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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

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning Sep 1 , 2010, and ending Aug 31 , 2011

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization WEST SIDE NEIGHBORHOOD HOUSING SERVICES, INC.

Doing Business As

Number and street (or P O box if mail is not delivered to street addr) | Room/suite
359 CONNECTICUT STREET

City, town or country | State | ZIP code + 4
BUFFALO | NY | 14213

D Employer Identification Number: 16-1167946

E Telephone number: (716) 885-2344

G Gross receipts $ 1,130,726.

F Name and address of principal officer
LINDA CHIARENZA 359 CONNECTICUT BUFFALO NY 14213

H(a) Is this a group return for affiliates? ☐ Yes ☒ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If 'No,' attach a list (see instructions)

H(c) Group exemption number ►

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( )◄ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ► N/A

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ►

L Year of Formation 1981

M State of legal domicile NY

Part I Summary

1 Briefly describe the organization's mission or most significant activities: A NON PROFIT CORPORATION DEDICATED TO THE PRESERVATION AND REVITALIZATION OF BUFFALO'S NEIGHBORHOODS BY PROVIDING SAFE, AFFORDABLE AND SUSTAINABLE HOUSING OPPORTUNITIES FOR INCOME-QUALIFIED RESIDENTS.

2 Check this box ► ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	13
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	13
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	8
6	Total number of volunteers (estimate if necessary)	6	30
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	

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		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	882,223.	882,993.
9	Program service revenue (Part VIII, line 2g)	91,435.	98,855.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		87,764.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	50,274.	61,114.
12	Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,023,932.	1,130,726.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
14	Benefits paid to or for members (Part IX, column (A), line 4)		
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	214,992.	261,180.
16a	Professional fundraising fees (Part IX, column (A), line 11e)		
b	Total fundraising expenses (Part IX, column (D), line 25) ► 0.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	544,589.	913,994.
18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	759,581.	1,175,174.
19	Revenue less expenses Subtract line 18 from line 12	264,351.	-44,448.

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	4,294,520.	4,559,590.
21	Total liabilities (Part X, line 26)	151,862.	461,380.
22	Net assets or fund balances Subtract line 21 from line 20	4,142,658.	4,098,210.

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 — Date: 01/13/12

▶ LINDA CHIARENZA — Type or print name and title: EXECUTIVE DIRECTOR

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☒ if self-employed	PTIN
P G SIPPEL, CPA	P G SIPPEL, CPA	01/24/12		

Firm's name ► BATT, HULTMAN & SIPPEL, CPAs LLC

Firm's address ► 5500 MAIN ST, SUITE 208
WILLIAMSVILLE NY 14221-6755

Firm's EIN ►

Phone no (716) 626-1299

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

G17

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

A NON PROFIT CORPORATION
DEDICATED TO THE PRESERVATION AND REVITALIZATION OF BUFFALO'S
See Form 990, Page 2, Part III, Line 1 (continued)

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 $ 791,828. including grants of $ 0.) (Revenue $ 687,515.)

OWNER OCCUPIED REHABILITATION LOANS THROUGH NEIGHBORWORKS AMERICA AND NYS DEPARTMENT OF HOUSING & COMMUNITY RENEWAL AND NYS AFFORDABLE HOUSING CORPORATOIN TO LOW AND MODERATE INCOME RESIDENTS

4b (Code) (Expenses $ 32,454. including grants of $ 0.) (Revenue $ 96,835.)

HOME BUYER EDUCATION AND FORECLOSURE PREVENTION SERVICES. THE ORGANIZATION CONDUCTS MONTHLY SEMINARS FOR PRE AND POST PURCHASE COUNSELING FOR LOW TO MODERATE INCOME FIRST -TIME HOME BUYERS AS WELL AS FORECLOSURE PREVETION SEMINARS FOR EXISTING HOME OWNERS

4c (Code:) (Expenses $ 53,883. including grants of $ 0.) (Revenue $ 107,924.)

RENTALS TO LOW INCOME INDIVIUALS.

4d Other program services (Describe in Schedule O)

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

4e Total program service expenses ► 878,165.

