2</b>	405,888
	<b>3</b> Membership dues and assessments . . . . .	<b>3</b>	
	<b>4</b> Investment income . . . . .	<b>4</b>	0
	<b>5a</b> Gross amount from sale of assets other than inventory . . . . .	<b>5a</b>	0
	<b>b</b> Less: cost or other basis and sales expenses . . . . .	<b>5b</b>	0
	<b>c</b> Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule) . . . . .	<b>5c</b>	0
	<b>6</b> Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>		
	<b>a</b> Gross revenue (not including \$ <u>0</u> of contributions reported on line 1) . . . . .	<b>6a</b>	0
<b>b</b> Less: direct expenses other than fundraising expenses . . . . .	<b>6b</b>	0	
<b>c</b> Net income or (loss) from special events and activities (Subtract line 6b from line 6a) . . . . .	<b>6c</b>	0	
<b>7a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>7a</b>		
<b>b</b> Less: cost of goods sold . . . . .	<b>7b</b>		
<b>c</b> Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .	<b>7c</b>	0	
<b>8</b> Other revenue (describe ▶ _____)	<b>8</b>	0	
<b>9 Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 . . . . .	<b>9</b>	405,888	
Expenses	<b>10</b> Grants and similar amounts paid (attach schedule) . . . . .	<b>10</b>	0
	<b>11</b> Benefits paid to or for members . . . . .	<b>11</b>	
	<b>12</b> Salaries, other compensation, and employee benefits . . . . .	<b>12</b>	218,422
	<b>13</b> Professional fees and other payments to independent contractors . . . . .	<b>13</b>	6,267
	<b>14</b> Occupancy, rent, utilities, and maintenance . . . . .	<b>14</b>	
	<b>15</b> Printing, publications, postage, and shipping . . . . .	<b>15</b>	77
	<b>16</b> Other expenses (describe ▶ See attached statement)	<b>16</b>	209,602
<b>17 Total expenses.</b> Add lines 10 through 16 . . . . .	<b>17</b>	434,368	
Net Assets	<b>18</b> Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	<b>18</b>	-28,480
	<b>19</b> 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) . . . . .	<b>19</b>	228,090
	<b>20</b> Other changes in net assets or fund balances (attach explanation) . . . . .	<b>20</b>	0
	<b>21</b> Net assets or fund balances at end of year. Combine lines 18 through 20 . . . . .	<b>21</b>	199,610



**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 the instructions for Part II.)		(A) Beginning of year	(B) End of year
<b>22</b> Cash, savings, and investments . . . . .		134,975	<b>22</b> style="text-align: right;">104,870
<b>23</b> Land and buildings . . . . .		0	<b>23</b> style="text-align: right;">0
<b>24</b> Other assets (describe ▶ See attached statement)		112,105	<b>24</b> style="text-align: right;">116,486
<b>25 Total assets</b> . . . . .		247,080	<b>25</b> style="text-align: right;">221,356
<b>26 Total liabilities</b> (describe ▶ See attached statement)		18,990	<b>26</b> style="text-align: right;">21,746
<b>27 Net assets or fund balances</b> (line 27 of column (B) must agree with line 21) . . . . .		228,090	<b>27</b> style="text-align: right;">199,610

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

SCANNED JAN 31 2011

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Part V Other Information (Note the statement requirements in the instructions for Part VI.)

		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.		X
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.		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		
a	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N.		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a		
b	Did the organization file Form 1120-POL for this year?		
38 a	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?		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved. 38b 0		
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9. 39a		
b	Gross receipts, included on line 9, for public use of club facilities. 39b		
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶		
b	Section 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.		X
c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. ▶		
d	Enter amount of tax on line 40c reimbursed by the organization. ▶		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T.		X
41	List the states with which a copy of this return is filed. ▶ CA		
42 a	The books are in care of ▶ Name Ben Go Telephone no. ▶ (310) 834-7441 Located at ▶ 21317 Grace Avenue City Carson ST CA ZIP + 4 ▶ 90745		
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)? 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.	Yes	No
		42b	X
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: ▶		X
		42c	X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year. ▶ 43 N/A		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ.		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ.		X

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

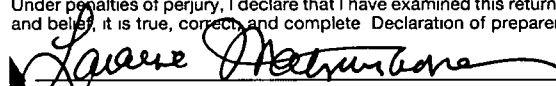
- |   |     | Yes | No |
|---|-----|-----|----|
| 46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . . | 46  |     | ✓  |
| 47 Did the organization engage in lobbying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

(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		0	0	0
-----				
-----				
-----				
-----				
-----				
<b>Total number of other employees paid over \$100,000</b> ▶	<b>0</b>			

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

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
None		0
-----		
-----		
-----		
-----		
-----		
<b>Total number of other independent contractors each receiving over \$100,000</b> . ▶	<b>0</b>	

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.

