

#### 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**

OMB No 1545-1150

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)

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 \$500,000 and total assets
less than \$1,250,000 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

Open to Public Inspection

Α	For the 2009	calendar	year, or tax year beginning	, 2009, and	ending		,	
B	Check if applicab		C Name of organization			D Emp	loyer id	entification number
Ш	Address change	Please use IRS	WESTGATE HOUSING, INC.			03	-036	7780
	Name change	label or print or	Number and street (or P O box, if mail is not deli	vered to street address) R	oom/suite	E Teler		
$\vdash$	Initial return	type. See	50 WESTGATE DRIVE	1	02	(2	021	257-2430
H	Termination	Specific	City or town, state or country, and ZIP + 4		<del></del>	_(0	04/_	237-2430
H	Amended return	Instruc- tions						emption
Ш	Application pend		BRATTLEBORO		5301-6678	Nun	$\overline{}$	
	• Section	n 501(c)(. must att	l) organizations and 4947(a)(1) nonexemp och a completed Schedule A (Form 990 or	t charitable trusts 990-EZ).	G Accounting Other (speci	fy) ►	. X	Cash Accrual
ı	Website: ►	N/A			H Check ► X required to 990-EZ, or S	attach S	Sched	anization is <b>not</b> lule B (Form 990,
<u>J</u>	Tax-exempt sta			4947(a)(1) or 527				
к 	Check ► \$25,000 A F		anization is not a section 509(a)(3) suppo Z or Form 990 return is not required, but					
	instead of Fo	rm 990-E					<b>&gt;</b> \$	63,216.
Pa	rt I Re	venue,	Expenses, and Changes in Net A	ssets or Fund Balar	ices (See the	instruc	ction	
			ts, grants, and similar amounts received				1	5,100.
	<b>2</b> Progra	n service	revenue including government fees and o	ontracts			2	57,132.
	3 Membe	rship due	s and assessments				3	
	4 Investr	nent inco	ne	, ,			4	467.
	5a Gross	amount fr	om sale of assets other than inventory	5a			1	
			er basis and sales expenses	5b				
R	KAN .		ale of assets other than inventory (Subtract line 5b fr	•			5c	
Ā	<b>⊜6</b> Special 6	vents and a	tivities (complete applicable parts of Schedule G) If	any amount is from <mark>gaming,</mark> ch	eck here	$\sqcup$	-	
V E N U E	a Gross i	evenue (	not including\$of	contributions				
Ē	🗲 reporte	d on line	1)	6a	5	17.		
	🕅 <b>b</b> Less o	irect exp	nses other than fundraising expenses	6 b		0.		
	C Net incoi	ne or (loss)	from special events and activities (Subtract line 6b fr	om line 6a)			6c	517.
	<b>_7a</b> Gross	ales of in	ventory, less returns and allowances	7a				
	<b>b</b> Less of	ost of go	ds sold	7b				
	். c Gross	profit or (	oss) from sales of inventory (Subtract line	7b from line 7a)			7 c	
		enue (desç	00			) [	8	
			dd lines E. Q.E. AV5c, Oc., 7c, and 8		_	_ ►	9	63,216.
			ar amounts paid (attach schedule)	<del></del> -	·	1.	10	
			fgr members			_	11	
E	12 Salarie	s otheric	நார்க்கு நாழ்சாத்காலிர், இரடிசிர்பிoyee penefits				12	
X P E N S E	13 Profess	uonal fee	and other payments to independent con	tractors		_	13	45,832.
Ň				il deloi 5		<b>⊢</b>	14	157,002.
Ē	15 Printing	nublica	utille இற்றோகுintériance <del>ions, postago,</del> and shipping			_	15	154.
S			ribe ► See Other Expenses Statement		•	_	16	10,144.
			Add lines 10 through 16		·		17	56,130.
			t) for the year (Subtract line 17 from line	9)			18	7,086.
A	19 Net as:	ets or fu	id balances at beginning of year (from line	27 column (A)) (must	agree with end-of	-vear		
N S E E T	figure	eported o	n prior year's return)	27, 60/4/11/ (17) (11/40)	agree marena er		19 _	122,693.
	20 Other	hanges ii	net assets or fund balances (attach expl	anation)			20	
S	21 Net as:	ets or fu	d balances at end of year Combine lines	18 through 20		▶ 3	21	129,779.
Pa	ırt II Ba	lance S	heets. If Total assets on line 25, column	(B) are \$1,250,000 or m	ore, file Form 990	) instea	d of F	orm 990-EZ
			(See the instructions for Part II)		(A) Beginning	of year	<u> </u>	(B) End of year
22	Cash, savı	igs, and i	nvestments		122,	693.		129,779.
23	Land and b	uildings				0.	23	0.
24	Other asse	ts (descri	pe ►	)		0.	24	0.
25	Total asset	s			122,	693.	25	129,779.
26				)		0.		0.
_27	Net assets	or fund b	alances (line 27 of column (B) must agree	with line 21)	122,	693.	27	129,779.
BA	A For Privac	Act and	Paperwork Reduction Act Notice, see the	e separate instructions.	·			Form <b>990-EZ</b> (2009)

