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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 private foundations)

▶ Do not enter Social Security numbers on this form as it may be made public By law, the IRS generally cannot redact the information on the form

▶ Information about Form 990 and its instructions is at www.IRS.gov/form990

OMB No 1545-0047

2013

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning 09-01-2013 , 2013, and ending 08-31-2014

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

C Name of organization
EAST SIDE HOUSE INC

Doing Business As
EAST SIDE HOUSE SETTLEMENT

Number and street (or P O box if mail is not delivered to street address) | Room/suite
337 ALEXANDER AVENUE

City or town, state or province, country, and ZIP or foreign postal code
BRONX, NY 10454

D Employer identification number
13-1623989

E Telephone number
(718)665-5250

G Gross receipts $ 26,211,226

F Name and address of principal officer
JOHN A SANCHEZ
337 ALEXANDER AVENUE
BRONX, NY 10454

H(a) Is this a group return for subordinates? ☐ Yes ☑ No

H(b) Are all subordinates 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: ▶ WWW EASTSIDEHOUSE ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1891

M State of legal domicile NY

Part I Summary

1 Briefly describe the organization's mission or most significant activities
PROVIDE SOCIAL SERVICES FOR UNDERPRIVILEGED YOUTH RESIDING IN THE MOTT HAVEN SECTION OF THE SOUTH BRONX EAST SIDE HOUSE REMAINS COMMITTED TO IMPROVING QUALITY OF LIFE FOR CONSTITUENTS, FOCUSING EFFORTS IN EDUCATIONAL ATTAINMENT THE EDUCATIONAL EFFORTS OF THE ORGANIZATION HAVE PARTICULARLY FOCUSED ON THE YOUNG PEOPLE OF MOTT HAVEN THE ORGANIZATION'S SUCCESS IS ROOTED IN THE ACCOMPLISHMENTS OF ITS STUDENTS AND ARE GUIDED THROUGH EFFORTS OF ITS DEDICATED AND TALENTED STAFF

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

Activities & Governance

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	33
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	33
5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	**5**	787
6	Total number of volunteers (estimate if necessary)	**6**	142
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**	0

		Prior Year	Current Year
Revenue	**8** Contributions and grants (Part VIII, line 1h)	12,889,111	13,101,080
	9 Program service revenue (Part VIII, line 2g)	705,682	1,169,883
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,085,025	1,156,860
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	126,758	3,908
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	14,806,576	15,431,731
Expenses	**13** Grants and similar amounts paid (Part IX, column (A), lines 1–3)	464,833	479,178
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	8,786,013	9,380,578
	16a Professional fundraising fees (Part IX, column (A), line 11e)	89,167	90,000
	b Total fundraising expenses (Part IX, column (D), line 25) ▶532,742		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	3,710,306	4,099,758
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	13,050,319	14,049,514
	19 Revenue less expenses Subtract line 18 from line 12	1,756,257	1,382,217

		Beginning of Current Year	End of Year
Net Assets or Fund Balances	**20** Total assets (Part X, line 16)	26,477,293	29,689,915
	21 Total liabilities (Part X, line 26)	1,496,338	1,625,478
	22 Net assets or fund balances Subtract line 21 from line 20	24,980,955	28,064,437

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

****** 2015-05-27
Signature of officer Date

JOHN A SANCHEZ EXECUTIVE DIRECTOR
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
GARRETT M HIGGINS		2015-05-27		P00543209

Firm's name ▶ O'CONNOR DAVIES LLP — Firm's EIN ▶ 27-1728945

Firm's address ▶ 665 FIFTH AVENUE
NEW YORK, NY 10022 — Phone no (212) 286-2600

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III . . . . . ☑

1 Briefly describe the organization's mission

EAST SIDE HOUSE IS A COMMUNITY RESOURCE IN SOUTH BRONX WE BELIEVE EDUCATION IS THE KEY THAT ENABLES ALL PEOPLE TO CREATE ECONOMIC AND CIVIC OPPORTUNITIES FOR THEMSELVES, THEIR FAMILIES AND THEIR COMMUNITY OUR FOCUS IS ON CRITICAL DEVELOPMENTAL PERIODS -- EARLY CHILDHOOD AND ADOLESCENCE -- AND CRITICAL JUNCTURES -- POINTS AT WHICH PEOPLE ARE DETERMINED TO BECOME ECONOMICALLY INDEPENDENT WE ENRICH, SUPPLEMENT AND ENHANCE THE PUBLIC SCHOOL SYSTEM AND PLACE COLLEGE WITHIN THE REACH OF MOTIVATED STUDENTS WE PROVIDE SERVICES TO FAMILIES IN ORDER FOR OTHER FAMILY MEMBERS TO PURSUE THEIR EDUCATIONAL GOALS WE PROVIDE TECHNOLOGY AND CAREER READINESS TRAINING TO ENABLE STUDENTS TO IMPROVE THEIR ECONOMIC STATUS AND LEAD MORE FULFILLING LIVES

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 organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations 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 $ 6,991,766 including grants of $ 479,178) (Revenue $ 1,169,883)

