

TAX RETURN FILING INSTRUCTIONS

** FORM 990 PUBLIC DISCLOSURE COPY **

FOR THE YEAR ENDING

August 31, 2010

Prepared for	East Side House, Inc. 337 Alexander Avenue Bronx, NY 10454-1108
Prepared by	O'CONNOR DAVIES MUNNS & DOBBINS, LLP 60 EAST 42ND STREET NEW YORK, NY 10165-3698
Amount due or refund	Not applicable
Make check payable to	Not applicable
Mail tax return and check (if applicable) to	Not applicable
Return must be mailed on or before	Not applicable
Special Instructions	This copy of the return is provided ONLY for Public Disclosure purposes. Any confidential information regarding large donors has been removed.

Form **990**

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)

2009

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning SEP 1, 2009 and ending AUG 31, 2010

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	Please use IRS label or print or type. See Specific Instructions.	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 10454-1108	D Employer identification number 13-1623989
		F Name and address of principal officer: JOHN A. SANCHEZ SAME AS C ABOVE	E Telephone number (718) 665-5250
		I Tax-exempt status: <input checked="" type="checkbox"/> 501(c) (3) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	G Gross receipts \$ 17,553,588.
		J Website: WWW.EASTSIDEHOUSE.ORG	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)
		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			
		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.	
Activities & Governance	3	Number of voting members of the governing body (Part VI, line 1a)	30
	4	Number of independent voting members of the governing body (Part VI, line 1b)	30
	5	Total number of employees (Part V, line 2a)	680
	6	Total number of volunteers (estimate if necessary)	50
	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	0.
	7b	Net unrelated business taxable income from Form 990-T, line 34	0.
	Revenue		
8		Contributions and grants (Part VIII, line 1h)	8,494,353. 8,892,002.
9		Program service revenue (Part VIII, line 2g)	80,610. 166,306.
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-1,326,065. 846,740.
11		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,186,816. 38,677.
12		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	8,435,714. 9,943,725.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	158,100. 192,577.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	6,710,151. 6,673,880.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	85,100. 74,878.
	b	Total fundraising expenses (Part IX, column (D), line 25) 777,953.	
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	3,636,258. 2,740,323.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	10,589,609. 9,681,658.
19	Revenue less expenses. Subtract line 18 from line 12	-2,153,895. 262,067.	
Net Assets or Fund Balances			Beginning of Current Year End of Year
	20	Total assets (Part X, line 16)	20,410,524. 21,039,132.
	21	Total liabilities (Part X, line 26)	2,188,137. 1,903,420.
22	Net assets or fund balances. Subtract line 21 from line 20	18,222,387. 19,135,712.	

Part II Signature Block				
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.				
Sign Here	Signature of officer		Date	
	JOHN A. SANCHEZ, EXECUTIVE DIRECTOR			
	Type or print name and title			
Paid Preparer's Use Only	Preparer's signature GARRETT M. HIGGINS, CPA	Date 07/15/11	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (see instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4 O'CONNOR DAVIES MUNNS & DOBBINS, LLP 60 EAST 42ND STREET NEW YORK, NY 10165-3698		EIN ▶	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

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 No [X]

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 [X]

If "Yes," describe these changes on Schedule O.

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

SEE SCHEDULE O FOR CONTINUATION(S)

4a (Code:) (Expenses \$ 4,087,890. including grants of \$ 192,577.) (Revenue \$ 166,306.)

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 2010, 142 STUDENTS GRADUATED FROM OUR COLLEGE ACCESS PROGRAMS AND 126 (OR 88%) 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 \$ 2,566,249. 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 230 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 \$ 584,831. including grants of \$) (Revenue \$)

THE SENIOR CENTER PROVIDES HOT LUNCHES AND OTHER PROGRAMS SUCH AS CULTURAL EVENTS AND TRIPS. THIS PROGRAM SERVES APPROXIMATELY 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 OPERATING DURING THE WEEK INDICATES THE SENIORS' VARIED INTERESTS. AN EXTENSIVE SCHEDULE OF DAY TRIPS IS ALSO OFFERED BY THE CENTERS, AND NEARLY 300 SENIORS EAT LUNCH AT THE CENTERS DAILY.

