See a Social Security Number? Say Something!
Report Privacy Problems to https://public.resource.org/privacy
Or call the IRS Identity Theft Hotline at 1-800-908-4490
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 01-01-2010 and ending 12-31-2010

B Check if applicable

C Name of organization

D Employer identification number

20-3558447

E Telephone number

(716) 884-0356

F Name and address of principal officer

G Gross receipts $ 870,557

H(a) Is this a group return for affiliates? ✔ Yes □ No

H(b) Are all affiliates included? ✔ Yes □ No

If "No," attach a list (see instructions)

H(c) Group exemption number

I Tax-exempt status

J Website: www.pushbuffalo.org

K Form of organization: Corporation Trust Association Other

L Year of formation: 2005 M State of legal domicile: NY

Part I Summary

1 Briefly describe the organization's mission or most significant activities

See attached Schedule O People United for Sustainable Housing, Inc (PUSH) is a nonprofit organization that works to create and implement an action plan for improving the housing and employment conditions in the neighborhood. To strengthen its development program, PUSH has placed great emphasis on engaging community residents as key stakeholders in revitalization process.

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

3 Number of voting members of the governing body (Part V, line 1a)

4 Number of independent voting members of the governing body (Part V, line 1b)

5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)

6 Total number of volunteers (estimate if necessary)

7a Total unrelated business revenue from Part VIII, column (C), line 12

7b Net unrelated business taxable income from Form 990-T, line 34

8 Contributions and grants (Part VIII, line 1h)

9 Program service revenue (Part VIII, line 2g)

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)

14 Benefits paid to or for members (Part IX, column (A), line 4)

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)

16a Professional fundraising fees (Part IX, column (A), line 11e)

16b Total fundraising expenses (Part IX, column (D), line 25)

17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)

18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)

19 Revenue less expenses Subtract line 18 from line 12

Prior Year Current Year

451,988 748,980

26,640 22,70

220 72

13,753 85,552

552,611 860,874

0 137,001

0

267,443 325,995

0 0

0

176,440 293,629

443,883 756,625

108,728 104,249

20 Total assets (Part X, line 16)

21 Total liabilities (Part X, line 26)

22 Net assets or fund balances Subtract line 21 from line 20

Beginning of Current Year

620,245 909,451

138,808 337,969

481,437 571,482

End of Year

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.

Signature of officer

Aarson Bartley Executive Director

Date 2011-09-27

Print/Type name of preparer's name

Lis M Kimitsu CPA

Preparer's signature

Lis M Kimitsu CPA

Date

Check if self-employed

PTIN

Firm's name

Kimitsu & Associates CPAs PLLC

Firm's EIN

Firm's address

1231 Delaware Avenue Suite 6

Buffalo, NY 14209

Phone number

(716) 881-0809

May the IRS discuss this return with the preparer shown above? ✔ Yes □ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y Form 990 (2010)
Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization’s mission

See attached Schedule O PUSH organizes residents to create and implement an action plan for improving the neighborhood. PUSH strives to build a democratic, action-oriented organization capable of addressing the lack of living wage jobs and poor housing conditions that may exist in the neighborhood.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

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?

If “Yes,” describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization’s three largest program services by expenses

Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code ) (Expenses $ 184,564 including grants of $ 170,517 ) (Revenue $ 6,437 )

PUSH organizes residents to create and implement an action plan for improving the neighborhood. PUSH strives to build a democratic, action-oriented organization capable of addressing the lack of living wage jobs and poor housing conditions that may exist in the neighborhood.

4b (Code ) (Expenses $ 105,414 including grants of $ 104,941 ) (Revenue $ 492 )

PUSH collaborates with numerous organizations in leading planning, advocacy and outreach projects throughout the West Side. These activities include the planning and implementation of the Massachusetts Avenue Park and other vacant lot developments such as community gardens, a large-scale West Side community planning effort, policy research on critical issues such as asthma, and the operation of the Grant Street Neighborhood Center in PUSH’s headquarters on Grant Street.

4c (Code ) (Expenses $ 215,774 including grants of $ 230,440 ) (Revenue $ 33,529 )

PUSH has developed an innovative program with documented effectiveness to acquire and rehabilitate residential housing and vacant land in Buffalo’s West Side. Programs have accomplished the renovations of multiple units that are currently rented at capacity. PUSH also integrates "green" development into each of its' development projects including a "net zero" house on Winter Street, installation of green infrastructure such as on-demand water heaters, radiant floor heating, solar panels, and geothermal heating systems.

4d Other program services (Describe in Schedule O ) See also Additional Data for Description

(Expenses $ 142,911 including grants of $ 12,861 ) (Revenue $ 59,201 )

4e Total program service expenses $ 648,663
### Part IV Checklist of Required Schedules

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
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</thead>
<tbody>
<tr>
<td>1</td>
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<td>3</td>
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<tr>
<td>4</td>
<td>Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If &quot;Yes,&quot; complete Schedule C, Part IV.</td>
<td>No</td>
</tr>
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<td>5</td>
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<td>11a</td>
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<td>Yes</td>
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<td>11b</td>
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<td>11c</td>
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<td>Yes</td>
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<td>11e</td>
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<td>Yes</td>
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<td>11f</td>
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<td>Yes</td>
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<td>12a</td>
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<td>Yes</td>
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<td>14a</td>
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<td>No</td>
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<td>14b</td>
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<td>No</td>
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<td>20a</td>
<td></td>
<td>No</td>
</tr>
<tr>
<td>20b</td>
<td></td>
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</tr>
</tbody>
</table>

**Note:** Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions).
### Part IV Checklist of Required Schedules (continued)

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

**Note:** All Form 990 filers are required to complete Schedule O.
Part V  Statements Regarding Other IRS Filings and Tax Compliance

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

1a  Enter the number reported in Box 3 of Form 1096  Enter -0- if not applicable  

1a  Yes  No  

1b  Enter the number of Forms W-2G included in line 1a  Enter -0- if not applicable  

1b  0  

2a  Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?  

2a  Yes  No  

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  16  

b  If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  

b  Yes  

Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  

3a  Did the organization have unrelated business gross income of $1,000 or more during the year?  

3a  No  

b  If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O  

3b  

4a  At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  

4a  No  

b  If "Yes," enter the name of the foreign country  

See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts  

5a  Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  

5a  No  

b  Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  

5b  No  

6a  Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?  