THE EDUCATION PROGRAM PROVIDES ACADEMIC INTERVENTION IN SCHOOLS AND IN THE COMMUNITY THROUGH COLLEGE PREPARATION, EMPLOYMENT SERVICES, TECHNOLOGY, AND HIGH SCHOOL EQUIVALENCY PREPARATION CLASSES THE PROGRAM SERVICES APPROXIMATELY 3,500 CHILDREN IN THE 2013-2014 ACADEMIC YEARS, OVER 300 STUDENTS GRADUATED FROM OUR COLLEGE ACCESS PROGRAMS, OF WHICH 125 MATRICULATED INTO COLLEGE EDUCATION PROGRAMS INCLUDE THE FOLLOWING 1)AFTERSCHOOL PROGRAMS A PROGRAM WHICH ENABLES YOUNG STUDENTS TO BE BETTER PREPARED TO MEET THE CHALLENGES OF THE FUTURE THROUGH THE AFTER-SCHOOL PROGRAM, EAST SIDE HOUSE SETTLEMENT IMPLEMENTS COMPREHENSIVE SERVICES IN A SAFE ENVIRONMENT THAT EMPHASIZES EDUCATIONAL PROSPERITY AND ACADEMIC SUCCESS AS A MEANS TO EVENTUAL ECONOMIC INDEPENDENCE 2)SUMMER DAY CAMP THIS PROGRAM PROVIDES STUDENTS WITH THE OPPORTUNITY TO ATTEND A COMBINED ACADEMIC AND RECREATIONAL SUMMER DAY CAMP ENROLLED STUDENTS ARE PROVIDED WITH MORE LEARNING TIME IN AN ENVIRONMENT THAT IS PREDICATED ON HIGH EXPECTATIONS, SUPPORTIVE RELATIONSHIPS AND OPPORTUNITIES TO EXPAND THE STUDENTS' MINDS THE PROGRAM TARGETS STUDENTS IN GRADES 1-5 AND FOCUSES ON PROVIDING A POSITIVE SOCIAL AND ACADEMIC EXPERIENCE AT A CRITICAL DEVELOPMENT STATE WE STRIVE TO HELP STUDENTS SEE THE CONNECTIONS BETWEEN ACADEMIC DISCIPLINES AS THEY MOVE INTO DEPARTMENTALIZED INSTRUCTION 3)YOUTH AND ADULT EDUCATION (YAES) CLASSES THIS PROGRAM PROVIDES BASIC EDUCATION AND CAREER EDUCATION TO STUDENTS AGES 17-24 IN AN EFFORT TO COMBAT THE LOW LITERACY RATE IN THE COMMUNITY, ASSIST COMMUNITY MEMBERS IN OBTAINING AN HSE DIPLOMA, AND GAIN ACCESS TO COLLEGE YAES SUCCESSFULLY ASSISTS INDIVIDUALS IN THEIR SOCIAL AND ACADEMIC GROWTH THE YAES PROGRAM PLACES A PARTICULAR FOCUS ON DISCONNECTED YOUTH 4)HIGH SCHOOL PROGRAMS- ESH HAS PARTNERSHIPS WITH 10 NEW YORK CITY DEPARTMENT OF EDUCATION HIGH SCHOOL WHICH OFFERS STUDENTS A RANGE OF SERVICES, INCLUDING ATTENDANCE IMPROVEMENT/DROP-OUT PREVENTION, COLLEGE AND POSTSECONDARY READINESS CLASSES, COLLEGE AND POSTSECONDARY EXPLORATION, INTERNSHIP PLACEMENTS, ENRICHMENT ACTIVITIES, ADVISORY SUPPORT, AND ASSISTANCE IN APPLYING FOR AND GAINING ACCEPTANCE INTO COLLEGE AND OTHER POSTSECONDARY OPTIONS 5) COMMUNITY TECHNOLOGY SERVICES THE COMMUNITY TECHNOLOGY CENTER OFFERS COMPUTER-BASED INSTRUCTION TO MANY OF ITS EXISTING PROGRAM PARTICIPANTS INCLUDING EARLY CHILDHOOD, AFTERSCHOOL, YOUTH AND ADULT EDUCATION SERVICES (YAES) AND SENIORS IN ADDITION, COMPUTER TRAINING IS OFFERED FOR ALL EAST SIDE HOUSE STAFF IN ORDER TO STRENGTHEN ALL AROUND PROGRAM FOUNDATION 6)SOCIAL SERVICES THE FOCUS OF EAST SIDE HOUSE SETTLEMENT IS EDUCATION FOR ADULTS AND CHILDREN THE SOCIAL SERVICES PROGRAM HELPS REMOVE THE OBSTACLES THAT INTERFERE WITH THE DEVELOPMENT AND PROGRESSION OF ESH PARTICIPANTS

4b (Code) (Expenses $ 3,487,819 including grants of $) (Revenue $)

THE EARLY CHILDHOOD HEAD START AND DAY CARE PROGRAM PROVIDES NURSERY SCHOOL ACTIVITIES INCLUDING COMPREHENSIVE PRESCHOOL EDUCATION AND SOCIAL PROGRAMS THE PROGRAM SERVES APPROXIMATELY 210 CHILDREN THE HEAD START/DAY CARE PROGRAM PROVIDES SERVICES TO CHILDREN AND THEIR PARENTS THAT DEVELOP THE COGNITIVE, SOCIAL, EMOTIONAL AND PHYSICAL SKILLS OF CHILDREN THE PROGRAM CREATES A SAGE AND HEALTHY ENVIRONMENT IN WHICH STAFF MEET THE NEEDS OF THE CHILDREN AND FAMILIES WITH RESPONSIBILITY, RESPECT, DIGNITY AND AUTHORITY, REGARDLESS OF NEED WE STRIVE FOR EACH CHILD AND PARENT TO DEVELOP A SENSE OF SELF, RESPONSIBILITY, AND RESPECT FOR HIM/HERSELF AS WELL AS OTHERS THIS PROGRAM EXISTS TO ENSURE THAT ALL FACETS OF A CHILDS DEVELOPMENT, PHYSICAL, MENTAL, SOCIAL, AND EMOTIONAL ARE ENHANCED TO THEIR FULLEST POTENTIAL THERE ARE TWO IMPORTANT COMPONENTS THAT ARE DESIGNED TO ENSURE PROGRAM EFFECTIVENESS,1)THE EDUCATION COMPONENT WORKS WITH CHILDREN IN ORDER TO PROMOTE THEIR COGNITIVE AND SOCIAL DEVELOPMENT 2)THE SOCIAL SERVICES COMPONENT WORKS WITH PARENTS/GUARDIANS TO ASSIST THEM IN MEETING THE NEEDS OF THE ENTIRE FAMILY OUR PRESCHOOL AND TODDLER SERVICES ARE PROVIDED FOR CHILDREN 2-5 YEARS OF AGE CHILDREN AND FAMILIES RECEIVE A BROAD RANGE OF EDUCATIONAL, SOCIAL SERVICE, NUTRITIONAL AND PREVENTATIVE HEALTH SERVICES AS WELL AS SERVICES TO SUPPORT THEIR TRANSITION INTO THE PUBLIC SCHOOLS