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

Form	990-EZ (2009) WESTGATE HOUSIN	G, INC.		03	<u>-036</u>	7780 Page 2
Par	t III Statement of Program Se	rvice Accomplishments	(See the instruction	ons.)		Expenses
What i	s the organization's primary exempt purpose? 1c				(Reg	urred for section c)(3) and (4) nizations and section (a)(1) trusts, optional
Desc	ribe what was achieved in carrying out t	ncise manner	1201(	C)(3) and (4)		
desci	ribe what was achieved in carrying out the the services provided, the number of	each	4947	(a)(1) trusts, optional		
	am title				for o	thers)
28	WHI helped Westgate resident	s develop and fund a nu	umber of programs	and services		
	to benefit children, youth,	and elders; after sch	ool and summer lu	nch programs		
	(120 children) community gar	dens & nutritional/e	ducational prog.	(105 adulta)		
		nis amount includes foreign gi			28 a	40.700
	1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1				204	49,782.
29	WHI expended funds for th					
	youth and adults to ongoi	<u>ate Housing</u>				
	and within the community	(262 residents)				
		nis amount includes foreign gi	rants check here		29 a	2,728.
30				honotion	254	27,20:
30	WHI monitored the management					
	with its non-profit partne					
	property mgmt to review i	ssues with resident	s and neighbors	3 <u>.</u> <del></del>		
	(Grants \$ 0.) If the	nis amount includes foreign gi	rants, check here	▶	30 a	3,620.
31	Other program services (attach schedul	e)				
	(Grants \$ ) If t	nis amount includes foreign gi	rants, check here	▶ □	31 a	
32	Total program service expenses (add li		,		32	56,130.
Par			ployeog Lad sach and		_	
Fai	t IV List of Officers, Directors					
	(a) Name and address	(b) Title and average hours		(d) Contributions		(e) Expense account
	(a) Name and address	per week devoted to position	not paid, enter -0)	employee benefit pla deferred compensa	ns and	and other allowances
	m. anthin-	to position		deterred compens	ZLIUII	
	EN_CRIBARI	<b>- </b>				
403	<u>S. MAIN ST</u>	PRESIDENT				İ
BRA	TTLEBORO VT 05301	0.00	0.		0.	
TNG	RID GORDON					
	<del>-</del>	-				
	ND LEVEL DR #56/WESTGATE APTS	<b>-</b>	_			
BRA	TTLEBORO VT 05301	0.00	0.		0.	
SAN	DY_PECHILLO					
19	1ST LEVEL DRIVE #32	SECRETARY				
	TTLEBORO VT 05301	0.00	٥.		0.	
		-	<u> </u>		٠.	
	POWEL	-				
BAC	LT_192_CANAL_STREET	TREASURER				
BRA	TTLEBORO VT 05302	0.00	0.		0.	
LYN	N MARTIN					
	2ND LEVEL DRIVE #61	DIRECTOR				
					_	
BRA	TTLEBORO VT 05301	0.00	0.		0.	
FRA	NK ADAMS	.[				
10 2	ND LEVEL DR #56/WESTGATE APTS	DIRECTOR				
BRA	TTLEBORO VT 05301	0.00	0.		Ο.	
			<u> </u>		<del></del>	
	DIAMONDSTONE	-				
	BULLOCK ST	DIRECTOR				
BRA	TTLEBORO VT 05301	0.00	0.		<u> </u>	
LIS	A SHIPPEE					
1	1ST LEVEL DR #36	DIRECTOR				
	TTLEBORO VT 05301	1			^	
<u> BKA</u>	111EBORO V1 05301	0.00	0.	_	0.	
		-	<u>'</u>			
		_				
		-				
		-				
		]				
		·				
		-				
		_				

