

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

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

A For the 2010 calendar year, or tax year beginning **SEP 1, 2010** and ending **AUG 31, 2011**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> 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 country, and ZIP + 4 BRONX, NY 10454 F Name and address of principal officer: JOHN A. SANCHEZ SAME AS C ABOVE	D Employer identification number 13-1623989 E Telephone number (718) 665-5250 G Gross receipts \$ 37,151,134. H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.EASTSIDEHOUSE.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1891 M State of legal domicile: NY

Part I Summary

Activities & Governance	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 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 3 30 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 30 5 Total number of individuals employed in calendar year 2010 (Part V, line 2a) 5 464 6 Total number of volunteers (estimate if necessary) 6 80 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.																									
Revenue		<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Prior Year</th> <th style="text-align: center;">Current Year</th> </tr> </thead> <tbody> <tr> <td>8 Contributions and grants (Part VIII, line 1h)</td> <td style="text-align: right;">8,892,002.</td> <td style="text-align: right;">9,400,560.</td> </tr> <tr> <td>9 Program service revenue (Part VIII, line 2g)</td> <td style="text-align: right;">166,306.</td> <td style="text-align: right;">355,416.</td> </tr> <tr> <td>10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)</td> <td style="text-align: right;">846,740.</td> <td style="text-align: right;">8,236,904.</td> </tr> <tr> <td>11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)</td> <td style="text-align: right;">38,677.</td> <td style="text-align: right;">362,649.</td> </tr> <tr> <td>12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)</td> <td style="text-align: right;">9,943,725.</td> <td style="text-align: right;">18,355,529.</td> </tr> </tbody> </table>		Prior Year	Current Year	8 Contributions and grants (Part VIII, line 1h)	8,892,002.	9,400,560.	9 Program service revenue (Part VIII, line 2g)	166,306.	355,416.	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	846,740.	8,236,904.	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	38,677.	362,649.	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	9,943,725.	18,355,529.						
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Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer JOHN A. SANCHEZ, EXECUTIVE DIRECTOR Type or print name and title	Date
Paid Preparer Use Only	Print/Type preparer's name STEVEN J. WALTERS Preparer's signature STEVEN J. WALTERS Date 07/16/12 Check <input type="checkbox"/> if self-employed PTIN Firm's name ▶ O'CONNOR DAVIES MUNNS & DOBBINS, LLP Firm's EIN ▶ Firm's address ▶ 60 EAST 42ND STREET NEW YORK, NY 10165-3698 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 to any question in this Part III [X]

1 Briefly describe the organization's mission: SEE SCHEDULE O

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 [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 4,091,415. including grants of \$ 142,068.) (Revenue \$ 355,416.) THE EDUCATION PROGRAM PROVIDES ACADEMIC INTERVENTION IN SCHOOLS AND THE COMMUNITY THROUGH COLLEGE PREPARATION, EMPLOYMENT SERVICES, TECHNOLOGY AND GED CLASSES. THE PROGRAM SERVES APPROXIMATELY 3,500 CHILDREN. IN 2011, 106 STUDENTS GRADUATED FROM OUR COLLEGE ACCESS PROGRAMS AND 86 (OR 81%) GAINED ADMISSION TO COLLEGE. EDUCATION PROGRAMS INCLUDE THE FOLLOWING:

1) AFTER SCHOOL PROGRAM - A PROGRAM WHICH ENABLES YOUNGSTERS TO BE BETTER PREPARED TO MEET THE CHALLENGES OF THE FUTURE. THROUGH THE AFTER-SCHOOL PROGRAM, EAST SIDE HOUSE SETTLEMENT IMPLEMENTS COMPREHENSIVE PROGRAMS IN A SAFE ENVIRONMENT THAT EMPHASIZES EDUCATIONAL PROSPERITY AND ACADEMIC SUCCESS AS A MEANS TO EVENTUAL ECONOMIC INDEPENDENCE.