4c (Code) (Expenses $ 818,253 including grants of $) (Revenue $)

EAST SIDE HOUSE OPERATES THREE SENIOR CENTERS IN THE MOTT HAVEN NEIGHBORHOOD THE SENIOR CENTERS PROVIDE HOT LUNCHES AND OTHER ACTIVITIES SUCH AS CULTURAL EVENTS AND TRIPS FOR NEIGHBORHOOD SENIORS THE SENIOR CENTERS SERVE ABOUT 400 PEOPLE CRIME HAS DRIVEN MANY SENIOR CITIZENS INDOORS, FEARFUL OF VENTURING OUT OF THEIR APARTMENTS, PARTICULARLY IN THE EVENING THE ENSUING FEELING OF LONELINESS AND HELPLESSNESS CAN BE DEVASTATING WITH STAFF AND YOUTH VOLUNTEERS, EAST SIDE HOUSE MADE A DIFFERENCE IN THE LIVES OF THE ELDERLY THE NUMBER OF HOBBY CLUBS, SPECIAL EVENTS, HOLIDAY PARTIES, HEALTH PROGRAMS AND CARE AND GAME TOURNAMENTS THAT ARE OPERATING DURING THE WEEK INDICATES THE SENIORS VARIED INTERESTS AN EXTENSIVE SCHEDULE OF DAYTRIPS IS ALSO OFFERED BY THE CENTER AND NEARLY 200 SENIORS EAT LUNCH AT THE CENTERS DAILY THE JOB-PLUS PROGRAM AT MILL BROOK COMMUNITY CENTER IS AN EVIDENCE-BASED EMPLOYMENT PROGRAM TARGETING PUBLIC HOUSING RESIDENTS IN THE MILL BROOK HOUSING COMPLEX THROUGH A PARTNERSHIP BETWEEN FEDERATION EMPLOYMENT AND GUIDANCE SERVICES, INC (FEGS), EAST SIDE HOUSE (ESH), AND START SMALL THINK BIG (SSTB), RESIDENTS RECEIVE JOB TRAINING AND PLACEMENT, FINANCIAL COUNSELING, HSE CLASSES, AND SUPPORT SERVICES SINCE APRIL 1, 2014, RESIDENTS HAVE GONE ON MORE THAN 600 INTERVIEW OPPORTUNITIES, 173 RESIDENTS HAVE GAINED EMPLOYMENT, 161 RESIDENTS RECEIVED ADDITIONAL WORK SUPPORTS INCLUDING SNAP, 47 COMPLETED VOCATIONAL TRAINING, AND 9 RECEIVED THEIR HIGH SCHOOL EQUIVALENCY CERTIFICATE

(Code) (Expenses $ 610,011 including grants of $) (Revenue $)