4d Other program services. (Describe in Schedule O.)

(Expenses \$ 512,698. including grants of \$) (Revenue \$)

4e Total program service expenses \$ 7,751,668.

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? <i>If "Yes," complete Schedule C, Part II</i>		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>		
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	Is the organization's answer to any of the following questions "Yes"? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	X	
	• 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>		
	• 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>		
	• 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>		
	• 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>		
	• Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>		
	• 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? <i>If "Yes," complete Schedule D, Part X.</i>		
12	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	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional</i>	Yes	No
			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
14b	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, Part I</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, Part II</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, Part III</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
20	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X

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 of the organization (or a family member) 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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
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?	X	

Note. All Form 990 filers are required to complete Schedule O.

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable		
	1a 21		
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?	X	
	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 680		
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 this return. (see instructions)	X	
	2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
	3a		
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
	4a		
b	If "Yes," enter the name of the foreign country: _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
	4b		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
	5a		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
	5b		
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
	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?		X
	6a		
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?	X	
	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
	7f		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
	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	

Form 990 (2009)

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.

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body		
			30
1b	Enter the number of voting members that are independent		
			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 organizational documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a material 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
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
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?		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
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	
b	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		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?		

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 - 718-665-5250**
337 ALEXANDER AVENUE, BRONX, NY 10454

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

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. Use Schedule J-2 if additional space is needed.

- 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. 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 the organization did not compensate any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week	(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.	
KAREN KEMP GLOVER VICE PRESIDENT	1.00	X		X			0.	0.	0.	
STEPHEN J. KETCHUM VICE PRESIDENT	1.00	X		X			0.	0.	0.	
CANDIDA ROMANELLI VICE PRESIDENT	1.00	X		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	(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.
ELIZABETH DONNEM SIGETY BOARD MEMBER	1.00	X						0.	0.	0.
1b Total								381,156.	0.	41,401.

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 **2**

	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		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person		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 MANAGER	139,500.

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 SCHEDULE J-2 FOR PART VII, SECTION A CONTINUATION

Part VIII		Statement of Revenue		(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1 a Federated campaigns	1a	150,549.					
	b Membership dues	1b						
	c Fundraising events	1c	1,474,775.					
	d Related organizations	1d						
	e Government grants (contributions)	1e	6,190,489.					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	1,076,189.					
	g Noncash contributions included in lines 1a-1f: \$							
	h Total. Add lines 1a-1f			8,892,002.				
	Program Service Revenue	2 a AFTER SCHOOL PROGRAMS	Business Code	611710	166,306.	166,306.		
b								
c								
d								
e								
f All other program service revenue								
g Total. Add lines 2a-2f				166,306.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			520,175.			520,175.	
	4 Income from investment of tax-exempt bond proceeds							
	5 Royalties							
	6 a Gross Rents	(i) Real		38,903.				
		(ii) Personal						
		b Less: rental expenses		37,157.				
		c Rental income or (loss)		1,746.				
	d Net rental income or (loss)			1,746.			1,746.	
	7 a Gross amount from sales of assets other than inventory	(i) Securities		5235491.				
		(ii) Other						
		b Less: cost or other basis and sales expenses		4908926.				
		c Gain or (loss)		326,565.				
	d Net gain or (loss)			326,565.			326,565.	
	8 a Gross income from fundraising events (not including \$ 1474775. of contributions reported on line 1c). See Part IV, line 18	a		2690242.				
b Less: direct expenses		b	2663780.					
c Net income or (loss) from fundraising events				26,462.			26,462.	
9 a Gross income from gaming activities. See Part IV, line 19	a							
	b Less: direct expenses	b						
	c Net income or (loss) from gaming activities							
10 a 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						
11 a MISCELLANEOUS		900099	10,469.			10,469.		
b								
c								
d All other revenue								
e Total. Add lines 11a-11d			10,469.					
12 Total revenue. See instructions.			9,943,725.	166,306.	0.	885,417.		