4b (Code:) (Expenses \$ 2,663,509. including grants of \$) (Revenue \$) THE EARLY CHILDHOOD HEAD START & DAY CARE PROGRAM PROVIDES NURSERY SCHOOL ACTIVITIES INCLUDING COMPREHENSIVE PRESCHOOL EDUCATION AND SOCIAL PROGRAMS. THE PROGRAM SERVES APPROXIMATELY 250 CHILDREN. THE HEAD START/DAY CARE PROGRAM PROVIDES SERVICES TO CHILDREN AND THEIR PARENTS, WHICH DEVELOP THE COGNITIVE, SOCIAL, EMOTIONAL AND PHYSICAL SKILLS OF CHILDREN BY CREATING A SAFE AND HEALTHY ENVIRONMENT, MEETING THEIR NEEDS WITH RESPONSIBILITY, RESPECT, DIGNITY AND AUTHORITY REGARDLESS OF NEED. WE FIRMLY BELIEVE AND COMMIT THAT EACH CHILD AND PARENT WILL DEVELOP A SENSE OF SELF, RESPONSIBILITY, RESPECT FOR HIM/HERSELF AND OTHERS. THIS PROGRAM EXISTS TO ENSURE THAT ALL FACETS OF A CHILD'S DEVELOPMENT; PHYSICAL MENTAL, SOCIAL AND EMOTIONAL ARE ENHANCED TO THEIR FULLEST POTENTIAL. THERE ARE TWO IMPORTANT COMPONENTS

4c (Code:) (Expenses \$ 823,390. including grants of \$) (Revenue \$) MOTT HAVEN VILLAGE PREPARATORY HIGH SCHOOL - THIS SERVES TO SUPPORT AND MOTIVATE STUDENTS PREPARING TO ENTER COLLEGE. 90% OF YOUNG PEOPLE WHO PARTICIPATE IN EAST SIDE HOUSE'S EDUCATIONAL PROGRAMS IMPROVED READING SCORES BY UP TO 2 GRADE LEVELS IN ONE YEAR. CONSEQUENTLY THEY WERE ACCEPTED AT SUCH COLLEGES AS SYRACUSE AND MARIST. BUILDING ON THIS SUCCESS, EAST SIDE HOUSE IS EXPANDING ITS EDUCATIONAL EFFORTS BY CREATING A HIGH SCHOOL FOR YOUNG PEOPLE IN THE SOUTH BRONX WHO ASPIRE TO HIGHER EDUCATION. MOTT HAVEN VILLAGE PREPARATORY HIGH SCHOOL WAS FOUNDED IN 2002 IN A NEIGHBORHOOD WHERE THE HIGH SCHOOL DROPOUT RATE HAS REACHED 50%. THE SCHOOL PROVIDES STUDENTS WITH A COLLEGE PREPARATORY EDUCATION IN A SMALL, ACADEMICALLY SUPPORTIVE ENVIRONMENT. A COLLABORATION BETWEEN EAST SIDE HOUSE SETTLEMENT AND THE DEPARTMENT

4d Other program services. (Describe in Schedule O.) (Expenses \$ 538,833. including grants of \$) (Revenue \$)

4e Total program service expenses 8,117,147.

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)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional</i>		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	X	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)		
20b			

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>		X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)?		X
a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Input box for Schedule O response

Main table with columns for question number, description, and Yes/No responses. Includes rows 1a-1c, 2a-2b, 3a-3b, 4a-4a, 5a-5c, 6a-6b, 7, 7a-7h, 8, 9, 9a-9b, 10, 10a-10b, 11, 11a-11b, 12a, 12b, 13, 13a-13c, 14a-14b.

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

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

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 30		
b	Enter the number of voting members included in line 1a, above, who are independent		
	1b 30		
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?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Does the organization have members or stockholders?		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
7b			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
8a			
b	Each committee with authority to act on behalf of the governing body?	X	
8b			
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		X

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

		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
10b			
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
11a			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12b			
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
12c			
13	Does the organization have a written whistleblower policy?	X	
14	Does the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	X	
15a			
b	Other officers or key employees of the organization	X	
15b			
	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?		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		
16b			

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **NY**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
 Own website Another's website Upon request
- 19** Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **JOHN A. SANCHEZ, EXECUTIVE DIRECTOR - 718-665-5250**
337 ALEXANDER AVENUE, BRONX, NY 10454