EAST SIDE HOUSE OPERATES THREE SENIOR CENTERS IN THE MOTT HAVEN NEIGHBORHOOD THE SENIOR CENTERS PROVIDE HOT LUNCHES AND OTHER ACTIVITIES SUCH AS CULTURAL EVENTS AND TRIPS FOR NEIGHBORHOOD SENIORS THE SENIOR CENTERS SERVE ABOUT 400 PEOPLE CRIME HAS DRIVEN MANY SENIOR CITIZENS INDOORS, FEARFUL OF VENTURING OUT OF THEIR APARTMENTS, PARTICULARLY IN THE EVENING THE ENSUING FEELING OF LONELINESS AND HELPLESSNESS CAN BE DEVASTATING WITH STAFF AND YOUTH VOLUNTEERS, EAST SIDE HOUSE MADE A DIFFERENCE IN THE LIVES OF THE ELDERLY THE NUMBER OF HOBBY CLUBS, SPECIAL EVENTS, HOLIDAY PARTIES, HEALTH PROGRAMS AND CARE AND GAME TOURNAMENTS THAT ARE OPERATING DURING THE WEEK INDICATES THE SENIORS VARIED INTERESTS AN EXTENSIVE SCHEDULE OF DAYTRIPS IS ALSO OFFERED BY THE CENTER AND NEARLY 200 SENIORS EAT LUNCH AT THE CENTERS DAILY ESH ALSO OPERATES AN ATTENDANCE IMPROVEMENT/ DROP-OUT PREVENTION (AIDP) PROGRAM AT NEW EXPLORERS HIGH SCHOOL (NEHS) THE PROGRAM PROVIDES INTENSIVE SUPPORT SERVICES IN ATTENDANCE OUTREACH AND COUNSELING IN ORDER TO IMPROVE STUDENT ATTENDANCE AND ACADEMIC ACHIEVEMENT THROUGH ITS FIRST TWO YEARS, THE PROGRAM HAS MAINTAINED A 60% ATTENDANCE RATE ESH ALSO RUNS ANOTHER AIDP PROGRAM AT THE HIGH SCHOOL FOR EXCELLENCE AND INNOVATION (HSEI) FOR HOLDOVER 8TH GRADE STUDENTS RESULTING FROM SOCIAL PROMOTION THESE STUDENTS WORK WITH AN ADVISOR TO DEVELOP CAREER AND EDUCATIONAL GOALS AS WELL AS ENGAGE IN COLLEGE-READINESS SEMINAR, COLLEGE VISITS, AND LIFE SKILLS CLASSES AT BRONX ACADEMY OF DESIGN AND CONSTRUCTION (BDCA), A NYC CAREER AND TECHNICAL EDUCATION (CTE) SCHOOL, ESH OFFERS SERVICES THAT ADDRESS THE SOCIAL AND EMOTIONAL NEEDS OF STUDENTS, ATTENDANCE IMPROVEMENT SERVICES, AND POST-SECONDARY PREPARATION FOR 9TH, 10TH, AND 11TH GRADE STUDENTS THE JOB-PLUS PROGRAM AT MILL BROOK COMMUNITY CENTER IS AN EVIDENCE-BASED EMPLOYMENT PROGRAM TARGETING PUBLIC HOUSING RESIDENTS IN THE MILL BROOK HOUSING COMPLEX THROUGH A PARTNERSHIP BETWEEN FEDERATION EMPLOYMENT AND GUIDANCE SERVICES, INC (FEGS), EAST SIDE HOUSE (ESH), AND START SMALL THINK BIG (SSTB), RESIDENTS RECEIVE JOB TRAINING AND PLACEMENT, FINANCIAL COUNSELING, HSE CLASSES, AND SUPPORT SERVICES SINCE APRIL 1, 2013, RESIDENTS HAVE GONE ON MORE THAN 600 INTERVIEW OPPORTUNITIES, 169 RESIDENTS HAVE GAINED EMPLOYMENT, 250 RESIDENTS RECEIVED ADDITIONAL WORK SUPPORTS INCLUDING SNAP, 47 COMPLETED VOCATIONAL TRAINING, 14 RECEIVED THEIR HIGH SCHOOL EQUIVALENCY CERTIFICATE AND OVER $141,200 CAME BACK INTO THE COMMUNITY THROUGH THE FREE TAX FILING

4d Other program services (Describe in Schedule O)

(Expenses $ 610,011 including grants of $) (Revenue $)

4e **Total program service expenses** ▶ 11,907,849

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	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
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		No
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		No
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		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which 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		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, 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		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
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	Yes	
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		No
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		No
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		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	Yes	
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	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a	Yes	
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 and XII is optional*	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		No
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	Yes	
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	Yes	
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		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**		No
22	Did the organization report more than $5,000 of grants or 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**	Yes	
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**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	**24a**		No
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**		No
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**		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If so, complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	**27**		No
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**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
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**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
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**		No
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**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**		No
b	If 'Yes' to line 35a, 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*	**35b**		
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**		No
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**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V . . . . . ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	1a	40		
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			
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	787		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .	3a			No
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, 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			No
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			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			No
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 as charitable contributions? . . .	6a			No
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		Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			No
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			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	7f			No
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			
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?	9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b			
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? **Note.** See the instructions for additional information the organization must report on Schedule O	13a			
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			No
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 lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.*

Check if Schedule O contains a response or note to any line in this Part VI . . . . . ☑

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**	33		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are independent	**1b**	33		
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**		Yes	
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**			No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	**4**			No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	**5**			No
6	Did the organization have members or stockholders?	**6**			No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	**7a**			No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	**7b**			No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?	**8a**		Yes	
b	Each committee with authority to act on behalf of the governing body?	**8b**		Yes	
9	Is there any officer, director, 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**			No

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	**10a**		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	**10b**		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	**11a**	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	**12a**	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	**12b**	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	**12c**	Yes	
13	Did the organization have a written whistleblower policy?	**13**	Yes	
14	Did the organization have a written document retention and destruction policy?	**14**	Yes	
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**	Yes	
b	Other officers or key employees of the organization	**15b**	Yes	
	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**		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take 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 ▶ NY

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you made these available Check all that apply

☑ Own website ☑ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

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

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

▶ JOHN A SANCHEZ EXECUTIVE DIRECTOR 337 ALEXANDER AVENUE
BRONX, NY 10454 (718) 665-5250

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

Check if Schedule O contains a response or note to any line 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, or 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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
1b **Sub-Total** . . . . . ▶										
c **Total from continuation sheets to Part VII, Section A** . . . . ▶										
d **Total (add lines 1b and 1c)** . . . . . ▶								440,444	0	62,510

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 3

			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**		No
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**	Yes	
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**		No

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 Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
SELECT CONTRACTING 420 VETERANS BLVD CARLSTADT NJ 07072	EVENT CONTRACTOR	532,840
SHARP COMMUNICATIONS INC 450 MADISON AVE 24TH FL NEW YORK NY 10017	PUBLIC RELATIONS	357,403
CATHERINE SWEENEY SINGER, PO BOX 575 LENOX HILL STATION NEW YORK NY 10021	WINTER ANTIQUES SHOW CONSULTANT	153,000
CANARD INC 503 WEST 43RD ST NEW YORK NY 10036	EVENT CATERER	153,000
MEDIAEDGE TME CIA LLC 16008 COLLECTIONS CENT CHICAGO IL 60693	EVENT DESIGN	120,523