6a  No  

b  Did the program 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).  

7a  Yes  

b  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?  

7b  Yes  

c  Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  

7c  No  

d  If "Yes," indicate the number of Forms 8282 filed during the year  

7d  

8  Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the sponsoring 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.  

9a  

b  Did the organization make a distribution to a donor, donor advisor, or related person?  

9b  

10  Section 501(c)(7) organizations. Enter  

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  

11a  

b  Gross income from members or shareholders  

11b  

12a  Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  

12a  

b  If "Yes," enter the amount of tax-exempt interest received or accrued during the year  

12b  

13  Section 501(c)(29) qualified nonprofit health insurance issuers.  

13a  

b  Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  

13b  

c  Enter the amount of reserves on hand  

13c  

14a  Did the organization receive any payments for indoor tanning services during the tax year?  

14a  No  

b  If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  

14b  

Form 990 (2010)
**Part VI  Governance, Management, and Disclosure**  For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.  Check if Schedule O contains a response to any question in this Part VI.  

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

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

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>10a Does the organization have local chapters, branches, or affiliates?</td>
<td>10a</td>
<td>No</td>
</tr>
<tr>
<td>10b Describe in Schedule O the process, if any, used by the organization to review this Form 990</td>
<td>10b</td>
<td></td>
</tr>
<tr>
<td>12a Does the organization have a written conflict of interest policy?</td>
<td>12a</td>
<td>Yes</td>
</tr>
<tr>
<td>12b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?</td>
<td>12b</td>
<td>Yes</td>
</tr>
<tr>
<td>12c Does the organization regularly and consistently monitor and enforce compliance with the policy? If “Yes,” describe in Schedule O how this is done</td>
<td>12c</td>
<td>Yes</td>
</tr>
<tr>
<td>13 Does the organization have a written whistleblower policy?</td>
<td>13</td>
<td>Yes</td>
</tr>
<tr>
<td>14 Does the organization have a written document retention and destruction policy?</td>
<td>14</td>
<td>Yes</td>
</tr>
<tr>
<td>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?</td>
<td>15a</td>
<td>Yes</td>
</tr>
<tr>
<td>15b Other officers or key employees of the organization</td>
<td>15b</td>
<td>Yes</td>
</tr>
<tr>
<td>If “Yes” to line 15a or 15b, describe the process in Schedule O (See instructions)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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?</td>
<td>16a</td>
<td>No</td>
</tr>
<tr>
<td>16b 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?</td>
<td>16b</td>
<td></td>
</tr>
</tbody>
</table>

**Section C. Disclosure**  

<table>
<thead>
<tr>
<th>Question</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>17 List the States with which a copy of this Form 990 is required to be filed</td>
<td>NY</td>
</tr>
<tr>
<td>18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)’s only) available for public inspection. Indicate how you make these available. Check all that apply</td>
<td></td>
</tr>
<tr>
<td>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. See Additional Data Table</td>
<td></td>
</tr>
<tr>
<td>20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization</td>
<td></td>
</tr>
</tbody>
</table>

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Tamar Rothaus  
271 Grant Street  
Buffalo, NY 14213  
(716) 884-0356
### 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, and **current** key employees. 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.

<table>
<thead>
<tr>
<th>(A) Name and Title</th>
<th>(B) Average hours per week (describe hours for related organizations in Schedule O)</th>
<th>(C) Position (check all that apply)</th>
<th>(D) Reportable compensation from the organization (W-2/1099-MISC)</th>
<th>(E) Reportable compensation from related organizations (W-2/1099-MISC)</th>
<th>(F) Estimated amount of other compensation from the organization and related organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) Jennifer Mecozi Chair</td>
<td>2.00 X X</td>
<td>x</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>(2) Mohammed Mere Treasurer</td>
<td>2.00 X</td>
<td>x</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>(3) Tamara Horstman-Riphahn</td>
<td>2.00 X</td>
<td>x</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Secretary</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(4) Kristin Rose Director</td>
<td>1.00 X</td>
<td></td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>(5) Anaada Cruz Director</td>
<td>1.00 X</td>
<td></td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>(6) John Buckley Director</td>
<td>1.00 X</td>
<td></td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>(7) Myo Thant Director</td>
<td>1.00 X</td>
<td></td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Director</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(8) Maxne Murphy Director</td>
<td>1.00 X</td>
<td></td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>(9) Mcaela Shaprio-Shellaby</td>
<td>1.00 X</td>
<td></td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Director</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(10) Paul We Director</td>
<td>1.00 X</td>
<td></td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>(11) Delores Powell Director</td>
<td>1.00 X</td>
<td></td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>(12) Terry Richard Director</td>
<td>1.00 X</td>
<td></td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>(13) Suzanne Montalalou</td>
<td>1.00 X</td>
<td></td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Director</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(14) Aaron Bartley Executive Director</td>
<td>40.00 X</td>
<td>x</td>
<td>35,530</td>
<td>0</td>
<td>2,967</td>
</tr>
</tbody>
</table>


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

<table>
<thead>
<tr>
<th>(A) Name and Title</th>
<th>(B) Average hours per week (describe hours for related organizations in Schedule O)</th>
<th>(C) Position (check all that apply)</th>
<th>(D) Reportable compensation from the organization (W-2/1099-MISC)</th>
<th>(E) Reportable compensation from related organizations (W-2/1099-MISC)</th>
<th>(F) Estimated amount of other compensation from the organization and related organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Individual trustee</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Institutional Trustee</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Key employee</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Former compensated employee</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1b Sub-Total</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c Total from continuation sheets to Part VII, Section A</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d Total (add lines 1b and 1c)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>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</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| 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 | Yes | No |
| 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? If "Yes," complete Schedule J for such individual | Yes | No |
| 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person | Yes | No |

### Section B. Independent Contractors

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

<table>
<thead>
<tr>
<th>(A) Name and business address</th>
<th>(B) Description of services</th>
<th>(C) Compensation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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 | Yes | No |
### Part VIII  Statement of Revenue