Page 3

			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of			
24	each activity  Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes	33 34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), butnot reported on Form 990-T.	34		X
	attach a statement explaining why the organization did not report the income on Form 990-T			
	a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35 a		х
	<b>b</b> If 'Yes,' has it filed a tax return on <b>Form 990-T</b> for this year?	35 b		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the			
37	year? If 'Yes,' complete applicable parts of Schedule N  a Enter amount of political expenditures, direct or indirect, as described in the instructions   37a   0.	36		X
	b Did the organization file Form 1120-POL for this year?	37 b		X
38	a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employeer were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38 a		x
	<b>b</b> If 'Yes,' complete Schedule L, Part II and enter the total			
30	amount involved  Section 501(c)(7) organizations Enter			ĺĺ
	a Initiation fees and capital contributions included on line 9			
	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 ►	ļ <u> </u>	<u> </u>	
	<b>b</b> Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	40 Ь		_ <b>x</b>
	c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
	d Section 501(c)(3) and 501(c)(4) organizations 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	40 e		x
41				
42	a The organization's books are in care of ► JESSE KAYAN, COMM SERVS COORDINATOR Telephone no ► (802)  Located at ► 50 WESTGATE DRIVE #102 BRATTLEBORO VT ZIP + 4 ► 05301			<u>0</u>
	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)?	42 b	Yes	No X
	If 'Yes,' enter the name of the foreign country ►			į
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.			
	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	42c		<u> </u>
	Thes, enter the hame of the foreign country.			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu oForm 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year		<b>►</b> □	
			Yes	No
44	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44		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	45		x

	46-49b, and complete the tables	s for lines 50 and 5	техеттрі спа 1.	ritable trus	sts must answer	questic	ons	
<b>46</b> Did	the organization engage in direct or indire	ct political campaign ac	tivities on behal	If of or in opp	position to candidate	s	Yes	No
for	public office? If 'Yes,' complete Schedule (	C, Part I				46	<u> </u>	X
	the organization engage in lobbying activit	· · · · · · · · · · · · · · · · · · ·			_	47	_	X
	he organization a school as described in se		· · · · · · · · · · · · · · · · · · ·		<b>Ξ</b>	48	<u> </u>	<u> </u>
	the organization make any transfers to an	•	related organiza	ation?		49 a	+	<u> </u>
<b>b</b> It . A	es,' was the related organization a section	52/ organization/				49 b	)	<u> </u>
<b>50</b> Cor	nplete this table for the organization's five ployees) who each received more than \$10	highest compensated ei	mployees (other	than officer	s, directors, trustees	and key	′	
	(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensat	ion (d) Co	ntributions to employee benefit plans and erred compensation	(e) E	xpense unt and llowances	s
NONE	······································		·	-	<u>-</u>			
f Tota	al number of other employees paid over \$1	00,000						
<b>51</b> Cor	nplete this table for the organization's five npensation from the organization. If there is	highest compensated in s none, enter 'None'	dependent con	tractors who	each received more	than \$10	00,000	of
	(a) Name and address of each independent contr	actor paid more than \$100,000		<b>(b)</b> Ty	pe of service	(c) Com	pensatio	n
NONE								
- <del>-</del>								
<b>d</b> Tota	al number of other independent contractors	each receiving over \$1	00,000	<b>-</b>				
	Under penalties of perjury, I declare that I have exam true, correct and complete Declaration of preparer (	uned this return, including accor other than officer) is based on a	mpanying schedules a	and statements, ash preparer has a	and to the best of my knowledge	edge and b	elief, it is	5
	1/100	<del></del> .		ı	5-1011			
Sign	> // Me 3		_		0/14/10			
Here	and a constant of onicer	C	1 - 5000		erdnatur			
	Type or print name and title	('cmpm	14 Senia	es ce	ranatar			
	. The or print name and the		Date		Charle of Prepa	arer's Ident	ıfyıng Nu	mber
Paid	Preparer's signature	m a \$700	'	.1/10	sen-	Instructions		- 0
Pre-		CPA	[05/1	/ エリ	employed   X   Y	U0 2	14 >	حد
parer's Use	yours if self-	CFA	·		EIN 03 - 63	354	28	
Ose Only	employed), address, and ZIP + 4  P.O. BOX 253  PUTNEY	<del>-</del>	VT 05:	3460253	Phone no	, /	<u> </u>	
	RS discuss this return with the preparer sh	nown above? See instru		740077		X Ye	s $\square$	No
BAA	algodos ano retarri war the preparer si	Own above Gee mattu	5.00113			Form <b>99</b>		