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)? *If 'Yes,' complete Schedule A*	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	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? *If 'Yes,' complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If 'Yes,' complete Schedule C, Part II*	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If 'Yes,' complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If 'Yes,' complete Schedule D, Part 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? *If 'Yes,' complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If 'Yes,' complete Schedule D, Part III*	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? *If 'Yes,' complete Schedule D, Part IV*	9	X	
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? *If 'Yes,' complete Schedule D, Part V*	10	X	
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings and equipment in Part X, line 10? *If 'Yes,' complete Schedule D, Part VI*	11a	X	
b	Did the organization report an amount for investments– other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If 'Yes,' complete Schedule D, Part VII*	11b		X
c	Did the organization report an amount for investments– program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If 'Yes,' complete Schedule D, Part VIII*	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If 'Yes,' complete Schedule D, Part IX*	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? *If 'Yes,' complete Schedule D, Part X*	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If 'Yes,' complete Schedule D, Part X*	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If 'Yes,' complete Schedule D, Parts XI, XII, and XIII*	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional*	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If 'Yes,' complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	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 United States? *If 'Yes,' complete Schedule F, Parts I and IV*	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? *If 'Yes,' complete Schedule F, Parts II and IV*	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? *If 'Yes,' complete Schedule F, Parts III and IV*	16		X
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If 'Yes,' complete Schedule G, Part I (see instructions)*	17		X
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If 'Yes,' complete Schedule G, Part II*	18		X
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If 'Yes,' complete Schedule G, Part III*	19		X
20 a	Did the organization operate one or more hospitals? *If 'Yes,' complete Schedule H*	20		X
b	If 'Yes' to line 20a, did the organization attach its audited financial statements to this return? **Note.** Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If 'Yes,' complete Schedule I, Parts I and II*	21		X
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If 'Yes,' complete Schedule I, Parts I and III*	22		X
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If 'Yes,' complete Schedule J*	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, and that was issued after December 31, 2002? *If 'Yes,' answer lines 24b through 24d and complete Schedule K If 'No,' go to line 25*	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? *If 'Yes,' complete Schedule L, Part I*	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If 'Yes,' complete Schedule L, Part I*	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? *If 'Yes,' complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If 'Yes,' complete Schedule L, Part III*	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, or key employee? *If 'Yes,' complete Schedule L, Part IV*	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? *If 'Yes,' complete Schedule L, Part IV*	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If 'Yes,' complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If 'Yes,' complete Schedule M*	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If 'Yes,' complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If 'Yes,' complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If 'Yes,' complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If 'Yes,' complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1*	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		X
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If 'Yes,' complete Schedule R, Part V, line 2* ☐ Yes ☒ No			
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If 'Yes,' complete Schedule R, Part V, line 2*	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If 'Yes,' complete Schedule R, Part VI*	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 0		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X	
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	2a 8		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file.* (see instructions)			
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?	3a		X
b	If 'Yes' has it filed a Form 990-T for this year? *If 'No,' provide an explanation in Schedule O*	3b		
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)?	4a		X
b	If 'Yes,' enter the name of the foreign country. ►			
	See instructions for 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?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?	6a		X
b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	**Organizations that may receive deductible contributions under section 170(c).**			
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If 'Yes' did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d	If 'Yes,' indicate the number of Forms 8282 filed during the year	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		X
9	**Sponsoring organizations maintaining donor advised funds.**			
a	Did the organization make any taxable distributions under section 4966?	9a		X
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		X
10	**Section 501(c)(7) organizations.** Enter:			
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:			
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?	12a		
b	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	12b		
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**			
a	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b		
c	Enter the amount of reserves on hand	13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If 'Yes,' has it filed a Form 720 to report these payments? *If 'No,' provide an explanation in Schedule O*	14b		

Part VI **Governance, Management and Disclosure** *For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.*

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

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a 13		
b	Enter the number of voting members included in line 1a, above, who are independent	1b 13		
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?	2		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?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	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*	9		X

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

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		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?	10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? *If 'No,' go to line 13*	12a	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	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*	12c	X	
13	Does the organization have a written whistleblower policy?	13		X
14	Does the organization have a written document retention and destruction policy?	14	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	15a		X
b	Other officers of key employees of the organization	15b		X
	If 'Yes' to line 15a or 15b, 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?	16a		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?	16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ► See Form 990, Page 6, Line 17 (continued)

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 [X] 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