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
JOAN P. YOUNG CHAIRMAN	1.00	X		X			0.	0.	0.	
PETER D. STANDISH PRESIDENT	1.00	X		X			0.	0.	0.	
THOMAS SHIRCLIFF GLOVER VICE PRESIDENT	1.00	X		X			0.	0.	0.	
STEPHEN J. KETCHUM VICE PRESIDENT	1.00	X		X			0.	0.	0.	
COURTNEY E. BOOTH BOARD MEMBER	1.00	X					0.	0.	0.	
WILLIAM S. ELDER TREASURER	1.00	X		X			0.	0.	0.	
MRS. LESLIE KENO SECRETARY	1.00	X		X			0.	0.	0.	
MRS. ROBERT F.R. BALLARD BOARD MEMBER	1.00	X					0.	0.	0.	
DAVID L. DUFFY BOARD MEMBER	1.00	X					0.	0.	0.	
FAY GAMBEE BOARD MEMBER	1.00	X					0.	0.	0.	
SVEN E. HSIA BOARD MEMBER	1.00	X					0.	0.	0.	
EMILY ISRAEL BOARD MEMBER	1.00	X					0.	0.	0.	
CHRISTINE JANIS BOARD MEMBER	1.00	X					0.	0.	0.	
GEORGE G. KING BOARD MEMBER	1.00	X					0.	0.	0.	
RICHARD E. KOLMAN BOARD MEMBER	1.00	X					0.	0.	0.	
ARIEL L. KOPELMAN BOARD MEMBER	1.00	X					0.	0.	0.	
GRACE BAXTER LAMOUR BOARD MEMBER	1.00	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
MICHAEL R. LYNCH BOARD MEMBER	1.00	X						0.	0.	0.
JACK C. MCALINDEN BOARD MEMBER	1.00	X						0.	0.	0.
DOLORES O'BRIEN MILLER BOARD MEMBER	1.00	X						0.	0.	0.
SEEMA MOHANTY BOARD MEMBER	1.00	X						0.	0.	0.
HON. EUGENE OLIVER, JR. BOARD MEMBER	1.00	X						0.	0.	0.
ROBERT PONDISCIO BOARD MEMBER	1.00	X						0.	0.	0.
CATALINA QUINONES BOARD MEMBER	1.00	X						0.	0.	0.
THOMAS H. REMIEN BOARD MEMBER	1.00	X						0.	0.	0.
ANDREW P. SIFF BOARD MEMBER	1.00	X						0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								427,822.	0.	50,673.
d Total (add lines 1b and 1c)								427,822.	0.	50,673.

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

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation
CATHERINE SWEENEY SINGER, P.O. BOX 575 LENOX HILL STATION, NEW YORK, NY 10021	WINTER ANTIQUES SHOW EXECUTIVE DIRECTOR	129,000.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **1**