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

**Public Charity Status and Public Support** 

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Name of the organization Employer identification number 03-0367780 WESTGATE HOUSING, INC. F

		1111	_			771				_		_										103-6						
Par	<u>t I </u>	Re	150	<u>1 foi</u>	· Pu	<u>blic</u>	Ch	arity	/ Sta	<u>atu:</u>	<u>s (A</u>	II or	ganı	<u>ızatıo</u>	ns I	<u>must</u>	СО	mple	te th	ıs p	art.)	See	ınst	ructi	ions			
The o	or <u>ga</u>	nızatı	on is	not	a pri	vate	foun	datio	n bed	cau	se ıt	ıs (İ	For Iır	nes 1 t	throu	ugh 11	, ct	neck o	nly or	e bo	x)							
1		A ch	urch	, con	venti	on o	f chu	rche	s or a	asso	ociati	on o	f chur	rches o	desc	ribed	ırse	ction	170(b)	<b>(1)(</b> /	<b>4)(i)</b> .							
2		A sc	loor	desc	rıbed	ıns	ectio	n 17	0(b)(1	1)(A	)(ii).	(Atta	ach S	chedu	le E	)												
3	П	A ho	spita	l or d	ооре	erativ	ve ho	spita	ıl serv	vice	orga	anıza	ation o	descrit	bed i	ır <b>secti</b>	on '	170(b)	(1)(A)	(iii).								
4	П	A m	dica	l res	earch	org	anıza	ation	opera	ate	d in d	conju	ınctıoı	n with	a ho	ospital	de	scribe	d used	ction	170	(b)(1)(A	\)(iii).	Ente	r the h	ospi	tal's	
	_	nam	e, cit	y, an	d sta	ite																						
5		An o	rgan <b>5)(1)</b>	ızatıc (A)(iv	n op <b>).</b> (C	erati Comp	ed fo	r the Part	bene	efit	of a	colle	ge or	unive	rsity	owne	d oi	roper	ated b	y a	gove	rnment	al un	iit des	scribed	sec	tion	
6		A fe	deral	, stat	e, or	loca	al gov	vernn	nent (	or g	jover	nme	ntal u	ınıt de	scrib	oed ins	ecti	ion 17	0(b)(1	χΑχ	(v).							
7		ın se	ctio	ո 170	(b)(1	χΑχ	vi).	(Com	plete	Pa	art II )	)	•					n a go	vernm	nenta	al uni	t or fro	m th	e ger	neral pu	blic	desc	ribed
8	$\sqcup$	A co	mmı	ınıty 1	trust	desc	ribe	d ins	ectio	n 17	70(b)	<b>(1)(A</b>	<b>()(vi)</b> .	(Comp	plete	Part	II)											
9	x	from	acti stme	vities nt ind	relat ome	ted t and	o its Lunre	exen elate	npt fu d bus	unct	ions- ss ta	– sul xable	biect t	to cert me (le	taın d	excep:	tion	s. and	l (2) n	o mo	ore th	nan 33∙	-1/3 9	% of i	es, and ts supp ne orga	ort	from	aross
10		An d	rgan	ızatıc	n or	ganız	zed a	and o	perat	ted	exclu	ısıve	ly to t	test fo	r pu	blic sa	ifety	/ See	ection	n 509	9(a)(4	l).						