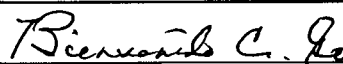
**Sign Here**  Date 1/11/11

Signature of officer

**Laraine Matsuyama - Chief Financial Officer/Director**

Type or print name and title

**Paid Preparer's Use Only**

Preparer's signature  Date 12-31-10 Check if self-employed

Firm's name (or yours if self-employed), address, and ZIP + 4 **Bienvenido C. Go, CPA** EIN **P00370366**

**21317 Grace Ave., Carson, CA 90745** Phone no ▶ ( **310** ) **834-7441**

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

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

**Public Charity Status and Public Support**

OMB No 1545-0047

**2008**

**Open to Public Inspection**

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

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

Department of the Treasury  
Internal Revenue Service

Name of the organization

WESTSIDE SUPPORT SERVICES FOUNDATION

Employer identification number

95-4757748

**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: (Please check only **one** organization.)

- 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)**. (Attach Schedule H.)
- 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)**. (see instructions)
- 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—Other
- 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?

- (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? . . . . .
- (ii) A family member of a person described in (i) above? . . . . .
- (iii) A 35% controlled entity of a person described in (i) or (ii) above? . . . . .

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

h Provide the following information about the organizations the organization supports.

(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 support
			Yes	No	Yes	No	Yes	No	
									0
									0
									0
									0
									0
									0
<b>Total</b>									0

**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
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	0	0	0			0
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .	0	0	0			0
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .	0	0	0			0
<b>4 Total</b> Add lines 1-3 . . . . .	0	0	0	0	0	0
<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.						0

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>7</b> Amounts from line 4 . . . . .	0	0	0	0	0	0
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .	0	0	0			0
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						0
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .	0	0	0			0
<b>11 Total support.</b> Add lines 7 through 10 . . . . .						0
<b>12</b> Gross receipts from related activities, etc. (see instructions.) . . . . .					<b>12</b>	
<b>13 First five years.</b> 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 <b>stop here</b> . . . . . ▶ <input type="checkbox"/>						

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

<b>14</b> Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	0.00%
<b>15</b> Public support percentage from 2007 Schedule A, Part IV-A, line 26f . . . . .	<b>15</b>	0.00%
<b>16a 33 1/3% support test—2008.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
<b>b 33 1/3% support test—2007.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
<b>17a 10%-facts-and-circumstances-test—2008.</b> 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 <b>stop here</b> . 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>b 10%-facts-and-circumstances test—2007.</b> 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 <b>stop here</b> . 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>18 Private foundation.</b> 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
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	0	0	0			0
<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 . . . . .	0	0	0			0
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						0
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .	0	0	0			0
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .	0	0	0			0
<b>6 Total.</b> Add lines 1-5 . . . . .	0	0	0	0	0	0
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						0
<b>b</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 . . . . .						0
<b>c</b> Add lines 7a and 7b . . . . .	0	0	0	0	0	0
<b>8 Public support</b> (Subtract line 7c from line 6) . . . . .						0

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>9</b> Amounts from line 6 . . . . .	0	0	0	0	0	0
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .						0
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						0
<b>c</b> Add lines 10a and 10b . . . . .	0	0	0	0	0	0
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .						0
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .	0	0	0			0
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .						0

**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 2008 (line 8, column (f) divided by line 13, column (f)) . . . . .	<b>15</b>	0.00%
<b>16</b> Public support percentage from 2007 Schedule A, Part IV-A, line 27g . . . . .	<b>16</b>	0.00%

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

<b>17</b> Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	0.00%
<b>18</b> Investment income percentage from 2007 Schedule A, Part IV-A, line 27h . . . . .	<b>18</b>	0.00%