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 14

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII . . . . . ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a 1,332,909				
	b	Membership dues	1b				
	c	Fundraising events	1c 1,514,815				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e 8,670,467				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f 1,582,889				
	g	Noncash contributions included in lines 1a-1f $					
	h	**Total.** Add lines 1a-1f		13,101,080			
Program Service Revenue			Business Code				
	2a	AFTER SCHOOL PROGRAMS	611710	1,169,883	1,169,883		
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f		1,169,883			
	3	Investment income (including dividends, interest, and other similar amounts)					
	4	Income from investment of tax-exempt bond proceeds		485,876			485,876
	5	Royalties					
			(i) Real / (ii) Personal				
	6a	Gross rents					
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)					
			(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory	8,412,717				
	b	Less cost or other basis and sales expenses	7,741,733				
	c	Gain or (loss)	670,984				
	d	Net gain or (loss)		670,984			670,984
Other Revenue	8a	Gross income from fundraising events (not including $ 1,514,815 of contributions reported on line 1c) See Part IV, line 18	a 3,037,470				
	b	Less direct expenses	b 3,037,762				
	c	Net income or (loss) from fundraising events		-292			-292
	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	VENDOR REFUNDS	900099	4,200			4,200
	b						
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a–11d		4,200			
	12	**Total revenue.** See Instructions		15,431,731	1,169,883	0	1,160,768

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)

Check if Schedule O contains a response or note to any line in this Part IX . . . . . ☐

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 United States See Part IV, line 21				
2 Grants and other assistance to individuals in the United States See Part IV, line 22	479,178	479,178		
3 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	269,061	211,067	57,994	
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	7,559,439	6,803,173	652,058	104,208
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	144,061	127,705	16,356	
9 Other employee benefits	584,474	546,015	30,780	7,679
10 Payroll taxes	823,543	711,741	90,324	21,478
11 Fees for services (non-employees)				
a Management				
b Legal	132	132		
c Accounting	92,112		92,112	
d Lobbying				
e Professional fundraising services See Part IV, line 17	90,000			90,000
f Investment management fees	173,198		173,198	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	480,544	416,433	63,956	155
12 Advertising and promotion	305,218	915		304,303
13 Office expenses	567,976	351,503	212,710	3,763
14 Information technology				
15 Royalties . .				
16 Occupancy	115,585	74,314	41,271	
17 Travel	167,049	159,981	7,068	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	2,613	2,613		
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	76,480		76,480	
23 Insurance	187,263	149,647	37,616	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a FOOD	601,462	590,371	11,091	
b PROGRAM ACTIVITIES	501,047	501,047		
c ADMINISTRATIVE COST	480,745	433,680	45,909	1,156
d REPAIRS & MAINTENANCE	329,753	329,753		
e All other expenses	18,581	18,581		
25 **Total functional expenses.** Add lines 1 through 24e	14,049,514	11,907,849	1,608,923	532,742
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X . . . . . ☐

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		5,144,413	1	6,070,366
	2	Savings and temporary cash investments		1,399,099	2	1,453,839
	3	Pledges and grants receivable, net		1,342,482	3	1,681,462
	4	Accounts receivable, net			4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Loans and other 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) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		443,835	9	767,164
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 2,266,226			
	b	Less accumulated depreciation	10b 1,999,688	362,962	10c	266,538
	11	Investments—publicly traded securities		17,777,942	11	19,441,418
	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		6,560	15	9,128
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		26,477,293	16	29,689,915
Liabilities	17	Accounts payable and accrued expenses		283,417	17	316,888
	18	Grants payable			18	
	19	Deferred revenue		984,924	19	810,305
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
	22	Loans and other 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 (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		227,997	25	498,285
	26	**Total liabilities.** Add lines 17 through 25		1,496,338	26	1,625,478
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		14,487,992	27	19,360,071
	28	Temporarily restricted net assets		4,724,985	28	2,936,388
	29	Permanently restricted net assets		5,767,978	29	5,767,978
		Organizations that do not follow SFAS 117 (ASC 958), 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		24,980,955	33	28,064,437
	34	Total liabilities and net assets/fund balances		26,477,293	34	29,689,915

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI . . . . . ☑

1	Total revenue (must equal Part VIII, column (A), line 12)	1	15,431,731
2	Total expenses (must equal Part IX, column (A), line 25)	2	14,049,514
3	Revenue less expenses Subtract line 2 from line 1	3	1,382,217
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	24,980,955
5	Net unrealized gains (losses) on investments	5	1,447,164
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	254,101
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	28,064,437

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line 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		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
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?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
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		No
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		