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	192,577.	192,577.		
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	336,038.	175,401.	160,637.	
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	5,484,807.	5,079,816.	319,041.	85,950.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	15,875.	12,906.	486.	2,483.
9 Other employee benefits	200,736.	188,785.	7,237.	4,714.
10 Payroll taxes	636,424.	515,002.	112,809.	8,613.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	98,800.		98,800.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	74,878.			74,878.
f Investment management fees	62,789.		62,789.	
g Other	359,591.	126,292.	44,230.	189,069.
12 Advertising and promotion	250,540.		2,681.	247,859.
13 Office expenses	420,410.	294,369.	113,446.	12,595.
14 Information technology	5,004.	298.	4,706.	
15 Royalties				
16 Occupancy	108,599.	71,635.	36,964.	
17 Travel	81,255.	72,319.	8,936.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	7,629.	6,795.	834.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	140,320.	140,320.		
23 Insurance	102,430.	51,936.	50,494.	
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a FOOD	498,007.	488,139.	9,868.	
b MISCELLANEOUS	273,539.	212,946.	37,791.	22,802.
c EQUIP RENTAL AND MAINT	182,830.	119,468.	63,335.	27.
d PUBLIC RELATIONS	84,776.			84,776.
e PRINTING AND PUBL	63,804.	2,664.	16,953.	44,187.
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	9,681,658.	7,751,668.	1,152,037.	777,953.
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2. 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	2,499,557.	1	2,639,331.	
	2 Savings and temporary cash investments	1,215,222.	2	1,246,707.	
	3 Pledges and grants receivable, net	1,118,094.	3	1,013,588.	
	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)) and persons described in section 4958(c)(3)(B). 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	18,043.	9	284,161.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,937,701.			
	b Less: accumulated depreciation	10b 1,569,444.	419,183.	10c 368,257.	
	11 Investments - publicly traded securities	15,140,425.	11	15,487,088.	
	12 Investments - other securities. See Part IV, line 11		12		
	13 Investments - program-related. See Part IV, line 11		13		
	14 Intangible assets		14		
	15 Other assets. See Part IV, line 11		15		
16 Total assets. Add lines 1 through 15 (must equal line 34)	20,410,524.	16	21,039,132.		
Liabilities	17 Accounts payable and accrued expenses	903,635.	17	405,799.	
	18 Grants payable		18		
	19 Deferred revenue	1,284,502.	19	1,497,621.	
	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	2,188,137.	26	1,903,420.	
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	11,013,426.	27	12,494,474.	
	28 Temporarily restricted net assets	1,640,983.	28	873,260.	
	29 Permanently restricted net assets	5,567,978.	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	18,222,387.	33	19,135,712.	
34 Total liabilities and net assets/fund balances	20,410,524.	34	21,039,132.		

Part XI Financial Statements and Reporting

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?

b Were the organization's financial statements audited by an independent accountant?

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

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 consolidated basis, separate basis, or both:

Separate basis Consolidated basis Both consolidated and separate basis

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

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.

	Yes	No
2a		X
2b	X	
2c	X	
3a	X	
3b	X	

Form 990 (2009)

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	7475905.	6814811.	8372010.	8494433.	8892002.	40049161.
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	658,610.	700,034.	662,033.	616,178.	572,809.	3209664.
4 Total. Add lines 1 through 3	8134515.	7514845.	9034043.	9110611.	9464811.	43258825.
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.						43258825.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	8134515.	7514845.	9034043.	9110611.	9464811.	43258825.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	723,057.	1095812.	1284661.	557,479.	559,078.	4220087.
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.)	42,659.	15,636.	61,648.	122,769.	10,469.	253,181.
11 Total support. Add lines 7 through 10						47732093.

12 Gross receipts from related activities, etc. (see instructions) **12** 16,690,743.

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) **14** 90.63 %

15 Public support percentage from 2008 Schedule A, Part II, line 14 **15** 41.10 %

16a 33 1/3% support test - 2009. 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 - 2008. 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 - 2009. 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 - 2008. 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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

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

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

THE MISCELLANEOUS INCOME REPORTED FOR ALL YEARS PERTAINS TO EARNED INCOME FROM THE SALE OF BOOKS, FEES CHARGED FOR TESTS ADMINISTERED TO BENEFIT RECIPIENTS, AND INCOME FROM CLASS ACTION SETTLEMENTS.