**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 . . . . .



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

Department of the Treasury  
Internal Revenue Service

**Schools**

▶ To be completed by organizations that  
answer "Yes" to Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.  
▶ Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

**2008**

**Open to Public  
Inspection**

Name of the organization

WESTSIDE SUPPORT SERVICES FOUNDATION

Employer identification number

95-4757748

- 1 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? . . . . .
- 2 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? . . . . .
- 3 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain . . . . .  
Registration documents and brochures set forth the non-discriminatory policy.  
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- 4 Does the organization maintain the following?
  - a Records indicating the racial composition of the student body, faculty, and administrative staff? . . . . .
  - b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? . . . . .
  - c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? . . . . .
  - d Copies of all material used by the organization or on its behalf to solicit contributions? . . . . .  
If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)  
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- 5 Does the organization discriminate by race in any way with respect to:
  - a Students' rights or privileges? . . . . .
  - b Admissions policies? . . . . .
  - c Employment of faculty or administrative staff? . . . . .
  - d Scholarships or other financial assistance? . . . . .
  - e Educational policies? . . . . .
  - f Use of facilities? . . . . .
  - g Athletic programs? . . . . .
  - h Other extracurricular activities? . . . . .  
If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)  
-----  
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- 6a Does the organization receive any financial aid or assistance from a governmental agency? . . . . .
- 6b Has the organization's right to such aid ever been revoked or suspended? . . . . .  
If you answered "Yes" to either line 6a or line 6b, please explain using an attached statement.
- 7 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation.

	YES	NO
1	X	
2	X	
3	X	
4a	X	
4b	X	
4c	X	
4d	X	
5a		X
5b		X
5c		X
5d		X
5e		X
5f		X
5g		X
5h		X
6a		X
6b		X
7	X	

**Part I, Line 16 (990-EZ) - Other Expenses**

209,602

1	Travel, Meals and Entertainment		
	a Travel	1a	
	b Total meals and entertainment	1b	
2	Fundraising	2	
3	From Form 4562 - Amortization	3	
4	Conferences, conventions, and meetings	4	
5	Depreciation, depletion, etc.	5	6,400
6	Equipment rental and maintenance	6	
7	Interest	7	
8	Supplies	8	1,101
9	Telephone	9	4,122
10	Unrelated business income taxes	10	0
11	Bank charges	11	202
12	Student incentive expense	12	6,425
13	Payroll taxes	13	19,887
14	Insurance expense	14	38,145
15	Uniforms	15	333
16	Taxes, licenses and fees	16	3,927
17	Vehicle lease expense	17	3,851
18	Office maintenance expense	18	366
19	Office expense	19	395
20	Parent and student transportation	20	3,720
21	Student field trip	21	26
22	Student meals	22	1,782
23	School bus gasoline	23	47,111
24	School bus repairs and maintenance	24	67,095
25	Staff training	25	3,073
26	Other expenses	26	1,641

**Part II, Line 24 (990-EZ) - Other Assets**

112,105

116,486

Description		Beginning	End
1	Other receivables	2,035	2,037
2	Employee advances	4,470	3,854
3	Due from Western Ave. Development Co.	2,500	6,415
4	Due from Little Citizens Schools, Inc.	90,000	93,700
5	Due from DC Care Center, Inc.	3,500	7,280
6	School buses-net book value	9,600	3,200
7			
8			
9			
10			

**Part II, Line 26 (990-EZ) - Liabilities**

18,990

21,746

	Description	Beginning	End
1	Payroll taxes payable	666	666
2	Due to Little citizens Schools, Inc.	17,401	17,401
3	Other current liabilities	923	3,679
4			
5			
6			
7			
8			
9			
10			