Additional Data

Software ID:
Software Version:
EIN: 13-1623989
Name: EAST SIDE HOUSE INC

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
WILLIAM S ELDER BOARD MEMBER	1 00	X						0	0	0
WENDY HOLMES BOARD MEMBER	1 00	X						0	0	0
THOMAS H REMIEN PRESIDENT	1 00	X		X				0	0	0
THADDEUS GRAY BOARD MEMBER	1 00	X						0	0	0
SVEN E HSIA BOARD MEMBER	1 00	X						0	0	0
STEPHEN J KETCHUM BOARD MEMBER	1 00	X						0	0	0
STEPHANIE B CLARK SECRETARY	1 00	X		X				0	0	0
RUTH H SMITHERS BOARD MEMBER	1 00	X						0	0	0
ROBERT PONDISCIO BOARD MEMBER	1 00	X						0	0	0
ROBERT L MEYER BOARD MEMBER	1 00	X						0	0	0
RICHARD E KOLMAN TREASURER	1 00	X		X				0	0	0
PHILIP L YANG JR BOARD MEMBER	1 00	X						0	0	0
PETER D STANDISH CHAIRPERSON	1 00	X		X				0	0	0
MRS LESLIE KENO BOARD MEMBER	1 00	X						0	0	0
MICHAEL R LYNCH BOARD MEMBER	1 00	X						0	0	0
MARVENA EDMOND BOARD MEMBER	1 00	X						0	0	0
MAJORIE JOHNSON HEWETT BOARD MEMBER	1 00	X						0	0	0
LUCINDA BALLARD BOARD MEMBER	1 00	X						0	0	0
KAREN KEMP GLOVER BOARD MEMBER	1 00	X						0	0	0
JOAN P YOUNG BOARD MEMBER	1 00	X						0	0	0
JACK C MCALINDEN BOARD MEMBER - THRU 3/14	1 00	X						0	0	0
HON EUGENE OLIVERJR BOARD MEMBER	1 00	X						0	0	0
GEORGE G KING BOARD MEMBER	1 00	X						0	0	0
FAY GAMBEE BOARD MEMBER	1 00	X						0	0	0
EMILY ISRAEL PLUHAR BOARD MEMBER	1 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
ELIZABETH DONNEM SIGETY BOARD MEMBER	1 00	X						0	0	0
DOLORES O'BRIEN MILLER VICE PRESIDENT	1 00	X		X				0	0	0
DAVID L DUFFY BOARD MEMBER	1 00	X						0	0	0
COURTNEY E BOOTH VICE PRESIDENT	1 00	X		X				0	0	0
CHARLES F SMITHERS BOARD MEMBER	1 00	X						0	0	0
CATALINA QUINONES BOARD MEMBER - THRU 5/14	1 00	X						0	0	0
ARIE L KOPELMAN BOARD MEMBER	1 00	X						0	0	0
ANDREW P SIFF BOARD MEMBER	1 00	X						0	0	0
AMY CASANOVA BOARD MEMBER	1 00	X						0	0	0
RAQUEL M MURRAY CHIEF FINANCIAL OFFICER - THRU 10/13	35 00			X				112,951	0	11,024
JOHN A SANCHEZ EXECUTIVE DIRECTOR	35 00			X				207,767	0	39,822
JOSUE RODRIGUEZ ASSOCIATE EXECUTIVE DIRECT	35 00					X		119,726	0	11,664

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SCHEDULE A (Form 990 or 990EZ)

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.**
▶ **Information about Schedule A (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
EAST SIDE HOUSE INC

Employer identification number
13-1623989

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 to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - Non-functionally integrated

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐

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

	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? **11g(i)**		
(ii) A family member of a person described in (i) above? **11g(ii)**		
(iii) A 35% controlled entity of a person described in (i) or (ii) above? **11g(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 col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	8,892,002	9,400,560	10,403,414	12,889,111	13,101,080	54,686,167
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	8,892,002	9,400,560	10,403,414	12,889,111	13,101,080	54,686,167
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						54,686,167

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4	8,892,002	9,400,560	10,403,414	12,889,111	13,101,080	54,686,167
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	559,078	537,361	501,645	1,063,562	485,876	3,147,522
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)	10,469	5,118	70,625	65,741	4,200	156,153
11 **Total support** (Add lines 7 through 10)						57,989,842

12 Gross receipts from related activities, etc (see instructions)	12	14,224,418

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14	94 300 %
15 Public support percentage for 2012 Schedule A, Part II, line 14	15	93 480 %

16a **33 1/3% support test—2013.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☑

b **33 1/3% support test—2012.** 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—2013.** 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—2012.** 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 year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support.** (Add lines 9, 10c, 11, and 12)						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2012 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2013** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2012** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2013.** 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—2012.** 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.** 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).

Facts And Circumstances Test

Return Reference	Explanation
SCHEDULE A, PART II, LINE 10, EXPLANATION OF OTHER INCOME	OTHER REVENUE - 2009 AMOUNT $ 10,469 2010 AMOUNT $ 5,118 2011 AMOUNT $ 70,625 2012 AMOUNT $ 65,741 2013 AMOUNT $ 4,200

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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, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
▶ Attach to Form 990. ▶ See separate instructions. ▶ Information about Schedule D (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
EAST SIDE HOUSE INC

Employer identification number
13-1623989

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) ☐ Preservation of an historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

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 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 XIII, 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.

1a 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 XIII, 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 XIII

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 the 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 XIII 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 XIII Check here if the explanation has been provided in Part XIII . . . . . ☐

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

		(a) Current year	(b) Prior year	b (c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance	7,515,765	7,492,999	7,200,746	6,837,468	6,537,268
b	Contributions					200,000
c	Net investment earnings, gains, and losses	929,477	438,742	587,204	698,736	379,703
d	Grants or scholarships	368,096	415,976	242,296	142,393	192,577
e	Other expenditures for facilities and programs			52,655	193,065	86,926
f	Administrative expenses					
g	End of year balance	8,077,146	7,515,765	7,492,999	7,200,746	6,837,468

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶ 71 410 %
- c Temporarily restricted endowment ▶ 28 590 %

The percentages in lines 2a, 2b, and 2c should equal 100%

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

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

Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		1,142,202	950,902	191,300
c Leasehold improvements				
d Equipment		1,124,024	1,048,786	75,238
e Other				
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				266,538

Part VII **Investments—Other Securities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11b. 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		
Other		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII **Investments—Program Related.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) must equal Form 990, Part X, col (B) line 13)* ▶		

Part IX **Other Assets.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11d See Form 990, Part X, line 15