► KRISTIN DUCEY 359 CONNECTICUT STREET, BUFFALO NY 14213 (716) 885-2344

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

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of 'key employee.'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

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

☒ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
(1) JOHN HOCHADEL BOARD	2.00	X						0.	0.	0.
(2) LINDA CHIARENZA EXEC DIRECTOR	2.00	X		X				0.	0.	0.
(3) GARY LINK BOARD	2.00	X						0.	0.	0.
(4) NICK BONIFACIO BOARD	2.00	X						0.	0.	0.
(5) JOLENE BALLER BOARD	2.00	X						0.	0.	0.
(6) VINCENT LORIGO BOARD	2.00	X						0.	0.	0.
(7) DEBORAH LOMBARDO BOARD	2.00	X						0.	0.	0.
(8) DANA BOBINCHEK BOARD	2.00	X						0.	0.	0.
(9) RAMON MORALES PRESIDENT	2.00	X		X				0.	0.	0.
(10) BAROLE D PERLA BOARD	2.00	X						0.	0.	0.
(11) STEPHEN M SCELLO BOARD	2.00	X						0.	0.	0.
(12) ROBIN JOHNSON SECRETARY	2.00	X		X				0.	0.	0.
(13) MICHAEL PIERRO BOARD	2.00	X						0.	0.	0.
(14) KARLA GADLEY TREASURER	2.00	X		X				0.	0.	0.
(15) MICHAEL WOODS BOARD	2.00	X						0.	0.	0.
(16) DAN HAWEYLCZAK BOARD	2.00	X						0.	0.	0.
(17) LISA AKERS BOARD	2.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Sch O)	(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			
(18) KARLA GADLEY BOARD	2.00	X						0.	0.	0.
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
(26)										
(27)										
(28)										
(29)										
1b Sub-total ►								0.	0.	0.
c Total from continuation sheets to Part VII, Section A ►										
d Total (add lines 1b and 1c) ►								0.	0.	0.

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 in reportable compensation from the organization ►

		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*	3		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*	4		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If 'Yes,' complete Schedule J for such person*	5		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

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ►

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	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e	809,487.			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	73,506.			
	g Noncash contributions included in lns 1a-1f $					
	h **Total.** Add lines 1a-1f		882,993.			
PROGRAM SERVICE REVENUE		Business Code				
	2a Interest on loans	900001	98,855.	0.	0.	98,855.
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g **Total.** Add lines 2a-2f		98,855.			
OTHER REVENUE	3 Investment income (including dividends, interest and other similar amounts)					
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
		(i) Real / (ii) Personal				
	6a Gross Rents	18,751.				
	b Less: rental expenses					
	c Rental income or (loss)	18,751.				
	d Net rental income or (loss)		18,751.	0.	0.	18,751.
		(i) Securities / (ii) Other				
	7a Gross amount from sales of assets other than inventory	87,764.				
	b Less cost or other basis and sales expenses					
	c Gain or (loss)	87,764.				
	d Net gain or (loss)		87,764.	0.	0.	87,764.
	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18	a 11,380.				
	b Less: direct expenses	b				
	c Net income or (loss) from fundraising events		11,380.		0.	11,380.
	9a Gross income from gaming activities See Part IV, line 19	a				
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities					
	10a 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				
	11a Miscellaneous	900099	8,510.	0.	0.	8,510.
	b Loan closing fees	531310	22,240.	0.	0.	22,240.
	c BAD DEBT RECOVERY	531310	233.	0.	0.	233.
	d All other revenue					
	e **Total.** Add lines 11a-11d		30,983.			
	12 **Total revenue.** See instructions		1,130,726.	0.	0.	247,733.