**Part V, Line 41 (990-EZ) - States with Which a Copy of this Return is Filed**

<input type="checkbox"/> Armed Forces the Americas	<input type="checkbox"/> Louisiana	<input type="checkbox"/> Palau
<input type="checkbox"/> Armed Forces Europe	<input type="checkbox"/> Massachusetts	<input type="checkbox"/> Rhode Island
<input type="checkbox"/> Alaska	<input type="checkbox"/> Maryland	<input type="checkbox"/> South Carolina
<input type="checkbox"/> Alabama	<input type="checkbox"/> Maine	<input type="checkbox"/> South Dakota
<input type="checkbox"/> Armed Forces Pacific	<input type="checkbox"/> Marshall Islands	<input type="checkbox"/> Tennessee
<input type="checkbox"/> Arkansas	<input type="checkbox"/> Michigan	<input type="checkbox"/> Texas
<input type="checkbox"/> American Samoa	<input type="checkbox"/> Minnesota	<input type="checkbox"/> Utah
<input type="checkbox"/> Arizona	<input type="checkbox"/> Missouri	<input type="checkbox"/> Virginia
<input checked="" type="checkbox"/> California	<input type="checkbox"/> Commonwealth of the Northern Mariana Islands	<input type="checkbox"/> U.S. Virgin Islands
<input type="checkbox"/> Colorado	<input type="checkbox"/> Mississippi	<input type="checkbox"/> Vermont
<input type="checkbox"/> Connecticut	<input type="checkbox"/> Montana	<input type="checkbox"/> Washington
<input type="checkbox"/> District of Columbia	<input type="checkbox"/> North Carolina	<input type="checkbox"/> Wisconsin
<input type="checkbox"/> Delaware	<input type="checkbox"/> North Dakota	<input type="checkbox"/> West Virginia
<input type="checkbox"/> Florida	<input type="checkbox"/> Nebraska	<input type="checkbox"/> Wyoming
<input type="checkbox"/> Federated States of Micronesia	<input type="checkbox"/> New Hampshire	
<input type="checkbox"/> Georgia	<input type="checkbox"/> New Jersey	
<input type="checkbox"/> Guam	<input type="checkbox"/> New Mexico	
<input type="checkbox"/> Hawaii	<input type="checkbox"/> Nevada	
<input type="checkbox"/> Iowa	<input type="checkbox"/> New York	
<input type="checkbox"/> Idaho	<input type="checkbox"/> Ohio	
<input type="checkbox"/> Illinois	<input type="checkbox"/> Oklahoma	
<input type="checkbox"/> Indiana	<input type="checkbox"/> Oregon	
<input type="checkbox"/> Kansas	<input type="checkbox"/> Pennsylvania	
<input type="checkbox"/> Kentucky	<input type="checkbox"/> Puerto Rico	

<b>Line 12</b>		<b>Total:</b>	218,422
1	Salaries-Administrative Assistant	1	14,760
2	Salaries-Program Coord./Counselor	2	15,990
3	Salaries-Tutors	3	2,190
4	Salaries-Drivers/Supervisor	4	173,482
5	Salaries-Office Clerk	5	12,000

<b>Line 28a</b>		<b>Total:</b>	85,523
1	Provided specialized complementary curriculum to mentally handicapped	1	85,523
2	.....	2	
3	.....	3	
4	.....	4	
5	.....	5	

Westside Support Services Foundation  
Form 990-EZ Expense Worksheet  
FYE 8/31/09