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1 a	Federated campaigns	1a 357,858.				
	b	Membership dues	1b				
	c	Fundraising events	1c 1,377,390.				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e 6,295,571.				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f 1,369,741.				
	g	Noncash contributions included in lines 1a-1f: \$					
	h	Total. Add lines 1a-1f		9,400,560.			
	Program Service Revenue	2 a	AFTER SCHOOL PROGRAMS	Business Code 611710	355,416.	355,416.	
b							
c							
d							
e							
f		All other program service revenue					
g		Total. Add lines 2a-2f		355,416.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		537,361.		537,361.	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross Rents	(i) Real (ii) Personal				
		Less: rental expenses					
		Rental income or (loss)					
		Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	(i) Securities (ii) Other	23869668			
		Less: cost or other basis and sales expenses		16170125			
		Gain or (loss)		7699543.			
		Net gain or (loss)			7,699,543.		7699543.
	8 a	Gross income from fundraising events (not including \$ 1,377,390. of contributions reported on line 1c). See Part IV, line 18	a	2983011.			
		Less: direct expenses	b	2625480.			
		Net income or (loss) from fundraising events			357,531.		357,531.
	9 a	Gross income from gaming activities. See Part IV, line 19	a				
Less: direct expenses		b					
Net income or (loss) from gaming activities							
10 a	Gross sales of inventory, less returns and allowances	a					
	Less: cost of goods sold	b					
	Net income or (loss) from sales of inventory						
Miscellaneous Revenue			Business Code				
11 a	MISCELLANEOUS	900099	5,118.			5,118.	
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d			5,118.			
12	Total revenue. See instructions.			18355529.	355,416.	0. 8599553.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	142,068.	142,068.		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	356,692.	201,464.	155,228.	
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	5,475,873.	5,094,862.	291,952.	89,059.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	59,228.	24,214.	32,474.	2,540.
9 Other employee benefits	266,325.	238,886.	18,850.	8,589.
10 Payroll taxes	756,279.	586,696.	159,406.	10,177.
11 Fees for services (non-employees):				
a Management				
b Legal	39,604.		39,604.	
c Accounting	82,850.		82,850.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	85,414.			85,414.
f Investment management fees	59,744.		59,744.	
g Other	354,425.	167,247.	26,984.	160,194.
12 Advertising and promotion	214,235.			214,235.
13 Office expenses	347,365.	271,887.	55,913.	19,565.
14 Information technology	26,389.	23,750.	2,639.	
15 Royalties				
16 Occupancy	107,573.	68,587.	38,986.	
17 Travel	67,739.	60,965.	2,032.	4,742.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	77,446.	67,415.	10,031.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	133,822.	133,822.		
23 Insurance	128,321.	85,648.	42,673.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a FOOD	438,766.	436,667.	2,099.	
b EQUIP RENTAL AND MAINT	332,634.	295,255.	37,379.	
c MISCELLANEOUS	242,107.	216,709.	5,855.	19,543.
d PUBLIC RELATIONS	90,500.			90,500.
e PRINTING AND PUBL	54,476.	1,005.	13,431.	40,040.
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	9,939,875.	8,117,147.	1,078,130.	744,598.
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year	
Assets	1 Cash - non-interest-bearing	2,639,331.	1	3,717,561.	
	2 Savings and temporary cash investments	1,246,707.	2	1,264,921.	
	3 Pledges and grants receivable, net	1,013,588.	3	1,013,249.	
	4 Accounts receivable, net		4		
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5		
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6		
	7 Notes and loans receivable, net		7		
	8 Inventories for sale or use		8		
	9 Prepaid expenses and deferred charges	284,161.	9	374,455.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,937,701.			
	b Less: accumulated depreciation	10b 1,703,266.	368,257.	10c 234,435.	
	11 Investments - publicly traded securities	15,487,088.	11	16,541,821.	
	12 Investments - other securities. See Part IV, line 11		12		
	13 Investments - program-related. See Part IV, line 11		13		
	14 Intangible assets		14		
	15 Other assets. See Part IV, line 11		15	2,168.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	21,039,132.	16	23,148,610.		
Liabilities	17 Accounts payable and accrued expenses	405,799.	17	143,332.	
	18 Grants payable		18		
	19 Deferred revenue	1,497,621.	19	1,695,228.	
	20 Tax-exempt bond liabilities		20		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22		
	23 Secured mortgages and notes payable to unrelated third parties		23		
	24 Unsecured notes and loans payable to unrelated third parties		24		
	25 Other liabilities. Complete Part X of Schedule D		25		
	26 Total liabilities. Add lines 17 through 25	1,903,420.	26	1,838,560.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27 Unrestricted net assets	12,494,474.	27	12,493,247.	
	28 Temporarily restricted net assets	873,260.	28	3,048,825.	
	29 Permanently restricted net assets	5,767,978.	29	5,767,978.	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> 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	19,135,712.	33	21,310,050.	
34 Total liabilities and net assets/fund balances	21,039,132.	34	23,148,610.		