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, 990-EZ, or 990-PF.

OMB No. 1545-0047

2009

Name of the organization

EAST SIDE HOUSE, INC.

Employer identification number

13-1623989

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. ▶ \$ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

Name of organization EAST SIDE HOUSE, INC.	Employer identification number 13-1623989
--	---

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/> <hr/>	\$ 2,554,714.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	<hr/> <hr/> <hr/> <hr/>	\$ 903,237.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	<hr/> <hr/> <hr/> <hr/>	\$ 871,796.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	<hr/> <hr/> <hr/> <hr/>	\$ 629,039.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	<hr/> <hr/> <hr/> <hr/>	\$ 557,256.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	<hr/> <hr/> <hr/> <hr/>	\$ 421,609.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization EAST SIDE HOUSE, INC.	Employer identification number 13-1623989
--	---

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/> <hr/>	\$ 200,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<hr/>	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<hr/>	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<hr/>	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<hr/>	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<hr/>	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<hr/>	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization EAST SIDE HOUSE, INC.	Employer identification number 13-1623989
--	---

Part II Noncash Property (see instructions)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____

Name of organization EAST SIDE HOUSE, INC.	Employer identification number 13-1623989
--	---

Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

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

2009

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.

Table with 3 columns: Line number, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate contributions, aggregate grants, aggregate value, and questions about donor advisement.

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

Form for Part II Conservation Easements. Includes checkboxes for purposes of easements, a table for 'Held at the End of the Tax Year' with rows 2a-2d, and questions 3-9 regarding monitoring and reporting.

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.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions 1a, 1b, and 2 regarding reporting requirements for art and historical treasures.

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

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

(check all that apply):

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

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

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

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

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

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

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

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

b If "Yes," explain the arrangement in Part XIV.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	6,537,268.	5,567,978.			
b Contributions	200,000.				
c Net investment earnings, gains, and losses	379,703.	1,191,402.			
d Grants or scholarships					
e Other expenditures for facilities and programs	-279,503.	-222,112.			
f Administrative expenses					
g End of year balance	6,837,468.	6,537,268.			

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

- a Board designated or quasi-endowment 15.64 %
- b Permanent endowment 84.36 %
- c Term endowment _____ %

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

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)		X
3a(ii)		X
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

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

Part VI Investments - 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.	559,338.	257,917.
e Other		1,145,004.	1,003,916.	110,340.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				368,257.

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	9,943,725.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	9,681,658.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	262,067.
4	Net unrealized gains (losses) on investments	4	128,046.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	555,323.
8	Other (Describe in Part XIV.)	8	-32,111.
9	Total adjustments (net). Add lines 4 through 8	9	651,258.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	913,325.

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	10,618,948.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	128,046.
b	Donated services and use of facilities	2b	572,809.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	37,157.
e	Add lines 2a through 2d	2e	738,012.
3	Subtract line 2e from line 1	3	9,880,936.
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	62,789.
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	62,789.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	9,943,725.

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

1	Total expenses and losses per audited financial statements	1	10,228,835.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	572,809.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	37,157.
e	Add lines 2a through 2d	2e	609,966.
3	Subtract line 2e from line 1	3	9,618,869.
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	62,789.
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	62,789.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	9,681,658.

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: 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:

CHANGE IN ACTUARIAL VALUE OF PENSION PLAN

PART XII, LINE 2D - OTHER ADJUSTMENTS:

RENTAL EXPENSES REPORTED ON FORM 990 PART VIII, LINE 6B

PART XIII, LINE 2D - OTHER ADJUSTMENTS:

RENTAL EXPENSES REPORTED ON FORM 990 PART VIII, LINE 6B

Multiple horizontal lines for supplemental information.

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.**

OMB No. 1545-0047

2009

**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

2 a 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 of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(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
		Yes	No			
J.C. GEEVER	CORPORATE FUNDRAISER		X	809,000.	74,878.	734,122.
Total				809,000.	74,878.	734,122.