(a) Description	(b) Book value
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	

Part X **Other Liabilities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1 (a) Description of liability	(b) Book value
Federal income taxes	
DUE TO GOVERNMENT AGENCIES	498,285
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	498,285

2. Liability for uncertain tax positions In Part XIII, 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) Check here if the text of the footnote has been provided in Part XIII ☑

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	17,056,161
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	1,447,164		
b	Donated services and use of facilities	2b	350,464		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines **2a** through **2d**			2e	1,797,628
3	Subtract line **2e** from line **1**			3	15,258,533
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	173,198		
b	Other (Describe in Part XIII)	4b			
c	Add lines **4a** and **4b**			4c	173,198
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)			5	15,431,731

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	14,226,780
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a	350,464		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines **2a** through **2d**			2e	350,464
3	Subtract line **2e** from line **1**			3	13,876,316
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	173,198		
b	Other (Describe in Part XIII)	4b			
c	Add lines **4a** and **4b**			4c	173,198
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	14,049,514

Part XIII Supplemental Information

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, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Return Reference	Explanation
PART V, LINE 4	THE ORGANIZATION MAINTAINS VARIOUS DONOR-RESTRICTED FUNDS WHOSE PURPOSE IS TO PROVIDE LONG-TERM SUPPORT FOR ITS CHARITABLE PROGRAMS
PART X, LINE 2	THE ORGANIZATION RECOGNIZES THE EFFECT OF INCOME TAX POSITIONS ONLY IF THOSE POSITIONS ARE MORE LIKELY THAN NOT TO BE SUSTAINED MANAGEMENT HAS DETERMINED THAT THE ORGANIZATION HAD NO UNCERTAIN TAX POSITIONS THAT WOULD REQUIRE FINANCIAL STATEMENT RECOGNITION OR DISCLOSURE THE ORGANIZATION IS NO LONGER SUBJECT TO EXAMINATIONS BY THE APPLICABLE TAXING JURISDICTIONS FOR TAX PERIODS PRIOR TO AUGUST 31, 2011

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.

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

Information about Schedule G (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
EAST SIDE HOUSE INC

Employer identification number
13-1623989

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities Check all that apply

- **a** ☑ Mail solicitations
- **b** ☑ Internet and email solicitations
- **c** ☐ Phone solicitations
- **d** ☐ In-person solicitations
- **e** ☑ Solicitation of non-government grants
- **f** ☑ Solicitation of government grants
- **g** ☑ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☑ **Yes** ☐ **No**

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization

	(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	(iii) No	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col **(i)**	**(vi)** Amount paid to (or retained by) organization
1	JC GEEVER 32 BROADWAY SUITE 301 NEW YORK, NY 10004	CORPORATE FUNDRAISER		No	1,135,000	90,000	1,045,000
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total . . . . . ▶					1,135,000	90,000	1,045,000

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

NY

Part II **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than $5,000.

		(a) Event #1 WINTER ANTIQUES SHOW (event type)	(b) Event #2 AUTO SHOW (event type)	(c) Other events (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	3,865,849	686,436		4,552,285
	2 Less Contributions	1,112,115	402,700		1,514,815
	3 Gross income (line 1 minus line 2)	2,753,734	283,736		3,037,470
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	620,000	64,180		684,180
	7 Food and beverages	179,590	118,253		297,843
	8 Entertainment	2,500	4,750		7,250
	9 Other direct expenses	1,835,683	212,806		2,048,489
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				(3,037,762)
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				-292

Part III **Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes % ☐ No	☐ Yes % ☐ No	☐ Yes % ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary Subtract line 7 from line 1, column (d) ▶				

9 Enter the state(s) in which the organization operates gaming activities _____

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain _____

11

Does the organization operate gaming activities with nonmembers? . . . . . ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . . ☐ Yes ☐ No

13 Indicate the percentage of gaming activity operated in

a	The organization's facility	13a	%
b	An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ .....

Address ▶ .....

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . . ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____

c If "Yes," enter name and address of the third party

Name ▶ .....

Address ▶ .....

16 Gaming manager information

Name ▶ .....

Gaming manager compensation ▶ $ .....

Description of services provided ▶ .....

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . . ☐ Yes ☐ No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Return Reference	Explanation
SCHEDULE G, PART I, LINE 2B, COLUMN (V)	J C GEEVER WILL MANAGE THE ORGANIZATION'S FOUNDATION AND CORPORATE GRANTS PROGRAMS BY (1) EDITING/WRITING PROPOSALS SEEKING FUNDING FOR CURRENT PROGRAMS AND SERVICES AND UNRESTRICTED SUPPORT, (2) CONDUCTING PROSPECTIVE RESEARCH TO RENEW SUPPORT FROM PRIOR DONORS AND IDENTIFYING POTENTIAL SUPPORTERS, (3) DEVELOPING STRATEGIES FOR INITIAL APPROACHES TO FOUNDATIONS, CULTIVATION OF EXISTING FUNDERS OR APPOINTMENT WITH REPRESENTATIVE OF FUNDING SOURCES, (4) GUIDING THE ORGANIZATION ON INITIATION OF CONTRACTS, SUBMITTING FUNDING REQUEST, PROPOSAL FOLLOW UP AND ADDITIONAL REPORTS THAT MAY BE REQUESTED BY FUNDERS THE ORGANIZATION AGREES TO PAY A FIXED MONTHLY FEE OF $6,700 FOR THE CONTRACTED PERIOD WITH J C GEEVER, INC A SEPARATE ITEMIZED EXPENSE INVOICE FOR EXPENSES INCURRED BY J C GEEVER NOT TO EXCEED $5,000 FOR THE CONTRACT PERIOD THE ORGANIZATION DISTINGUISHES BETWEEN PAYMENT FOR CONSULTING FEES AND EXPENSE REIMBURSEMENT WITH J C GEEVER, INC BASED ON SPECIFIC CONTRACT ARRANGEMENTS AND SEPARATE INVOICING FOR EXPENSES REIMBURSED