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	18,355,529.
2	Total expenses (must equal Part IX, column (A), line 25)	2	9,939,875.
3	Revenue less expenses. Subtract line 2 from line 1	3	8,415,654.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	19,135,712.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-6,241,316.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	21,310,050.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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?		X
2b	Were the organization's financial statements audited by an independent accountant?	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	X	
3b	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.	X	

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No. 1545-0047

2010

Open to Public Inspection

Name of the organization

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 - Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	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?		
(ii) A family member of a person described in (i) above?		
(iii) A 35% controlled entity of a person described in (i) or (ii) above?		
- 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 support
			Yes	No	Yes	No	Yes	No	
Total									

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

Schedule A (Form 990 or 990-EZ) 2010

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	6814811.	8372010.	8494433.	8892002.	9400560.	41973816.
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 ...	700,034.	662,033.	616,178.	572,809.	859,279.	3410333.
4 Total. Add lines 1 through 3	7514845.	9034043.	9110611.	9464811.	10259839.	45384149.
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.						45384149.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	7514845.	9034043.	9110611.	9464811.	10259839.	45384149.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ...	1095812.	1284661.	557,479.	559,078.	537,361.	4034391.
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.)	15,636.	61,648.	122,769.	10,469.	5,118.	215,640.
11 Total support. Add lines 7 through 10						49634180.
12 Gross receipts from related activities, etc. (see instructions)					12	16,654,934.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	14	91.44	%
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	90.63	%
16a 33 1/3% support test - 2010. 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	<input checked="" type="checkbox"/>		
b 33 1/3% support test - 2009. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
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	<input type="checkbox"/>		

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

(Complete only if you checked the box on line 9 of Part I 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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add 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 section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	15		%
16 Public support percentage from 2009 Schedule A, Part III, line 15	16		%

Section D. Computation of Investment Income Percentage

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

19a 33 1/3% support tests - 2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

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

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, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2010

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?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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 Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

Yes No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

Yes No

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

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 XIV, the text of the footnote to its financial statements that describes these items.

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

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

▶ \$ _____

(ii) Assets included in Form 990, Part X

▶ \$ _____

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

a Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

b Assets included in Form 990, Part X

▶ \$ _____

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if 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 XIV and complete the following table:
- | | Amount |
|---------------------------------|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21? Yes No
- b If "Yes," explain the arrangement in Part XIV.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	6,837,468.	6,537,268.	5,567,978.		
b Contributions		200,000.			
c Net investment earnings, gains, and losses	698,736.	379,703.	1,191,402.		
d Grants or scholarships	-142,393.	-192,577.	-158,100.		
e Other expenditures for facilities and programs	-193,065.	-86,926.	-64,012.		
f Administrative expenses					
g End of year balance	7,200,746.	6,837,468.	6,537,268.		

- 2 Provide the estimated percentage of the year end balance held as:
- a Board designated or quasi-endowment _____ %
 - b Permanent endowment 100.00 %
 - c Term endowment _____ %

- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|--------------------------|-------------------------------------|
| (i) unrelated organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) related organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? | <input type="checkbox"/> | <input type="checkbox"/> |

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		6,190.	6,190.	0.
d Equipment		786,507.	640,650.	145,857.
e Other		1,145,004.	1,056,426.	88,578.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				234,435.

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

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

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

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

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

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

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

1. (a) Description of liability	(b) Amount	
(1) Federal income taxes		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
(11)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶		

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

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	18,355,529.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	9,939,875.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	8,415,654.
4	Net unrealized gains (losses) on investments	4	-6,454,082.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	212,766.
9	Total adjustments (net). Add lines 4 through 8	9	-6,241,316.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	2,174,338.

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

1	Total revenue, gains, and other support per audited financial statements	1	12,913,748.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	-6,454,082.
b	Donated services and use of facilities	2b	859,279.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	212,766.
e	Add lines 2a through 2d	2e	-5,382,037.
3	Subtract line 2e from line 1	3	18,295,785.
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	59,744.
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	59,744.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	18,355,529.

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

1	Total expenses and losses per audited financial statements	1	10,739,410.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	859,279.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	859,279.
3	Subtract line 2e from line 1	3	9,880,131.
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	59,744.
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	59,744.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	9,939,875.

Part XIV Supplemental Information

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

PART 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 OF BEING

SUSTAINED. MANAGEMENT HAS DETERMINED THAT THE ORGANIZATION HAD NO

UNCERTAIN TAX POSITION THAT WOULD REQUIRE RECOGNITION.