<table>
<thead>
<tr>
<th>Description</th>
<th>A (Total revenue)</th>
<th>B (Related or exempt function revenue)</th>
<th>C (Unrelated business revenue)</th>
<th>D (Revenue excluded from tax under sections 512, 513, or 514)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a Federated campaigns</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1b Membership dues</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1c Fundraising events</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1d Related organizations</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1e Government grants (contributions)</td>
<td></td>
<td></td>
<td></td>
<td>631,925</td>
</tr>
<tr>
<td>1f All other contributions, gifts, grants, and similar amounts not included above</td>
<td>117,055</td>
<td>58,226</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1g Noncash contributions included in lines 1a-1f $</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>h Total. Add lines 1a-1f</td>
<td></td>
<td></td>
<td></td>
<td>748,980</td>
</tr>
<tr>
<td>2a Rental income</td>
<td>531110</td>
<td>26,270</td>
<td>26,270</td>
<td></td>
</tr>
<tr>
<td>2b</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2d</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2f All other program service revenue</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g Total. Add lines 2a-2f</td>
<td></td>
<td></td>
<td></td>
<td>26,270</td>
</tr>
<tr>
<td>3 Investment income (including dividends, interest and other similar amounts)</td>
<td>72</td>
<td>72</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Income from investment of tax-exempt bond proceeds</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 Royalties</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6a Gross Rents</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6b Less rental expenses</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6c Rental income or (loss)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d Net rental income or (loss)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7a Gross amount from sales of assets other than inventory</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7b Less cost or other basis and sales expenses</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c Gain or (loss)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d Net gain or (loss)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8a Gross income from fundraising events (not including g) of contributions reported on line 1c)</td>
<td>21,918</td>
<td>9,683</td>
<td>12,235</td>
<td>12,235</td>
</tr>
<tr>
<td>8b Less direct expenses</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c Net income or (loss) from fundraising events</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9a Gross income from gaming activities See Part IV, line 19</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9b Less direct expenses</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c Net income or (loss) from gaming activities</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10a Gross sales of inventory, less returns and allowances</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Less cost of goods sold</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c Net income or (loss) from sales of inventory</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11a Miscellaneous Revenue</td>
<td>90099</td>
<td>73,317</td>
<td>73,317</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12 Total revenue. See Instructions</td>
<td></td>
<td></td>
<td></td>
<td>860,874</td>
</tr>
</tbody>
</table>

**Business Code**
### 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).

<table>
<thead>
<tr>
<th></th>
<th>(A) Total expenses</th>
<th>(B) Program service expenses</th>
<th>(C) Management and general expenses</th>
<th>(D) Fundraising expenses</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21</td>
<td>137,001</td>
<td>137,001</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Grants and other assistance to individuals in the U.S. See Part IV, line 22</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Benefits paid to or for members</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Compensation of current officers, directors, trustees, and key employees</td>
<td>35,529</td>
<td>16,970</td>
<td>18,559</td>
</tr>
<tr>
<td>6</td>
<td>Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Other salaries and wages</td>
<td>227,643</td>
<td>197,295</td>
<td>30,348</td>
</tr>
<tr>
<td>8</td>
<td>Pension plan contributions (include section 401(k) and section 403(b) employer contributions)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Other employee benefits</td>
<td>26,223</td>
<td>20,759</td>
<td>5,464</td>
</tr>
<tr>
<td>10</td>
<td>Payroll taxes</td>
<td>36,600</td>
<td>19,464</td>
<td>17,136</td>
</tr>
<tr>
<td>a</td>
<td>Fees for services (non-employees) Management</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>Legal</td>
<td>14,000</td>
<td>9,000</td>
<td>5,000</td>
</tr>
<tr>
<td>c</td>
<td>Accounting</td>
<td>7,500</td>
<td>5,500</td>
<td>2,000</td>
</tr>
<tr>
<td>d</td>
<td>Lobbying</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e</td>
<td>Professional fundraising services See Part IV, line 17</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f</td>
<td>Investment management fees</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g</td>
<td>Other</td>
<td>64,700</td>
<td>64,247</td>
<td>453</td>
</tr>
<tr>
<td>12</td>
<td>Advertising and promotion</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>Office expenses</td>
<td>13,460</td>
<td>5,571</td>
<td>7,889</td>
</tr>
<tr>
<td>14</td>
<td>Information technology</td>
<td>4,762</td>
<td>1,902</td>
<td>2,860</td>
</tr>
<tr>
<td>15</td>
<td>Royalties</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>Occupancy</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17</td>
<td>Travel</td>
<td>26,519</td>
<td>21,729</td>
<td>4,790</td>
</tr>
<tr>
<td>18</td>
<td>Payments of travel or entertainment expenses for any federal, state, or local public officials</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19</td>
<td>Conferences, conventions, and meetings</td>
<td>2,669</td>
<td>2,669</td>
<td></td>
</tr>
<tr>
<td>20</td>
<td>Interest</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>21</td>
<td>Payments to affiliates</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>22</td>
<td>Depreciation, depletion, and amortization</td>
<td>23,014</td>
<td>20,915</td>
<td>2,099</td>
</tr>
<tr>
<td>23</td>
<td>Insurance</td>
<td>11,563</td>
<td>2,284</td>
<td>9,279</td>
</tr>
<tr>
<td>24</td>
<td>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)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Supplies &amp; materials</td>
<td>23,523</td>
<td>23,523</td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>Predevelopment costs</td>
<td>16,971</td>
<td>16,971</td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>AmeriCorps</td>
<td>16,200</td>
<td>16,200</td>
<td></td>
</tr>
<tr>
<td>d</td>
<td>Other</td>
<td>13,495</td>
<td>11,410</td>
<td>2,085</td>
</tr>
<tr>
<td>e</td>
<td>Pass through</td>
<td>12,852</td>
<td>12,852</td>
<td></td>
</tr>
<tr>
<td>f</td>
<td>All other expenses</td>
<td>20,402</td>
<td>20,402</td>
<td></td>
</tr>
<tr>
<td>25</td>
<td>Total functional expenses Add lines 1 through 24f</td>
<td>756,625</td>
<td>648,663</td>
<td>107,962</td>
</tr>
<tr>
<td>26</td>
<td>Joint costs Check here □ if following</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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
### Balance Sheet