3 List all states in which the organization is registered or licensed to solicit funds 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 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		WINTER ANTIQUES SHOW (event type)	AUTO SHOW (event type)	NONE (total number)	
Revenue	1 Gross receipts	3,645,473.	519,544.		4,165,017.
	2 Less: Charitable contributions	1,137,750.	337,025.		1,474,775.
	3 Gross income (line 1 minus line 2)	2,507,723.	182,519.		2,690,242.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	510,376.	57,742.		568,118.
	7 Food and beverages	120,721.	73,688.		194,409.
	8 Entertainment	3,107.	3,557.		6,664.
	9 Other direct expenses	1,696,585.	198,004.		1,894,589.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				(2,663,780)
	11 Net income summary. Combine line 3, column (d), and line 10				26,462.

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))
		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					

	Yes	No
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?	9a	
b If "No," explain: _____		
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a	
b If "Yes," explain: _____		
11 Does the organization operate gaming activities with nonmembers?	11	
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?	12	

13 Indicate the percentage of gaming activity operated in:

- a** The organization's facility

13a		%
13b		%
- 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? **15a**

- 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? **17a**

- 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 ► \$ _____

**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" on Form 990, Part IV, line 21 or 22.
▶ **Attach to Form 990.**

OMB No. 1545-0047

2009

**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. Use Part IV and Schedule I-1 (Form 990) 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 Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) 2009

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.
Use Part IV and Schedule I-1 (Form 990) 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	12	39,100.	0.		N/A
INTERNSHIPS	207	153,477.	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

2009

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 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. <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
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	1b	
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?	2	
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. <input checked="" type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> 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	X
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	X
c Participate in, or receive payment from, an equity-based compensation arrangement?	4c	X
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
Only section 501(c)(3) and 501(c)(4) organizations 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	X
b Any related organization?	5b	X
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	X
b Any related organization?	6b	X
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	X
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 Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	X
9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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

Schedule J (Form 990) 2009

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 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				
JOHN A. SANCHEZ	(i)	195,783.	0.	0.	21,831.	7,939.	225,553.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No. 1545-0047

2009

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) YOUNG ADULT INITIATIVE - DESIGNED FOR HIGH SCHOOL STUDENTS AGES 13-18, THIS PROGRAM ALLOWS EACH STUDENT TO EXPLORE CAREER OPTIONS AND SHARPEN IMPORTANT VOCATIONAL SKILLS.

4) ADULT EDUCATIONAL CLASSES - 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.

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5) SUPPLEMENTAL EDUCATIONAL SERVICES - MADE POSSIBLE BY PRESIDENT

BUSH'S "NO CHILD LEFT BEHIND" INITIATIVE. THE PROGRAM IS BEING

IMPLEMENTED IN OUR AFTER SCHOOL PROGRAM AT MILL BROOK COMMUNITY CENTER,

MOTT HAVEN 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.

6) 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) FAMILY 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.

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2) THE FAMILY SERVICE 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 TRANSITION SERVICES TO THE PUBLIC SCHOOLS.

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:

1) 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. 94% OF THE SENIORS
IN THE YOUTH LEADERSHIP PROGRAM IMPROVED THEIR S.A.T. SCORES BY AS MUCH
AS 300 POINTS. CONSEQUENTLY THEY WERE ACCEPTED AT SUCH COLLEGES AS
DARTMOUTH, GEORGETOWN, TUFTS AND NEW YORK UNIVERSITY. 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

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

2) COLLEGE PREPARATION 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. EXPENSES \$ 512698. 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

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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 FILED FORM 990 AND CHAR 500 REPORTS ON ITS WEBSITE. ALL OTHER DOCUMENTATION IS PROVIDED UPON WRITTEN REQUEST.

FORM 990, PART XI, LINE 2C:

THE ORGANIZATION HAS A COMMITTEE THAT ASUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND SELECTION OF AN INDEPENDENT ACCOUNTANT. THIS PROCESS HAS NOT CHANGED FROM 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.

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Multiple horizontal lines for supplemental information.