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				
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	218,053.	64,483.	153,570.	0.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	43,127.	13,184.	29,943.	0.
10 Payroll taxes				
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion				
13 Office expenses	6,046.	0.	6,046.	0.
14 Information technology				
15 Royalties				
16 Occupancy	770.	408.	362.	0.
17 Travel	19,739.	-22.	19,761.	0.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	306.	306.	0.	0.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	16,740.	16,740.	0.	0.
23 Insurance	7,860.	6,521.	1,339.	0.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a Postage	2,298.	504.	1,794.	0.
b Property rehab	712.	0.	712.	0.
c Utilities	15,151.	10,832.	4,319.	0.
d Consultants	70,707.	33,877.	36,830.	0.
e Bank charges	1,397.	527.	870.	0.
f All other expenses	772,268.	730,805.	41,463.	0.
25 Total functional expenses. Add lines 1 through 24f	1,175,174.	878,165.	297,009.	0.
26 **Joint costs.** Check here ► ☐ if following SOP 98-2 (ASC 958-720) 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		1,618,788.	1	2,141,852.
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		9,200.	4	2,969.
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)			6	
	7	Notes and loans receivable, net		2,370,662.	7	2,301,170.
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		6,440.	9	2,963.
	10a	Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D	10a 529,987.			
	b	Less accumulated depreciation	10b 419,351.	289,430.	10c	110,636.
	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			15	
	16	**Total assets** Add lines 1 through 15 (must equal line 34)		4,294,520.	16	4,559,590.
LIABILITIES	17	Accounts payable and accrued expenses		32,916.	17	24,898.
	18	Grants payable		27,470.	18	343,221.
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial 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			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities Complete Part X of Schedule D		91,476.	25	93,261.
	26	**Total liabilities.** Add lines 17 through 25		151,862.	26	461,380.
NET ASSETS OR FUND BALANCES		**Organizations that follow SFAS 117, check here ► [X] and complete lines 27 through 29 and lines 33 and 34.**				
	27	Unrestricted net assets		527,493.	27	592,645.
	28	Temporarily restricted net assets		373,440.	28	690,653.
	29	Permanently restricted net assets		3,241,725.	29	2,814,912.
		Organizations that do not follow SFAS 117, check here ► [ ] 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		4,142,658.	33	4,098,210.
	34	Total liabilities and net assets/fund balances		4,294,520.	34	4,559,590.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,130,726.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,175,174.
3	Revenue less expenses Subtract line 2 from line 1	3	-44,448.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4,142,658.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	4,098,210.

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
c	If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	X	
d	If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis or both: ☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
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?	3a		X
b	If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

► **Attach to Form 990 or Form 990-EZ.** ► **See separate instructions.**

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization	Employer identification number
WEST SIDE NEIGHBORHOOD HOUSING SERVICES, INC.	16-1167946

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

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

1 ☐ A church, convention of churches or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)** Enter the hospital's name, city, and state

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II)

9 ☐ An organization that normally receives (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions – subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or 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 is a Type I, Type II or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

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

h Provide the following information about the supported organization(s)

	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in column (i) listed in your governing document? Yes	(iv) No	(v) Did you notify the organization in column (i) of your support? Yes	(v) No	(vi) Is the organization in column (i) organized in the U S ? Yes	(vi) No	(vii) Amount of support
(A)										
(B)										
(C)										
(D)										
(E)										
Total										

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include unusual grants)	558,868.	558,868.	790,275.	970,715.	882,223.	3,760,949.
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					126.	126.
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	558,868.	558,868.	790,275.	970,715.	882,349.	3,761,075.
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)						
6 **Public support.** Subtract line 5 from line 4						3,761,075.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	558,868.	558,868.	790,275.	970,715.	882,349.	3,761,075.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	109,052.	109,052.	112,119.	96,370.	126,341.	552,934.
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						4,314,009.

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

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	14	87.18%
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	88.60%

16a **33-1/3% support test – 2010.** If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ► ☒

b **33-1/3% support test – 2009.** If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ► ☐

17a **10%-facts-and-circumstances test – 2010.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and **stop here.** Explain in Part IV how the organization meets the 'facts-and-circumstances' test The organization qualifies as a publicly supported organization ► ☐

b **10%-facts-and-circumstances test – 2009.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and **stop here.** Explain in Part IV how the organization meets the 'facts-and-circumstances' test The organization qualifies as a publicly supported organization ► ☐

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

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

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

Section A. Public Support

Calendar year (or fiscal yr beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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 through 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 $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal yr beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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 lns 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 2010 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2010** (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from **2009** Schedule A, Part III, line 17	18	%

19a **33-1/3% support tests – 2010.** 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 – 2009.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ► ☐

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

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

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12.
► Attach to Form 990. ► See separate instructions.

OMB No 1545 0047

2010

Open to Public Inspection

Name of the organization

WEST SIDE NEIGHBORHOOD HOUSING SERVICES, INC.