<table>
<thead>
<tr>
<th>(A)</th>
<th>(B)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Beginning of year</strong></td>
<td><strong>End of year</strong></td>
</tr>
<tr>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>1</td>
<td><strong>Cash—non-interest-bearing</strong></td>
</tr>
<tr>
<td>2</td>
<td><strong>Savings and temporary cash investments</strong></td>
</tr>
<tr>
<td>3</td>
<td><strong>Pledges and grants receivable, net</strong></td>
</tr>
<tr>
<td>4</td>
<td><strong>Accounts receivable, net</strong></td>
</tr>
<tr>
<td>5</td>
<td><strong>Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L</strong></td>
</tr>
<tr>
<td>6</td>
<td><strong>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)</strong></td>
</tr>
<tr>
<td>7</td>
<td><strong>Notes and loans receivable, net</strong></td>
</tr>
<tr>
<td>8</td>
<td><strong>Inventories for sale or use</strong></td>
</tr>
<tr>
<td>9</td>
<td><strong>Prepaid expenses and deferred charges</strong></td>
</tr>
<tr>
<td>10a</td>
<td><strong>Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D</strong></td>
</tr>
<tr>
<td>10b</td>
<td><strong>Less accumulated depreciation</strong></td>
</tr>
<tr>
<td>10c</td>
<td>354,612</td>
</tr>
<tr>
<td>11</td>
<td><strong>Investments—publicly traded securities</strong></td>
</tr>
<tr>
<td>12</td>
<td><strong>Investments—other securities See Part IV, line 11</strong></td>
</tr>
<tr>
<td>13</td>
<td><strong>Investments—program-related See Part IV, line 11</strong></td>
</tr>
<tr>
<td>14</td>
<td><strong>Intangible assets</strong></td>
</tr>
<tr>
<td>15</td>
<td><strong>Other assets See Part IV, line 11</strong></td>
</tr>
<tr>
<td>16</td>
<td><strong>Total assets. Add lines 1 through 15 (must equal line 34)</strong></td>
</tr>
<tr>
<td>17</td>
<td><strong>Accounts payable and accrued expenses</strong></td>
</tr>
<tr>
<td>18</td>
<td><strong>Grants payable</strong></td>
</tr>
<tr>
<td>19</td>
<td><strong>Deferred revenue</strong></td>
</tr>
<tr>
<td>20</td>
<td><strong>Tax-exempt bond liabilities</strong></td>
</tr>
<tr>
<td>21</td>
<td><strong>Escrow or custodial account liability Complete Part IV of Schedule D</strong></td>
</tr>
<tr>
<td>22</td>
<td><strong>Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L</strong></td>
</tr>
<tr>
<td>23</td>
<td><strong>Secured mortgages and notes payable to unrelated third parties</strong></td>
</tr>
<tr>
<td>24</td>
<td><strong>Unsecured notes and loans payable to unrelated third parties</strong></td>
</tr>
<tr>
<td>25</td>
<td><strong>Other liabilities Complete Part X of Schedule D</strong></td>
</tr>
<tr>
<td>26</td>
<td><strong>Total liabilities. Add lines 17 through 25</strong></td>
</tr>
</tbody>
</table>

**Organizations that follow SFAS 117, check here □ and complete lines 27 through 29, and lines 33 and 34.**

| 27 | **Unrestricted net assets** | 451,935 | 554,482 |
| 28 | **Temporarily restricted net assets** | 29,502 | 17,000 |
| 29 | **Permanently restricted net assets** | 29 |

**Organizations that do not follow SFAS 117, check here □ and complete lines 30 through 34.**

| 30 | **Capital stock or trust principal, or current funds** | 30 |
| 31 | **Paid-in or capital surplus, or land, building or equipment fund** | 31 |
| 32 | **Retained earnings, endowment, accumulated income, or other funds** | 32 |
| 33 | **Total net assets or fund balances** | 481,437 | 571,482 |
| 34 | **Total liabilities and net assets/fund balances** | 620,245 | 909,451 |
### Part XI Reconciliation of Net Assets

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

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1</strong></td>
<td>Total revenue (must equal Part VIII, column (A), line 12)</td>
</tr>
<tr>
<td><strong>2</strong></td>
<td>Total expenses (must equal Part IX, column (A), line 25)</td>
</tr>
<tr>
<td><strong>3</strong></td>
<td>Revenue less expenses  Subtract line 2 from line 1</td>
</tr>
<tr>
<td><strong>4</strong></td>
<td>Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))</td>
</tr>
<tr>
<td><strong>5</strong></td>
<td>Other changes in net assets or fund balances (explain in Schedule O)</td>
</tr>
<tr>
<td><strong>6</strong></td>
<td>Net assets or fund balances at end of year  Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))</td>
</tr>
</tbody>
</table>

### Part XII Financial Statements and Reporting

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

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1</strong></td>
<td>Accounting method used to prepare the Form 990</td>
<td></td>
</tr>
<tr>
<td></td>
<td>□ Cash</td>
<td>□ Accrual</td>
</tr>
<tr>
<td></td>
<td>If the organization changed its method of accounting from a prior year or checked “Other,” explain in Schedule O</td>
<td></td>
</tr>
<tr>
<td><strong>2a</strong></td>
<td>Were the organization’s financial statements compiled or reviewed by an independent accountant?</td>
<td>No</td>
</tr>
<tr>
<td><strong>2b</strong></td>
<td>Were the organization’s financial statements audited by an independent accountant?</td>
<td>Yes</td>
</tr>
<tr>
<td><strong>2c</strong></td>
<td>If “Yes,” to 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?</td>
<td>Yes</td>
</tr>
<tr>
<td><strong>3a</strong></td>
<td>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?</td>
<td>No</td>
</tr>
<tr>
<td><strong>3b</strong></td>
<td>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</td>
<td></td>
</tr>
</tbody>
</table>
**Public Charity Status and Public Support**

**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
   - 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)(vii) (Complete Part II)
9. An organization that normally receives (1) more than 331/3% 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 331/3% 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.
   - Type I
   - Type II
   - Type III - Functionally integrated
   - Type III - Other

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)

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.

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

(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?