11		more	: put	licly	supp	orte	d or	ganız	ation	ıs d	escri	bed	ın sec	the be tion 5 plete l	609(a	a)(1) o	r se	ection	509(ล	uncti )(2)	ions o Ses	of, or c <b>ection</b>	arry <b>509(</b> :	out th <b>a)(3)</b> .	ne purpo Check	oses the	s of o box	ne or that
		a	Тур	e l			b	· 📙	Type	Ш			c L	Тур	e III	– Fur	nctio	nally	ıntegr	ated			d	IШ	Type I	I <b>I</b> —	Other	
е		By c than 509(	four	idatic	ns bo	ox, I anag	certi ers a	fy tha and o	at the ther t	e org thar	ganız 1 one	ation or r	n is no	ot con public	itrolle ly su	ed dire	ectly ed c	y or in organi	dırect zatıon	ly by s de	one scrib	or moi ed in s	re dis ectio	qualı n 509	fied pe (a)(1) c	rso or so	ns otl ection	ner
f		If the	org k thi	anıza s box	ition	rece	ıved	a wr	itten (	dete	ermır	natio	n fron	n the l	IRS 1	that is	аl	Гуре І	Туре	II o	r Typ	e III su	ippor	ting o	organiza	itior	٦,	
g		Sinc	e Au	gust	17, 2	006,	has	the d	organ	ıızat	tion a	acce	pted a	any gif	ft or	contr	ibut	ion fro	om an	y of	the f	ollowin	g pei	rsons	7			
																											Yes	No
		(i)	a p bel	ersor ow, th	who ne go	dıre vern	ectly ling b	or in	direct of the	tly c e su	contro uppoi	ols, e	either organ	alone uzatıor	or t	ogeth	er w	/ith pe	rsons	des	cribe	d ın (ıı)	and	(111)	11 g	(i)		
		(ii)	a fa	ımıly	mem	ıber	of a	pers	on de	esci	rıbed	ın (ı	ı) abo	ve?											11 g	(ii)		
		(iii)	a 3	5% c	ontro	lled	entit	y of a	a pers	son	desc	ribe	d ın (ı	i) or (i	ıı) ab	ove?									11 g	(iii)		
h		Prov	ıde t	he fo	llowii	ng ir	form	ation	abou	ut tl	he sı	oqqı	rted o	rganız	zatio	ns												
	(i	) Name Org	of Su anıza	pporte tion	d		(	u) EIN			(0	lescrit above	oed on I	anızatıor lines 1-9 section tions))	)	organiz (i) lisi qo		n in col n your ing	(v) Die the org co your	d you janiza ol (i) o supp	ition in of	organiz (i) orga	) Is the ation in nized in J S ?	n col	(vii) Ar	noun	t of Su	oport
										_						Yes	┸	No	Yes		No	Yes		No				
										-														ŀ				
																	$\perp$		<u></u> -	$\perp$		<u> </u>	4_					
										ľ							1											
						L											$\perp$			_ _								
																	ł			-								
																					_							
								-																				
																	$\perp$											
																				$\perp$								
Total												-																