Employer identification number

16-1167946

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or education)
☐ Protection of natural habitat
☐ Preservation of open space
☐ Preservation of an historically important land area
☐ Preservation of a certified historic structure

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

		Held at the End of the Tax Year
a Total number of conservation easements	2a	
b Total acreage restricted by conservation easements	2b	
c Number of conservation easements on a certified historic structure included in (a)	2c	
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► _____

4 Number of states where property subject to conservation easement is located ► _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ► _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered 'Yes' to Form 990, Part IV, line 8.

1 a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ► $ _____

(ii) Assets included in Form 990, Part X ► $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items·

a Revenues included in Form 990, Part VIII, line 1 ► $ _____

b Assets included in Form 990, Part X ► $

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange programs
e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if organization answered 'Yes' to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☒ No

b If 'Yes,' explain the arrangement in Part XIV and complete the following table:

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☒ No

b If 'Yes,' explain the arrangement in Part XIV

Part V Endowment Funds. Complete if the organization answered 'Yes' to Form 990, Part IV, line 10

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as:

a Board designated or quasi-endowment ► _____ %
b Permanent endowment ► _____ %
c Term endowment ► _____ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

		Yes	No
(i) unrelated organizations	3a(i)		
(ii) related organizations	3a(ii)		
b If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

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

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		420,307.	309,671.	110,636.
c Leasehold improvements				
d Equipment		109,680.	109,680.	0.
e Other				
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)*			►	110,636.

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. *(Column (b) must equal Form 990 Part X, column (B) line 12.)* ►		

Part VIII Investments—Program Related. (See Form 990, Part X, line 13)

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. *(Column (b) must equal Form 990, Part X, column (B) line 13.)* ►		

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

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

Part X Other Liabilities. (See Form 990, Part X, line 25)

(a) Description of liability	(b) Amount
(1) Federal income taxes	
(2) RENT DEPOSITS & GRANT ESCROWS	93,261.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. *(Column (b) must equal Form 990, Part X, column (B) line 25)* ►	93,261.

2. FIN 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII,column (A), line 12)	1,130,726.
2	Total expenses (Form 990, Part IX, column (A), line 25)	1,175,174.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	-44,448.
4	Net unrealized gains (losses) on investments	
5	Donated services and use of facilities	
6	Investment expenses	
7	Prior period adjustments	
8	Other (Describe in Part XIV)	
9	Total adjustments (net) Add lines 4 through 8	
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	-44,448.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

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

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part IV, lines 1b and 2b, Part V, line 4; Part X, line 2, Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Part XIV Supplemental Information *(continued)*

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
► Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization	Employer identification number
WEST SIDE NEIGHBORHOOD HOUSING SERVICES, INC.	16-1167946

Pt VI-B, Line 11a THE FORM 990 IS REVIEWED BY A MEMBER OF THE FINANCE COMMITTEE PRIOR TO FILING WITH THE IRS.

Pt VI-B, Line 12c EMPLOYEES & BOARD MEMBERS ARE REQUIRED TO DIGN A CONFLICT OF INTEREST STATEMENT ANNUALLY.

Schedule O (Form 990), Supplemental Information to Form 990
Form 990, Page 2, Part III, Line 1 (continued)

Briefly describe the organization's mission:
NEIGHBORHOODS BY PROVIDING SAFE, AFFORDABLE AND SUSTAINABLE HOUSING OPPORTUNITIES FOR INCOME-QUALIFIED RESIDENTS.

Schedule O (Form 990), Supplemental Information to Form 990
Form 990, Page 6, Line 17 (continued)

New York

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ
Form 990, Page 10, Line 24f All Other Expenses (continued)

Description	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
Pass thru grants	27,000.	27,000.	0.	0.
Stipends	7,500.	0.	7,500.	0.
Repairs & maintenance	27,265.	24,484.	2,781.	0.
Supplies	4,842.	920.	3,922.	0.
Miscellaneous	26,149.	1,597.	24,552.	0.
Property taxes	3,766.	3,766.	0.	0.
Loan servicing	2,708.	0.	2,708.	0.
Loss on sale	148,763.	148,763.	0.	0.
Bad Debt expense	179,152.	179,152.	0.	0.
Impairment of asset	345,123.	345,123.	0.	0.