Provide the following information about the supported organization(s)

<table>
<thead>
<tr>
<th>(i) Name of supported organization</th>
<th>(ii) EIN</th>
<th>(iii) Type of organization (described on lines 1 - 9 above or IRC section (see instructions))</th>
<th>(iv) Is the organization in col (i) listed in your governing document?</th>
<th>(v) Did you notify the organization in col (i) of your support?</th>
<th>(vi) Is the organization in col (i) organized in the U.S.?</th>
<th>(vii) Amount of support</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

For Paperwork Reduction Act Notice, see the instructions for Form 900
### 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

<table>
<thead>
<tr>
<th>Calendar Year (or fiscal year beginning in)</th>
<th>(a) 2006</th>
<th>(b) 2007</th>
<th>(c) 2008</th>
<th>(d) 2009</th>
<th>(e) 2010</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Gifts, grants, contributions, and membership fees received (Do not include any &quot;unusual grants&quot;)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 The value of services or facilities furnished by a governmental unit to the organization without charge</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Total. Add lines 1 through 3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>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)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 Public Support. Subtract line 5 from line 4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Section B. Total Support

<table>
<thead>
<tr>
<th>Calendar Year (or fiscal year beginning in)</th>
<th>(a) 2006</th>
<th>(b) 2007</th>
<th>(c) 2008</th>
<th>(d) 2009</th>
<th>(e) 2010</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>7 Amounts from line 4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9 Net income from unrelated business activities, whether or not the business is regularly carried on</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11 Total support (Add lines 7 through 10)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12 Gross receipts from related activities, etc (See instructions)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>12</td>
<td></td>
</tr>
<tr>
<td>13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Section C. Computation of Public Support Percentage

| Public Support Percentage for 2010 (line 6 column (f) divided by line 11 column (f)) | 14 |
| 14 Public Support Percentage for 2009 Schedule A, Part II, line 14 | 15 |
| 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 |         |
| 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 |         |
| 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 |         |
### Section A. Public Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2006</th>
<th>(b) 2007</th>
<th>(c) 2008</th>
<th>(d) 2009</th>
<th>(e) 2010</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Gifts, grants, contributions, and membership fees received (Do not include any &quot;unusual grants&quot;)</td>
<td>82,529</td>
<td>282,417</td>
<td>369,814</td>
<td>510,488</td>
<td>748,980</td>
<td>1,994,228</td>
</tr>
<tr>
<td>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</td>
<td>9,469</td>
<td>20,625</td>
<td>26,640</td>
<td>26,270</td>
<td>83,004</td>
<td></td>
</tr>
<tr>
<td>3 Gross receipts from activities that are not an unrelated trade or business under section 513</td>
<td>8,100</td>
<td>7,200</td>
<td>7,200</td>
<td>7,200</td>
<td>29,700</td>
<td></td>
</tr>
<tr>
<td>4 Tax revenues levied for the organization’s benefit and either paid to or expended on its behalf</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 The value of services or facilities furnished by a governmental unit to the organization without charge</td>
<td>82,529</td>
<td>299,986</td>
<td>397,639</td>
<td>544,328</td>
<td>782,450</td>
<td>2,106,932</td>
</tr>
<tr>
<td>6 Total. Add lines 1 through 5</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7a Amounts included on lines 1, 2, and 3 received from disqualified persons</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7b Amounts included on lines 1 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</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7c Add lines 7a and 7b</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8 Public Support (Subtract line 7c from line 6)</td>
<td>82,529</td>
<td>299,986</td>
<td>397,639</td>
<td>544,328</td>
<td>782,450</td>
<td>2,106,932</td>
</tr>
</tbody>
</table>

### Section B. Total Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2006</th>
<th>(b) 2007</th>
<th>(c) 2008</th>
<th>(d) 2009</th>
<th>(e) 2010</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>9 Amounts from line 6</td>
<td>82,529</td>
<td>299,986</td>
<td>397,639</td>
<td>544,328</td>
<td>782,450</td>
<td>2,106,932</td>
</tr>
<tr>
<td>10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources</td>
<td>3</td>
<td>2,113</td>
<td>220</td>
<td>72</td>
<td>2,408</td>
<td></td>
</tr>
<tr>
<td>10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975</td>
<td>0</td>
<td>2,113</td>
<td>220</td>
<td>72</td>
<td>2,408</td>
<td></td>
</tr>
<tr>
<td>10c Add lines 10a and 10b</td>
<td>0</td>
<td>2,113</td>
<td>220</td>
<td>72</td>
<td>2,408</td>
<td></td>
</tr>
<tr>
<td>11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)</td>
<td>84,850</td>
<td>312,560</td>
<td>411,206</td>
<td>564,231</td>
<td>889,992</td>
<td>2,262,839</td>
</tr>
<tr>
<td>13 Total support (Add lines 9, 10c, 11 and 12)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>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</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Section C. Computation of Public Support Percentage

15 Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f)) | 93.110% |
16 Public support percentage from 2009 Schedule A, Part III, line 15 | 96.790% |

### Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c column (f) divided by line 13 column (f)) | 0.110% |
18 Investment income percentage from 2009 Schedule A, Part III, line 17 | 0.170% |
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 |
19b 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 |
Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions.)
### Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

<table>
<thead>
<tr>
<th>Code</th>
<th>Expenses</th>
<th>Including grants of</th>
<th>Revenue</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>53,823</td>
<td>$12,861</td>
<td>$26,100</td>
<td></td>
</tr>
<tr>
<td></td>
<td>89,088</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

PUSH strives to decrease the rate of housing abandonment by reclaiming empty houses from neglectful public and private owners and redeveloping them for occupancy by low-income residents.
**SCHEDULE D (Form 990)**

**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.

### 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>
<thead>
<tr>
<th></th>
<th>(a) Donor advised funds</th>
<th>(b) Funds and other accounts</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total number at end of year</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Aggregate contributions to (during year)</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Aggregate grants from (during year)</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Aggregate value at end of year</td>
<td></td>
</tr>
</tbody>
</table>

Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?