Part XIV Supplemental Information (continued)

PART XI, LINE 8 - OTHER ADJUSTMENTS:

ACTUARIAL PENSION ADJUSTMENT 212,766.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

ACTUARIAL PENSION ADJUSTMENT 212,766.

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	(b) Event #2	(c) Other events	(d) Total events
		WINTER ANTIQUES SHOW	AUTO SHOW	NONE	(add col. (a) through col. (c))
		(event type)	(event type)	(total number)	
Revenue	1 Gross receipts	3,526,801.	785,647.		4,312,448.
	2 Less: Charitable contributions	906,015.	471,375.		1,377,390.
	3 Gross income (line 1 minus line 2)	2,620,786.	314,272.		2,935,058.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	620,000.	51,810.		671,810.
	7 Food and beverages	152,467.	101,080.		253,547.
	8 Entertainment	2,050.	4,350.		6,400.
	9 Other direct expenses	1,354,094.	291,676.		1,645,770.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				(2,577,527)
	11 Net income summary. Combine line 3, column (d), and line 10				357,531.

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 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				(_____)
	8 Net gaming income summary. Combine line 1, column d, and line 7				

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:

13a		%
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 to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

Part IV Supplemental Information. Complete this part to 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).

SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:

(I) NAME OF FUNDRAISER: J.C. GEEVER

(I) ADDRESS OF FUNDRAISER: 32 BROADWAY, SUITE 301, NEW YORK, NY 10004

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

Part IV Supplemental Information (continued)

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 \$6,800 FOR THE CONTRACTED PERIOD WITH J.C. GEEVER, INC. A SEPARATE ITEMIZED EXPENSE INVOICE FOR EXPENSES INCURRED BY J.C. GEEVER NOT TO EXCEED \$750 PER MONTH.

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. IN ADDITION TO THE \$84,983 PAID FOR THEIR CONSULTING FEES, J.C. GEEVER, INC. ALSO RECEIVED AN ADDITIONAL AMOUNT OF \$431 AS REIMBURSEMENT FOR EXPENSES INCURRED.

**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.**

OMB No. 1545-0047

2010

**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. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed ▶

1 (a) Name and address of organization or government	(b) EIN	(c) IRC 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
- 3** Enter total number of other organizations

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2010)

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
SCHOLARSHIP	10	35,000.	0.		N/A
INTERNSHIPS	107	107,068.	0.		N/A

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

SCHEDULE I, 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 HOUSE'S 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.

**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.

OMB No. 1545-0047

2010

Open to Public Inspection

Name of the organization

EAST SIDE HOUSE, INC.

Employer identification number

13-1623989

Part I Questions Regarding Compensation

	Yes	No								
<p>1a Check the appropriate 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.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
<p>b If any of the boxes on 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</p>	1b									
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?</p>	2									
<p>3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study	<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee				
<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study									
<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee									
<p>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:</p>										
<p>a Receive a severance payment or change-of-control payment from the organization or a related organization?</p>	4a	X								
<p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p>	4b	X								
<p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	4c	X								
<p>Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.</p>										
<p>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:</p>										
<p>a The organization?</p>	5a	X								
<p>b Any related organization?</p> <p>If "Yes" to line 5a or 5b, describe in Part III.</p>	5b	X								
<p>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:</p>										
<p>a The organization?</p>	6a	X								
<p>b Any related organization?</p> <p>If "Yes" to line 6a or 6b, describe in Part III.</p>	6b	X								
<p>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</p>	7	X								
<p>8 Were any amounts reported in Form 990, Part VII, paid or accrued 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</p>	8	X								
<p>9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9									

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2010

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) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name		(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 in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 JOHN A. SANCHEZ	(i)	199,699.	0.	0.	24,244.	9,658.	233,601.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2	(i)							
	(ii)							
3	(i)							
	(ii)							
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2010

Open to Public
Inspection

Name of the organization

EAST SIDE HOUSE, INC.