Note 1 - Organization and Summary of Significant Accounting Policies

Organization - West Side Neighborhood Housing Services, Inc (the Corporation) is a non-profit corporation incorporated on August 27, 1981. The Corporation is dedicated to the preservation and revitalization of Buffalo's west side neighborhood. The Corporation collaborates with the various funding sources, including NeighborWorks® America, the City of Buffalo, New York State, commercial lenders, insurance representatives and area residents who realize that only a concerted effort can ensure the future of the surrounding neighborhood

Basis of Accounting - The accompanying financial statements have been prepared on the accrual basis of accounting.

Basis of Presentation - Financial statement presentation follows the recommendations of the Financial Accounting Standards Board in its Statement of Financial Accounting Standards (SFAS) No 117, Financial Statements of Not-for-Profit Organizations Under SFAS No. 117, the Corporation is required to report information regarding its financial position and activities according to three classes of net assets. Unrestricted net assets, temporarily restricted net assets, and permanently restricted net assets.

Cash - For the purposes of the statement of cash flows, the Corporation considers all highly liquid investments with a maturity of three months or less to be cash equivalents.

Restricted and Unrestricted Support and Revenue - Support and revenue are recorded as unrestricted, temporarily restricted or permanently restricted, depending on the existence and/or nature of any restrictions. When a restriction expires (that is, when a stipulated time restriction ends or purpose restriction is accomplished), temporarily restricted net assets are reclassified to unrestricted net assets and reported in the Statements of Activities as net assets released from restrictions.

Revenue Recognition - the Corporation recognizes revenue when earned. Contract revenue is recorded as qualifying expenses are incurred. Refundable advances represent contract advances to provide working capital for the operation of the program.

Income Taxes - The Corporation is exempt from taxes under Section 501(c) (3) of the Internal Revenue Code, and is classified as "other than a private foundation." Therefore, no provision for income taxes is reflected in the financial statements. The company does business only in New York State, and is in compliance with federal and state regulations related to payroll, sales, use and withholding taxes. As of August 31, 2011, there were no outstanding inquiries from taxing authorities, and there are no liabilities for uncertainties related to taxes.

Functional Allocation of Expenses - The costs of various programs and supporting services have been summarized on a functional basis. Accordingly, certain costs have been allocated among the programs and supporting services benefited.

Use of Estimates - The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results could differ from those estimates.

Note 1 - Organization and Summary of Significant Accounting Policies (continued)

NeighborWorks® Collaborative - NeighborWorks® America provides funding to several housing agencies in western New York State. During the year August 31, 2008, a collaborating housing organization surrendered its' charter to NeighborWorks® America and transferred to West Side $264,477 in cash and $201,215 in loans related to the NeighborWorks® Capital Funds Program.

Note 2 – Comparative Data

The financial information for 2010, presented for comparative purposes, is not intended to be a complete financial statement presentation in accordance with SFAS 117.

Note 3 – One-Third Matching and In-Kind Contributions

The organization received sufficient funding from various sources to meet the rules for the New York State Housing and Community Renewal (H.C.R.) one-third matching requirement.

Note 4 - Loans Receivable

General - The Corporation provides down payment assistance loans and property rehabilitation loans primarily to low to moderate income individuals in Buffalo's west side neighborhood. All loans are approved by a vote of the Corporation's loan committee and are made in accordance with any grant restrictions. Interest rates range from 0% to the prevailing market rate. Terms generally range from 1 to 20 years. All loans are secured by a lien on the debtor's property. A mortgage lien is required for any rehabilitation loan greater than $1,000.

Loan Sold With Recourse - The Corporation periodically sells loans receivable, at current balance, to Neighborhood Housing Services of America, Inc (NHSA). The terms of the sales agreement require the Corporation to repurchase or substitute loans which become 90 days delinquent. The balance of loans sold to NHSA as of August 31, 2011, was $5,229.