- Yes □
- No □

Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

- Yes □
- No □

### Part II  Conservation Easements

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

<table>
<thead>
<tr>
<th></th>
<th>Held at the End of the Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>2a</td>
<td>Total number of conservation easements</td>
</tr>
<tr>
<td>2b</td>
<td>Total acreage restricted by conservation easements</td>
</tr>
<tr>
<td>2c</td>
<td>Number of conservation easements on a certified historic structure included in (a)</td>
</tr>
<tr>
<td>2d</td>
<td>Number of conservation easements included in (c) acquired after 8/17/06</td>
</tr>
</tbody>
</table>

### 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.

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 relating to these items:

- Revenues included in Form 990, Part VIII, line 1 ▶$ ▶
- 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 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  d  ☐ Loan or exchange programs
   b  ☐ Scholarly research  e  ☐ Other
   c  ☐ Preservation for future generations

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

<table>
<thead>
<tr>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1c</td>
</tr>
<tr>
<td>1d</td>
</tr>
<tr>
<td>1e</td>
</tr>
<tr>
<td>1f</td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>(a) Current Year</th>
<th>(b) Prior Year</th>
<th>(c) Two Years Back</th>
<th>(d) Three Years Back</th>
<th>(e) Four Years Back</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1a  Beginning of year balance

b  Contributions

c  Investment earnings or losses

d  Grants or scholarships

e  Other expenditures for facilities and programs

f  Administrative expenses

g  End of year balance

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

a  Board designated or quasi-endowment ▶

b  Permanent endowment ▶

c  Term endowment ▶

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

(i) unrelated organizations

(ii) related organizations  ☐ Yes  ☐ No

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

3b  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.

<table>
<thead>
<tr>
<th>Description of investment</th>
<th>(a) Cost or other basis (investment)</th>
<th>(b) Cost or other basis (other)</th>
<th>(c) Accumulated depreciation</th>
<th>(d) Book value</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a Land</td>
<td></td>
<td>37,971</td>
<td>37,971</td>
<td></td>
</tr>
<tr>
<td>1b Buildings</td>
<td></td>
<td>347,239</td>
<td>51,717</td>
<td>295,522</td>
</tr>
<tr>
<td>1c Leasehold improvements</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1d Equipment</td>
<td></td>
<td>27,209</td>
<td>6,090</td>
<td>21,119</td>
</tr>
<tr>
<td>1e Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total. Add lines 1a-1e  (Column (d) should equal Form 990, Part X, column (B), line 10(c).) 354,612

Schedule D (Form 990) 2010
### Part VII: Investments—Other Securities
See Form 990, Part X, line 12.

<table>
<thead>
<tr>
<th>(a) Description of security or category (including name of security)</th>
<th>(b) Book value</th>
<th>(c) Method of valuation Cost or end-of-year market value</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) Financial derivatives</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2) Closely-held equity interests</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Total. (Column (b) should equal Form 990, Part X, col (b) line 12)**

### Part VIII: Investments—Program Related
See Form 990, Part X, line 13.

<table>
<thead>
<tr>
<th>(a) Description of investment type</th>
<th>(b) Book value</th>
<th>(c) Method of valuation Cost or end-of-year market value</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Total. (Column (b) should equal Form 990, Part X, col (b) line 13)**

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

<table>
<thead>
<tr>
<th>(a) Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Construction in progress</td>
</tr>
<tr>
<td>Prepaid expenses</td>
</tr>
<tr>
<td>Due from related parties</td>
</tr>
</tbody>
</table>

**Total. (Column (b) should equal Form 990, Part X, col (b) line 15)**: 187,342

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

1. **Description of Liability** |
   - Federal Income Taxes
   - Security deposits | 2,275 |
   - Due to related parties | 110,347 |

**Total. (Column (b) should equal Form 990, Part X, col (b) line 25)**: 112,622

2. **Footnote**
   - 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 XII | Reconciliation of Change in Net Assets from Form 990 to Financial Statements**

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total revenue (Form 990, Part VIII, column (A), line 12)</td>
<td>860,874</td>
</tr>
<tr>
<td>2</td>
<td>Total expenses (Form 990, Part IX, column (A), line 25)</td>
<td>756,625</td>
</tr>
<tr>
<td>3</td>
<td>Excess or (deficit) for the year Subtract line 2 from line 1</td>
<td>104,249</td>
</tr>
<tr>
<td>4</td>
<td>Net unrealized gains (losses) on investments</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Donated services and use of facilities</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Investment expenses</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Prior period adjustments</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Other (Describe in Part XIV)</td>
<td>-14,204</td>
</tr>
<tr>
<td>9</td>
<td>Total adjustments (net) Add lines 4 - 8</td>
<td>-14,204</td>
</tr>
<tr>
<td>10</td>
<td>Excess or (deficit) for the year per financial statements Combine lines 3 and 9</td>
<td>90,045</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total revenue, gains, and other support per audited financial statements</td>
<td>877,757</td>
</tr>
<tr>
<td>2</td>
<td>Amounts included on line 1 but not on Form 990, Part VIII, line 12</td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Net unrealized gains on investments</td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>Donated services and use of facilities</td>
<td>7,200</td>
</tr>
<tr>
<td>c</td>
<td>Recoveries of prior year grants</td>
<td></td>
</tr>
<tr>
<td>d</td>
<td>Other (Describe in Part XIV)</td>
<td>9,683</td>
</tr>
<tr>
<td>e</td>
<td>Add lines 2a through 2d</td>
<td>16,883</td>
</tr>
<tr>
<td>3</td>
<td>Subtract line 2e from line 1</td>
<td>860,874</td>
</tr>
<tr>
<td>4</td>
<td>Amounts included on Form 990, Part VIII, line 12, but not on line 1</td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Investment expenses not included on Form 990, Part VIII, line 7b</td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>Other (Describe in Part XIV)</td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>Add lines 4a and 4b</td>
<td>0</td>
</tr>
<tr>
<td>5</td>
<td>Total Revenue Add lines 3 and 4c (This should equal Form 990, Part I, line 12)</td>
<td>860,874</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total expenses and losses per audited financial statements</td>
<td>773,508</td>
</tr>
<tr>
<td>2</td>
<td>Amounts included on line 1 but not on Form 990, Part IX, line 25</td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Donated services and use of facilities</td>
<td>7,200</td>
</tr>
<tr>
<td>b</td>
<td>Prior year adjustments</td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>Other losses</td>
<td></td>
</tr>
<tr>
<td>d</td>
<td>Other (Describe in Part XIV)</td>
<td>9,683</td>
</tr>
<tr>
<td>e</td>
<td>Add lines 2a through 2d</td>
<td>16,883</td>
</tr>
<tr>
<td>3</td>
<td>Subtract line 2e from line 1</td>
<td>756,625</td>
</tr>
<tr>
<td>4</td>
<td>Amounts included on Form 990, Part IX, line 25, but not on line 1:</td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Investment expenses not included on Form 990, Part VIII, line 7b</td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>Other (Describe in Part XIV)</td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>Add lines 4a and 4b</td>
<td>0</td>
</tr>
<tr>
<td>5</td>
<td>Total expenses Add lines 3 and 4c (This should equal Form 990, Part I, line 18)</td>
<td>756,625</td>
</tr>
</tbody>
</table>