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

Schedule A (Form 990 or 990-EZ) 2009

	(Complete only if you checke	_						,
	tion A. Public Support		<del> </del>	1	<del></del>	1		<del></del>
	ndar year (or fiscal year nning in) ►·	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 200	9	(f) Total
1	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants ')							
_	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf							
3	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.							
	Total. Add lines 1-through 3							
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)							
	Public support. Subtract line 5 from line 4				<u> </u>			
Sec	tion B. Total Support			<b>1</b>	T	T	<u> </u>	····
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 200	9	(f) Total
7	Amounts from line 4							
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources							
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)							
11	Total support. Add lines 7 through 10							
12	Gross receipts from related activ	rities, etc (see in:	structions).		<del></del>		12	
13	First five years. If the Form 990 organization, check this box and		ation's first, seco	nd, third, fourth,	or fifth tax year a	s a section 5	501(c)(	3) ▶ □
	tion C. Computation of Pul					<del></del>	a. I	
	Public support percentage for 20			ne 11, column (f)			14	<u>%</u>
	Public support percentage from	·	·			<u> </u>	15	
16 a	33-1/3 support test – 2009. If the and stop here. The organization	e organization did qualifies as a put	not check the bo olicly supported o	ix on line 13, and rganization	the line 14 is 33	-1/3 % or m	ore, ch	eck this box ►
t	33-1/3 support test – 2008. If the and stop here. The organization	e organization did qualifies as a pub	not check a box blicly supported o	on line 13, or 16a rganization	a, and line 15 is 3	3-1/3% or m	ore, ch	neck this box
17 a	10%-facts-and-circumstances te or more, and if the organization the organization meets the 'facts	meets the 'facts-a	and-circumstance	s' test, check this	box an <b>stop here</b>	. Explain in l	Part IV	how _
t	10%-facts-and-circumstances te or more, and if the organization organization meets the 'facts-and	meets the 'facts-a d-circumstances'	and-circumstance test The organi	s' test, check this zation qualifies a	box an <b>stop here</b> s a publicly suppo	.Explain in lorted organiz	Part IV ation	how the
18		zation did not che	ck a box on line,	13, 16a, 16b, 17a				
BAA					S	cneaule A (F	orm 95	90 or 990-EZ) 2009

#### Schedule A (Form 990 or 990-EZ) 2009 WESTGATE HOUSING, INC 03-0367780 Page 3 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 **(b)** 2006 Calendar year (or fiscal yr beginning in) (a) 2005 (c) 2007 (d) 2008 (e) 2009 (f) Total Gifts, grants, contributions and membership fees received (Do not include 'unusual grants.') <u>7</u>,472. 3,409 8,372. 4,495. 5,100. 28,848. Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt 23,520 25,872 61,872 64,049 57,132 232,445. purpose Gross receipts from activities that are not an unrelated trade or business under section 513 517 517. Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 0 0 0 0 0 0. The value of services or facilities furnished by a governmental unit to the organization without charge O 0 0 0 O 0. 6 Total. Add lines 1 through 5 26,929 33,344 70,244 68,544. 62,749. 261,810. 7a Amounts included on lines 1. 2, 3 received from disqualified persons 0 0 0 0 0 0. b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the ٥. 0 0 0 O 0 vear c Add lines 7a and 7b 0 . 0. 0 0. 0 0. 8 Public support (Subtract line 7c from line 6) 261,810. Section B. Total Support (a) 2005 (c) 2007 (e) 2009 (f) Total Calendar year (or fiscal yr beginning in) ► **(b)** 2006 (d) 2008 9 Amounts from line 6 26,929. 33,344. 70,244. 68,544 62,749. 261,810. 10 a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form sımılar sources 1,481 1,917 4,650 4,729 467 13,244. **b** Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 1,917. 4,650. 4,729 467 13,244. c Add lines 10a and 10b 1,481 11 Net income from unrelated business activities not included inline 10b, whether or not the business is 0 0. 0 0 0 0 regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) 275,054. 13 Total support. (add Ins 9, 10c, 11, and 12) 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 95.18 % 15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) 16 16 Public support percentage from 2008 Schedule A, Part III, line 15 94.38 % Section D. Computation of Investment Income Percentage 17 4.82 % 17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) 18 Investment income percentage from 2008 Schedule A, Part III, line 17 18 5.62 % 19a 33-1/3 support tests - 2009. 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 - 2008. If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box andstop here. The organization qualifies as a publicly supported organization

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

Part IV	<b>Supplemental Information.</b> Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.	2 4
<del></del>	Part II, line 1/a or 1/b; and Part III, line 12. Provide any other additional information. See instructions.	
		_
	·	
<u>-</u>	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	-
		-
		_
_ ~	~-~	_
		_
		-
		_
<b>-</b> -		_
		_
		-
		-
		_
		_
		_
		_
		_
		_
		_
		-
		-
<del>-</del> -		_
		_
		_
		-
		_
		_

# Form 990-EZ, Part I, Line 16 Other Expenses Statement

<del></del>	
Other expenses (describe)	
Van & Van expenses	918.
Telephone and internet access	2,150.
Office supplies and equipment	1,944.
Travel and training	438.
Brattleboro Boys/Girls club expenses	1,071.
Meeting expenses	437.
Other Program Expense	3,186.
Total	10,144.