Employer identification number

13-1623989

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

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.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

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, CARING SUPPORTIVE RELATIONSHIPS AND OPPORTUNITIES TO EXPAND STUDENT'S MIND. THE PROGRAM TARGETS STUDENTS IN GRADES 4 - 8, AND FOCUSES ON PROVIDING A POSITIVE SOCIAL AND ACADEMIC EXPERIENCE AT A CRITICAL DEVELOPMENTAL STAGE. WE STRIVE TO HELP STUDENTS SEE THE CONNECTIONS BETWEEN ACADEMIC DISCIPLINES AS THEY MOVE INTO DEPARTMENTALIZED INSTRUCTION, AND TO SUPPORT THE BOARD OF EDUCATION'S LITERACY INITIATIVE.

3) YOUTH AND ADULT EDUCATIONAL CLASSES (YAES) - THIS PROGRAM PROVIDES YOUTH & ADULT BASIC EDUCATION AND CAREER EDUCATION TO STUDENTS 17 AND OVER IN AN EFFORT TO COMBAT THE LOW LITERACY RATE IN THE COMMUNITY. Y.A.E.S SUCCESSFULLY ASSISTS INDIVIDUALS IN THEIR SOCIAL AND ACADEMIC GROWTH.

4) SUPPLEMENTAL EDUCATIONAL SERVICES - MADE POSSIBLE BY PRESIDENT BUSH'S "NO CHILD LEFT BEHIND" INITIATIVE. THE PROGRAM IS BEING

Name of the organization EAST SIDE HOUSE, INC.	Employer identification number 13-1623989
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IMPLEMENTED IN OUR AFTER SCHOOL PROGRAM AT MILL BROOK COMMUNITY CENTER, AND PATTERSON COMMUNITY CENTER. THROUGH THIS PROGRAM WE EMPLOY FIVE NEW YORK CITY CERTIFIED TEACHERS FOR A TOTAL OF 36 INSTRUCTIONAL HOURS PER WEEK. THE TEACHERS ARE RESPONSIBLE FOR OVERSEEING THE IMPLEMENTATION BY THE GROUP LEADERS OF THE VOYAGER EXTENDED DAY READING INTERVENTION PROGRAM. THE VOYAGER CURRICULUM HAS A BUILT IN PRE AND POST-TESTING COMPONENT THAT ASSESS EACH STUDENT'S PROGRESS IN DEVELOPING THEIR ACADEMIC SKILLS.

5) COMMUNITY TECHNOLOGY SERVICES - THE COMMUNITY TECHNOLOGY CENTER OFFERS COMPUTER-BASED INSTRUCTION FOR MANY OF ITS EXISTING PROGRAM PARTICIPANTS INCLUDING: EARLY CHILDHOOD, AFTER SCHOOL, YOUTH AND ADULT EDUCATIONAL SERVICES, AND SENIORS. IN ADDITION, COMPUTER TRAINING IS OFFERED FOR ALL EAST SIDE HOUSE STAFF IN ORDER TO STRENGTHEN ALL-AROUND PROGRAM FOUNDATION.

7) SOCIAL SERVICES - THE FOCUS OF EAST SIDE HOUSE SETTLEMENT IS EDUCATION, FOR ADULTS AND CHILDREN. THE FAMILY SERVICES PROGRAM WILL HELP BEGIN TO REMOVE THE OBSTACLES THAT GET BETWEEN YOU, YOUR FAMILY AND THE EDUCATION THAT COULD HELP YOU FIND A BETTER JOB AND HEALTHIER WAY OF LIFE.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:
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.

Name of the organization EAST SIDE HOUSE, INC.	Employer identification number 13-1623989
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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 TRANSITION SERVICES TO THE PUBLIC SCHOOLS.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

OF EDUCATION, THE SCHOOL IS PART OF THE "NEW VISIONS, NEW CENTURY" HIGH SCHOOL INITIATIVE.