**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, 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.

<table>
<thead>
<tr>
<th>Identifier</th>
<th>Description of Uncertain Tax Positions Under FIN 48</th>
<th>Return Reference</th>
<th>Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>The Organization is a 501(c)(3) organization exempt from income taxes under Section 501(a) of the Internal Revenue Code. Management has adopted Financial Accounting Standards Board (FASB) Interpretation No. 48 (commonly referred to as &quot;FIN 48&quot;) and believes there are no uncertainties in income taxes or tax positions that require disclosure in the financial statements.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Identifier</th>
<th>Part X</th>
<th>Part XI, Line 8 - Other Adjustments</th>
<th>Part XII, Line 2d - Other Adjustments</th>
<th>Part XIII, Line 2d - Other Adjustments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Description of Uncertain Tax Positions Under FIN 48</td>
<td></td>
<td>Net asset transfer to related party -14,204</td>
<td>Special event netted against revenue - see Part VIII line 8b 9,683</td>
<td>Special event netted against revenue - see Part VIII line 8b 9,683</td>
</tr>
</tbody>
</table>
**SCHEDULE G**
(Form 990 or 990-EZ)

**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.

**Name of the organization**
People United For Sustainable Housing Inc

**Employer identification number**
20-3558447

**Part I  Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1. Indicate whether the organization raised funds through any of the following activities. Check all that apply:
   a. Mail solicitations
   b. Internet and e-mail solicitations
   c. Phone solicitations
   d. In-person solicitations
   e. Solicitation of non-government grants
   f. Solicitation of government grants
   g. Special fundraising events

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

2b. 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. Form 990-EZ filers are not required to complete this table.

<table>
<thead>
<tr>
<th>(i) Name and address of individual or entity (fundraiser)</th>
<th>(ii) Activity</th>
<th>(iii) Did fundraiser have custody or control of contributions?</th>
<th>(iv) Gross receipts from activity</th>
<th>(v) Amount paid to (or retained by) fundraiser listed in col (i)</th>
<th>(vi) Amount paid to (or retained by) organization</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Yes</td>
<td>No</td>
<td></td>
<td></td>
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<tr>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total: . . . . . . . . . . . . . . . . . .

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.

---

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

<table>
<thead>
<tr>
<th>Revenue</th>
<th>(a) Event #1</th>
<th>(b) Event #2</th>
<th>(c) Other Events</th>
<th>(d) Total Events</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>NYC Buffalo Takes Manhattan</td>
<td>Other</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 Gross receipts</td>
<td></td>
<td>11,799</td>
<td>10,119</td>
<td>21,918</td>
</tr>
<tr>
<td>2 Less Charitable contributions</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 Gross income (line 1 minus line 2)</td>
<td></td>
<td>11,799</td>
<td>10,119</td>
<td>21,918</td>
</tr>
</tbody>
</table>

**Direct Expenses**

<table>
<thead>
<tr>
<th>Direct Expenses</th>
<th>(a) Bingo</th>
<th>(b) Pull tabs/Instant bingo/progressive bingo</th>
<th>(c) Other gaming</th>
<th>(d) Total gaming</th>
</tr>
</thead>
<tbody>
<tr>
<td>4 Cash prizes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 Non-cash prizes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 Rent/facility costs</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7 Food and beverages</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8 Entertainment</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9 Other direct expenses</td>
<td></td>
<td>3,236</td>
<td>6,447</td>
<td>9,683</td>
</tr>
</tbody>
</table>

**Net Income Summary**

10 Direct expense summary Add lines 4 through 9 in column (d). 9,683
11 Net income summary Combine lines 3 and 10 in column (d). 12,235

### 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.

<table>
<thead>
<tr>
<th>Revenue</th>
<th>(a) Bingo</th>
<th>(b) Pull tabs/Instant bingo/progressive bingo</th>
<th>(c) Other gaming</th>
<th>(d) Total gaming</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Gross revenue</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 Cash prizes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 Non-cash prizes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Rent/facility costs</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 Other direct expenses</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 Volunteer labor</td>
<td></td>
<td>Yes %</td>
<td>Yes %</td>
<td>Yes %</td>
</tr>
</tbody>
</table>

**Direct Expense Summary**

7 Direct expense summary Add lines 2 through 5 in column (d). 6

**Net Gaming Income Summary**

8 Net gaming income summary Combine lines 1 and 7 in column (d). 9

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

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

  b If "No," Explain

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

  b If "Yes," Explain
11 Does the organization operate gaming activities with nonmembers? □ Yes □ No

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

13 Indicate the percentage of gaming activity operated in
   a The organization’s facility
   b An outside facility

14 Provide 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

   Name ▶

   Address ▶

16 Gaming manager information

   Name ▶

   Gaming manager compensation ▶ $ □

   Description of services provided ▶

   □ Director/officer □ Employee □ Independent contractor

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

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

Part IV Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

<table>
<thead>
<tr>
<th>Identifier</th>
<th>ReturnReference</th>
<th>Explanation</th>
</tr>
</thead>
</table>

Schedule G (Form 990 or 990-EZ) 2010
## Grants and Other Assistance to Organizations, Governments and Individuals in the United States

### 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.

<table>
<thead>
<tr>
<th>(a) Name and address of organization or government</th>
<th>(b) EIN</th>
<th>(c) IRC Code section if applicable</th>
<th>(d) Amount of cash grant</th>
<th>(e) Amount of non-cash assistance</th>
<th>(f) Method of valuation (book, FMV, appraisal, other)</th>
<th>(g) Description of non-cash assistance</th>
<th>(h) Purpose of grant or assistance</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) <strong>Buffalo Neighborhood Stabilization Company Inc</strong>&lt;br&gt;271 Grant Street&lt;br&gt;Buffalo, NY 14213</td>
<td>27-0580274</td>
<td>501(c)(3)</td>
<td>137,001</td>
<td>Book</td>
<td>Housing development</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2. Enter total number of section 501(c)(3) and government organizations.