Note 5 - Property Held for Resale

The Corporation acquires various properties for the purpose of rehabilitating the property and selling it. Acquisition of the property is recorded at cost, except for donated property which is recorded at estimated fair market value at date of receipt. Major rehabilitation costs are also capitalized. As of August 31, 2011, the properties at 364 Connecticut, 807 Prospect, and 333 Connecticut were recorded as fixed assets. Property held for resale at August 31, 2011 and 2010 is summarized as follows:

	2011	2010
Total	$ 255,278	$ 136,747

Note 6 - Property and Equipment

The organization capitalizes assets with an estimated useful life greater than one year, and cos greater than $500. Property and equipment are stated at cost, except for donated equipmen which is recorded at estimated fair market value at date of receipt. Depreciation of propert (27½ years) and equipment (3 to 8 years) is computed using the straight-line method over th estimated useful lives of the assets. Property and equipment at August 31, 2011 and 2010 i summarized as follows:

	2011	2010
Rental Properties:		
333 Connecticut Street	$ 43,743	$ 43,743
372 Connecticut Street	-0-	159,017
484 Connecticut Street	222,445	212,191
Building and Improvements:		
331 Connecticut Street	170	-0-
359 Connecticut Street	68,539	68,539
364 Connecticut Street	296	296
807 Prospect Street	85,114	98,575
Equipment	109,680	109,680
	529,987	692,041
Less Accumulated Depreciation	419,351	402,611
Total	$ 110,636	$ 289,430

Note 7- Refundable Advances

Refundable advances, which represent funds received for contract period that extend beyond the current fiscal year, at August 31, 2010 and 2009 is summarized as follows:

	2011	2010
NeighborWorks® America	$ 327,000	$ -0-
NYS Division of Housing and Community Renewal	16,221	27,470
	$ 343,221	$ 27,470

Note 8 - Restrictions on Net Assets

Temporarily restricted net assets are available primarily for various loan programs and for the acquisition and rehabilitation of properties.

Note 9 - Concentration of Credit Risk

Cash - The Corporation's cash is maintained in bank deposit accounts at several high credit quality financial institutions. The balances, at times, may exceed federally insured limits.

Loans Receivables - The Corporation issues loans primarily to low to moderate income individuals residing in Buffalo's west side neighborhood. The net loans receivable amounting to $2,342,918 and $2,325,662 at August 31, 2011 and 2010 respectively, is a concentration of credit risk.

Grant Income – A significant portion of the Corporation's revenue and support comes in the form of government grants. Accordingly, future funding is subject to continued appropriation by the various funding agencies. The terms and conditions of the grants and loan agreements subject the corporation to specific government rules and regulations. Future funding is dependent on continued compliance with these rules and regulations.

Note 10 – Notes Receivable

The organization sold several lots to Habitat for Humanity and received a $50,000.00 note payable at $2,500.00 a year for twenty years, payable on November 1st of each year beginning in 2008.

Note payable - Current	$ 2,500.00
Note payable - Long Term	$ 42,500.00

Note 11 Grant Income

Grant income for the years ended August 31, 2011 and 2010 is summarized as follows:

	2011	2010
NeighborWorks® America		
Capital Grant	$ 223,000	$ 150,000
OU Portion	40,897	-
Foreclosure Prevention	5,218	-
HUD Housing Counseling	10,311	-
Countrywide Neighborworks® America	-	18,400
Expendable Grants	4,000	227,000
Pass thru to Affiliate	6,516	31,023
STATE OF NEW YORK		
Division of Housing and Community Renewal	66,414	55,571
Housing Trust Fund	-	-
Home Program	127,027	20,377
Affordable Housing Partners	-	54,142
Affordable Housing Corporation	150,000	-
Restore Program	-	60,000
Foreclosure Prevention Program	96,835	108,000
Urban Home Ownership Assistance	-	15,271
CITY OF BUFFALO		
Community Development Block Grants	19,669	48,400
Other	59,600	33,872
COUNTY OF ERIE	-	-

Included in the above items are capital grants which are administrated by other housing service Organization through the NeighborWorks® America collaborative. However, the Corporation as lead agency is ultimately responsible for all the terms and conditions of the grant agreement

Under various grants West Side acquires and rehabs homes and resells the property to area residents. Under the program the houses may be sold for less than the organization's total investment, which is the intent of the program. During 2011 West Side sold a property for $50,000, for which rehabilitation expenditures over the life of the project totaled $91,824 funds, resulting in a subsidiary to the home buyer of $41,824.