2) COLLEGE PREPARATION AND LEADERSHIP PROGRAM (CPLP) - A HIGHLY SUCCESSFUL COLLEGE PREP PROGRAMS WHICH ASSISTS HIGH SCHOOL STUDENTS WITH EDUCATIONAL COUNSELING, COMMUNITY INTERNSHIPS, PSAT AND SAT PREPARATION, FINANCIAL AID, AND COLLEGE APPLICATION ASSISTANCE. IN ADDITION TO PROVIDING SCHOLARSHIPS, IT FACILITATES CAMPUS VISITS FOR PROSPECTIVE STUDENTS.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

THE EAST SIDE HOUSE OPERATES OTHER SCHOOL BASED PROGRAMS & DEVELOPMENTS. PROGRAMS THAT MEET THIS CATEGORY INCLUDE THE FOLLOWING: THE SENIOR CENTER PROVIDES HOT LUNCHESES AND OTHER PROGRAMS SUCH AS CULTURAL EVENTS AND TRIPS. THIS PROGRAM SERVES OVER 1000 PEOPLE. CRIME HAS DRIVEN MANY SENIOR CITIZENS INDOORS, FEARFUL OF VENTURING OUT OF THEIR APARTMENTS, PARTICULARLY IN THE EVENING. THE ENSUING FEELINGS OF LONELINESS AND HELPLESSNESS CAN BE DEVASTATING. WITH STAFF AND YOUTH VOLUNTEERS, EAST SIDE HOUSE MAKES A DIFFERENCE IN THE LIVES OF THE ELDERLY. THREE SENIOR CENTERS, WITH AN ENROLLMENT OF 1100, ARE OPERATED BY THE SETTLEMENT. THE NUMBERS OF HOBBY CLUBS, SPECIAL EVENTS, HOLIDAY PARTIES, HEALTH PROGRAMS, AND CARD AND GAME TOURNAMENTS THAT ARE

Name of the organization EAST SIDE HOUSE, INC.	Employer identification number 13-1623989
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OPERATING DURING THE WEEK INDICATES THE SENIORS' VARIED INTERESTS. AN EXTENSIVE SCHEDULE OF DAY TRIPS IS ALSO OFFERED BY THE CENTERS, AND NEARLY 250 SENIORS EAT LUNCH AT THE CENTERS DAILY.

EXPENSES \$ 538,833. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

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 REVIEW PROCESS. ONCE THE FORM IS RECEIVED BY EAST SIDE HOUSE, IT IS DISTRIBUTED ELECTRONICALLY TO THE BOARD OF DIRECTORS FOR THEIR REVIEW. ONCE THE REVIEW IS FINALIZED, THE FORM 990 IS 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 REQUIRED 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 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 OF UNH PROVIDES PERIODIC SALARY SURVEY INFORMATION. SURVEY RESULTS ARE SHARED WITH BOARD LEADERSHIP AND SALARY DECISIONS ARE MADE BY THE FINANCE COMMITTEE WHEN THEY APPROVE THE ANNUAL BUDGET WHICH IS THEN PRESENTED TO THE FULL BOARD FOR APPROVAL. THE LAST COMPENSATION REVIEW OCCURED AND WAS FOLLOWED IN 2009.

FORM 990, PART VI, SECTION C, LINE 19: EAST SIDE HOUSE ANNUALLY POSTS ITS

Name of the organization EAST SIDE HOUSE, INC.	Employer identification number 13-1623989
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FILED FORM 990 AND CHAR 500 REPORTS ON ITS WEBSITE. ALL OTHER DOCUMENTATION IS PROVIDED UPON WRITTEN REQUEST.

FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:

NET UNREALIZED LOSSES ON INVESTMENTS:	-6,454,082.
ACTUARIAL PENSION ADJUSTMENT	212,766.
TOTAL TO FORM 990, PART XI, LINE 5	-6,241,316.

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. THE PROCESS DID NOT CHANGE FROM THE PRIOR YEAR.

FORM 990, PART III, LINE 1, DESCRIPTION OF THE ORGANIZATION'S MISSION:

EAST SIDE HOUSE IS A COMMUNITY RESOURCE IN THE 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 REACH OF MOTIVATED STUDENTS. WE PROVIDE SERVICES TO FAMILIES IN ORDER THAT OTHER FAMILY MEMBERS MAY PURSUE THEIR EDUCATIONAL GOALS. WE PROVIDE TECHNOLOGY AND CAREER READINESS TRAINING TO ENABLE STUDENTS TO IMPROVE THEIR ECONOMIC STATUS AND LEAD MORE FULFILLING LIVES.