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990**

▶ **Information about Schedule I (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
EAST SIDE HOUSE INC

Employer identification number
13-1623989

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . ☑ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . ▶

3 Enter total number of other organizations listed in the line 1 table . . . ▶

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1) SCHOLARSHIP	26	42,367			N/A
(2) INTERNSHIPS	338	436,811			N/A

Part IV **Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	Explanation
PART I, LINE 2	SCHOLARSHIPS EAST SIDE HOUSE COLLABORATES WITH MOTT HAVEN VILLAGE PREPARATORY HIGH SCHOOL TO MAKE AVAILABLE A RANGE OF SCHOLARSHIP AWARDS TO PARTICIPANTS IN EAST SIDE HOUSES COLLEGE PREPARATION AND LEADERSHIP PROGRAM WHO MEET THE AWARDS' CRITERIA STUDENTS ARE REQUIRED TO FILL OUT APPLICATIONS WITH THE SCHOOLS THEY ARE ACCEPTED TO IN ORDER TO WIN THIS COMPETITIVE AWARD SCHOLARSHIP AWARDED ARE PAID DIRECTLY TO SCHOOLS INTERNSHIPS PARTICIPANTS' PROGRESS IS MONITORED BY PROGRAM SUPERVISORS AND UPON MEETING THOSE GOALS, INTERNSHIPS ARE AWARDED

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 23.**
▶ **Attach to Form 990.** ▶ **See separate instructions.**
▶ **Information about Schedule J (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
EAST SIDE HOUSE INC

Employer identification number
13-1623989

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	**2**		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III ☐ Compensation committee ☐ Written employment contract ☐ Independent compensation consultant ☑ Compensation survey or study ☐ Form 990 of other organizations ☑ Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1)JOHN A SANCHEZ EXECUTIVE DIRECTOR	(i)	207,767	0	0	24,567	15,255	247,589	0
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II
Also complete this part for any additional information

Return Reference	Explanation

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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 to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
EAST SIDE HOUSE INC

Employer identification number
13-1623989

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	CHARLES AND RUTH SMITHERS HAVE A FAMILY RELATIONSHIP
FORM 990, PART VI, SECTION B, LINE 11	THE EAST SIDE HOUSE FORM 990 IS REVIEWED BY THE FINANCE COMMITTEE AS PART OF THE AUDIT REV IEW PROCESS ONCE THE FORM IS RECEIVED BY EAST SIDE HOUSE, IT IS DISTRIBUTED ELECTRONICALL Y TO THE BOARD OF DIRECTORS FOR THEIR REVIEW ONCE THE REVIEW IS FINALIZED, THE FORM 990 I S FILED WITH THE IRS AFTER FILING IT IS MADE AVAILABLE ON THE ORGANIZATION'S WEBSITE
FORM 990, PART VI, SECTION B, LINE 12C	ALL BOARD MEMBERS AS WELL AS SENIOR STAFF INCLUDING ALL MANAGERS AND SUPERVISOR ARE REQUIR ED TO SIGN AN ANNUAL CONFLICT OF INTEREST FORM POTENTIAL CONFLICTS ARE REVIEWED/ASSESSED BY THE EXECUTIVE DIRECTOR AND IF A DETERMINATION THAT A POSSIBLE CONFLICT EXISTS HE REFERS THE MATTER TO THE PRESIDENT AND EXECUTIVE COMMITTEE OF THE BOARD INDIVIDUALS WHO MAY HAV E A CONFLICT OF INTEREST IN ANY BUSINESS OR OTHER MATTER ARE PRECLUDED FROM PARTICIPATING IN THAT ISSUE
FORM 990, PART VI, SECTION B, LINE 15	UNITED NEIGHBORHOOD HOUSES IS THE FEDERATION OF SETTLEMENT HOUSES IN NYC AND AS A MEMBER O F UNH PROVIDES PERIODIC SALARY SURVEY INFORMATION SURVEY RESULTS ARE SHARED WITH BOARD LE ADERSHIP AND SALARY DECISIONS ARE MADE BY THE FINANCE COMMITTEE WHEN THEY APPROVE THE ANNU AL BUDGET WHICH IS THEN PRESENTED TO THE FULL BOARD FOR APPROVAL THE LAST COMPENSATION RE VIEW OCCURRED AND WAS FOLLOWED IN AUGUST 2013
FORM 990, PART VI, SECTION C, LINE 19	EAST SIDE HOUSE ANNUALLY POSTS ITS FILED FORM 990 AND CHAR 500 REPORTS ON ITS WEBSITE IN ADDITION, THE RETURN IS POSTED ON GUIDESTAR ORG AND OTHER SIMILAR TYPES OF WEBSITES ALL O THER DOCUMENTATION, SUCH AS THE COMPANY'S 1023 AND GOVERNING DOCUMENTS, IS PROVIDED UPON W RITTEN REQUEST
FORM 990, PART XI, LINE 9	ACTUARIAL PENSION ADJUSTMENT 254,101
FORM 990, PART XII, LINE 2C	THE ORGANIZATION HAS A COMMITTEE THAT ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND SELECTION OF AN INDEPENDENT ACCOUNTANT THIS PROCESS DID NOT CHANGE FROM THE PRIOR YEAR