WEST SIDE NEIGHBORHOOD HOUSING SERVICES, INC.
Schedule of Expenditures of Federal Awards
August 31, 2011

Federal Grantor/Pass-through Grantor/Program Title	Federal CFDA Number	Pass-thru Entity's Identifying Number	Grant Expenditures
U. S Department of Housing and Urban Development			
Passed through the City of Buffalo:			
Community Development Block Grants.			
Loan Programs			
Revolving Loan Program	14.218		$ 45,260
High-risk Loan Program	14.218		11,327
Alternate Use Loan Program	14 218		1,882
Total Department of Housing and Urban Development			58,469
Passed through US Department of Treasury NeighborWorks® America			
Revolving Loans Program	21.000		1,708,686
Expendable Grants	21.000		109,439
Down Payment loans	21.000		323,781
Other NeighborWorks® America Loan Program	21.000		84,609
Total NeighborWorks® America			2,226,515
Total of Expenditures of Federal Awards			**$ 2,284,984**

Note A- Basis of Presentation

The accompanying schedule of expenditures of federal awards includes the federal grant activity of West Side Neighborhood Housing Services, Inc., and is presented on the accrual basis of accounting The information in this schedule is presented in accordance with the requirements of OMB Circular A-133, Audits of States, Local Governments, and Non-Profit Organizations. Therefore, some amounts presented in this schedule may differ from amounts presented in, or used in the preparation of, the basic financial statements.

Westside NHS
Depreciation
8/30/2011

Asset	Date Acq	Cost	Method	Life	Prior Depreciation	Current Year Expenses	Accumlated Depreciation 8/30/201
484 Connecticut	3/1/91	20,000	SL	27 5	12,726	727	13,454
484 Conn rehab	3/1/94	164,958	SL	27 5	96,967	5,998	102,966
484 Conn rehab	8/14/00	2,000	SL	27 5	734	73	806
484 Conn rehab	6/15/03	4,395	SL	27 5	1,152	160	1,312
359 Connecticut	11/10/83	52,111	SL	20 0	52,111	0	52,111
359 Conn Rehab	10/1/89	5,475	SL	27 5	5,475	0	5,475
359 Conn Rehab	10/1/96	5,121	SL	27 5	2,635	186	2,821
Equip '91	1/1/91	22,564	SL	5 0	22,564	0	22,564
Computer '95	9/29/95	2,500	SL	5 0	2,500	0	2,500
Computer '97	9/15/97	6,052	SL	5 0	6,052	0	6,052
Copier '96	6/30/96	11,987	SL	5 0	11,987	0	11,987
Laptop '97	4/1/97	1,987	SL	5 0	1,987	0	1,987
Computer '98	1/1/98	1,987	SL	5 0	1,987	0	1,987
Printer	2/1/98	264	SL	5 0	264	0	264
Printer	10/5/95	363	SL	5 0	363	0	363
Signs chairs	6/30/99	1,396	SL	5 0	1,396	0	1,396
Furnace	12/9/98	1,750	SL	5 0	1,750	0	1,750
Telephone sys	11/8/98	5,810	SL	7 0	5,810	0	5,810
computer '00	5/1/00	19,086	SL	5 0	19,086	0	19,086
Camera '91	12/1/99	971	SL	5 0	971	0	971
Camera '00	8/16/00	672	SL	5 0	672	0	672
Laptop '01	1/15/01	1,500	SL	5 0	1,500	0	1,500
Computer '01	8/31/01	2,440	SL	5 0	2,440	0	2,440
Compt Network '02	1/24/02	629	SL	5 0	629	0	629
359 Conn Rehab	1/15/07	1,750	SL	27 5	255	64	319
359 Conn Rehab	12/31/07	4,082	SL	27 5	444	148	592
484 Conn Rehab	12/31/07	1,745	SL	27 5	189	63	252
807 Prospect	12/31/08	92,708	SL	27 5	6,742	3,371	10,114
333 Connecticut	12/31/08	43,743	SL	27 5	3,181	1,591	4,772
364 Connecticut	12/31/08	296	SL	27 5	22	11	32
484 Connecticut	12/31/08	1,057	SL	27 5	77	38	115
807 Prospect	8/31/11	118,531	SL	27 5	0	4,310	4,310
TOTALS		599,930			264,668	16,740	281,409