Accounts	Amount	Program Services	Management Direct	Comments
Expenses				
Salaries-Admin Asst	\$ 14,760.00	\$ 14,760.00		
Salaries-Program Coord.	\$ 15,990.00	\$ 15,990.00		
Salaries-Tutors	\$ 2,190.25	\$ 2,190.25		
Salaries-Drivers/Supervisor	\$ 173,481.76		\$ 173,481.76	
Salaries-Office Clerk	\$ 12,000.00		\$ 12,000.00	
Student Incentive Expense	\$ 6,425.00	\$ 6,425.00		
Social Security Tax Expense	\$ 13,511.15	\$ 2,037.48	\$ 11,473.67	
Medicare Tax Expense	\$ 3,159.88	\$ 476.51	\$ 2,683.37	
SUI Tax Expense	\$ 3,215.50	\$ 484.90	\$ 2,730.60	
Accounting and Payroll Fees	\$ 6,267.02	\$ 945.06	\$ 5,321.96	
Insurance-Vehicles	\$ 19,889.52		\$ 19,889.52	
Insurance-Others	\$ 18,254.88	\$ 18,254.88		
Supplies Expense	\$ 1,101.32	\$ 166.08	\$ 935.24	
Telephone Expense	\$ 4,121.78	\$ 621.56	\$ 3,500.22	
Postage and Mailing	\$ 76.88	\$ 11.59	\$ 65.29	
Vehicle Lease Expense	\$ 3,851.07	\$ 3,851.07		
Maintenance Expense	\$ 365.64		\$ 365.64	
Office Expenses	\$ 395.37		\$ 395.37	
Parent-Student Transportation	\$ 3,720.22	\$ 3,720.22		
Field Trip	\$ 26.00	\$ 26.00		
Food	\$ 1,782.34	\$ 1,782.34		
Gasoline	\$ 47,111.27	\$ 7,104.38	\$ 40,006.89	
Vehicle Maintenance/Repairs	\$ 67,094.98	\$ 3,354.75	\$ 63,740.23	
Staff Training	\$ 3,073.00	\$ 3,073.00		
Uniforms	\$ 333.30		\$ 333.30	
Taxes, Licenses & Fees	\$ 3,927.00		\$ 3,927.00	
Bank Charges	\$ 202.00		\$ 202.00	
Depreciation-Auto/Truck	\$ 6,400.00		\$ 6,400.00	
Other Expense	\$ 1,640.90	\$ 247.45	\$ 1,393.45	
<b>Total</b>	<b>\$ 434,368.03</b>	<b>\$ 85,522.52</b>	<b>\$ 348,845.51</b>	

EIN 95-4757748

Form 990 attachment

Westside Support Services Foundation  
Fixed Assets and Depreciation Worksheet  
FYE 8/31/09

No.	Description	Date In Service	Life Years	Cost	AccumDepn 8/31/08	Depn 8/31/09	Accum Depn 8/31/09	Net Book Value 8/31/09
	Furniture & Fixtures	05/2001	7	\$ 2,573.00	\$ 2,573.00		\$ 2,573.00	\$ -
							\$ -	\$ -
	Office Equip.-Computer	10/2000	5	\$ 13,865.00	\$ 13,865.00		\$ 13,865.00	\$ -
	Office Equip.-Software	03/2001	5	\$ 790.00	\$ 790.00		\$ 790.00	\$ -
	Office Equip.	04/2001	7	\$ 8,603.00	\$ 8,603.00		\$ 8,603.00	\$ -
	Office Equip.	06/2001	7	\$ 11,250.00	\$ 11,250.00		\$ 11,250.00	\$ -
	Sub-total			\$ 34,508.00	\$ 34,508.00	\$ -	\$ 34,508.00	\$ -
	Playground Equipment	04/2001	7	\$ 9,750.00	\$ 9,750.00		\$ 9,750.00	\$ -
							\$ -	\$ -
	2001 Chevy Van	12/2001	5	\$ 27,913.00	\$ 27,913.00		\$ 27,913.00	\$ -
	1993 Int'l School Bus	07/2002	5	\$ 17,320.00	\$ 17,320.00		\$ 17,320.00	\$ -
	1993 Int'l School Bus	07/2002	5	\$ 17,320.00	\$ 17,320.00		\$ 17,320.00	\$ -
	1993 Int'l School Bus	07/2002	5	\$ 17,320.00	\$ 17,320.00		\$ 17,320.00	\$ -
	1993 Int'l School Bus	07/2002	5	\$ 17,320.00	\$ 17,320.00		\$ 17,320.00	\$ -
	1993 Int'l School Bus	07/2002	5	\$ 17,320.00	\$ 17,320.00		\$ 17,320.00	\$ -
	1993 Int'l School Bus	04/2002	5	\$ 28,125.00	\$ 28,125.00		\$ 28,125.00	\$ -
	1997 Int'l School Bus	01/2005	5	\$ 16,000.00	\$ 11,200.00	\$ 3,200.00	\$ 14,400.00	\$ 1,600.00
	1997 CPTR School Bus	01/2005	5	\$ 16,000.00	\$ 11,200.00	\$ 3,200.00	\$ 14,400.00	\$ 1,600.00
	Sub-total			\$ 174,638.00	\$ 165,038.00	\$ 6,400.00	\$ 171,438.00	\$ 3,200.00
	Totals			\$ 221,469.00	\$ 211,869.00	\$ 6,400.00	\$ 218,269.00	\$ 3,200.00