3. Enter total number of other organizations.
### 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 Schedule I-1 (Form 990) if additional space is needed.

<table>
<thead>
<tr>
<th>(a) Type of grant or assistance</th>
<th>(b) Number of recipients</th>
<th>(c) Amount of cash grant</th>
<th>(d) Amount of non-cash assistance</th>
<th>(e) Method of valuation (book, FMV, appraisal, other)</th>
<th>(f) Description of non-cash assistance</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

### Part IV Supplemental Information

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

<table>
<thead>
<tr>
<th>Identifier</th>
<th>Return Reference</th>
<th>Explanation</th>
</tr>
</thead>
</table>
PUSH acts as a lead agency for certain grants that passthrough to a related party, Buffalo Neighborhood Stabilization Company  
PUSH monitors subrecipient activity and maintains records to ensure compliance with grant terms and conditions |
| Other Information | Part IV | PUSH acts as a lead agency for certain grants that passthrough to a related party, Buffalo Neighborhood Stabilization Company  
PUSH monitors subrecipient activity and maintains records to ensure compliance with grant terms and conditions |
## Part I  Types of Property

<table>
<thead>
<tr>
<th></th>
<th>(a) Check if applicable</th>
<th>(b) Number of Contributions or items contributed</th>
<th>(c) Noncash contribution amounts reported on Form 990, Part VIII, line 3g</th>
<th>(d) Method of determining noncash contribution amounts</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
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<tr>
<td>6</td>
<td>X</td>
<td>1</td>
<td>5,946</td>
<td>Fair market value</td>
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<td>7</td>
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<tr>
<td>9</td>
<td>X</td>
<td>1</td>
<td>52,280</td>
<td>Fair market value</td>
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<td>10</td>
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<td>24</td>
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<tr>
<td>25</td>
<td>Other (_______________)</td>
<td></td>
<td></td>
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<tr>
<td>26</td>
<td>Other (_______________)</td>
<td></td>
<td></td>
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<tr>
<td>27</td>
<td>Other (_______________)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>28</td>
<td>Other (_______________)</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement: 29

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>30a</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td></td>
<td></td>
</tr>
<tr>
<td>31</td>
<td></td>
<td>No</td>
</tr>
<tr>
<td>32a</td>
<td></td>
<td>No</td>
</tr>
<tr>
<td>b</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

<table>
<thead>
<tr>
<th>Identifier</th>
<th>Return Reference</th>
<th>Explanation</th>
</tr>
</thead>
</table>

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Schedule M (Form 990) 2010
Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

<table>
<thead>
<tr>
<th>Identifier</th>
<th>Return Reference</th>
<th>Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Form 990, Part VI, Section A, line 6</td>
<td>The Organization has members of the community that elect Board members</td>
<td></td>
</tr>
<tr>
<td>Identifier</td>
<td>Return Reference</td>
<td>Explanation</td>
</tr>
<tr>
<td>------------------------------------------------</td>
<td>------------------</td>
<td>----------------------------------------------</td>
</tr>
<tr>
<td>Form 990, Part VI, Section A, line 7a</td>
<td></td>
<td>Members elect the Board of Directors at the annual meeting</td>
</tr>
<tr>
<td>Identifier</td>
<td>Return Reference</td>
<td>Explanation</td>
</tr>
<tr>
<td>---------------------------------------------------------------------------</td>
<td>------------------</td>
<td>-----------------------------------------------------</td>
</tr>
<tr>
<td>Form 990, Part VI, Section A, line 7b</td>
<td></td>
<td>Any by-law changes must be approved by the members</td>
</tr>
<tr>
<td>Identifier</td>
<td>Return Reference</td>
<td>Explanation</td>
</tr>
<tr>
<td>--------------</td>
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<td>--------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Form 990, Part VI, Section B, line 11</td>
<td>The draft Form 990 is reviewed in detail with the Finance Committee. The Treasurer of the Board of Directors oversees the nonattest services provided by the auditors, including preparation of the Form 990. The Audit Committee reviews all required schedules and compares the financial data to the audited financial statements and underlying supporting information.</td>
<td></td>
</tr>
<tr>
<td>Identifier</td>
<td>Return Reference</td>
<td>Explanation</td>
</tr>
<tr>
<td>------------</td>
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</tr>
<tr>
<td>Form 990, Part VI, Section B, line 12c</td>
<td>The Organization has a written conflict of interest policy that is monitored by the Board and reviewed annually. Conflict of interest statements are reviewed by a Board member for propriety on an annual basis.</td>
<td></td>
</tr>
<tr>
<td>Identifier</td>
<td>Return Reference</td>
<td>Explanation</td>
</tr>
<tr>
<td>------------</td>
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</tr>
<tr>
<td>Form 990, Part VI, Section B, line 15</td>
<td>The Finance Committee makes a recommendation to the Personnel Committee of the Executive Director's compensation based on comparable compensation from similar nonprofits. The Personnel Committee makes a recommendation to the Board and the Board has the final determination of the Executive Director's salary. The Board reviews the Executive Director's performance annually.</td>
<td></td>
</tr>
<tr>
<td>Identifier</td>
<td>Return Reference</td>
<td>Explanation</td>
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<tr>
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<td>---------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td></td>
<td>Form 990, Part VI, Section C, line 19</td>
<td>Governing documents such as the Certificate of Incorporation and the Organization’s by-laws are generally not made available to the public, except on a need-to-know basis. The conflict of interest policy and audited financial statements will be made available upon request and are open to the public.</td>
</tr>
<tr>
<td>Identifier</td>
<td>Return Reference</td>
<td>Explanation</td>
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<tr>
<td>----------------------------------------</td>
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<td>-------------------------------------------------------</td>
</tr>
<tr>
<td>Changes in Net Assets or Fund Balances</td>
<td>Form 990, Part XI, line 5</td>
<td>Net asset transfer to related party -14,204  Total to Form 990, Part XI, Line 5 - 14,204</td>
</tr>
<tr>
<td>Identifier</td>
<td>Return Reference</td>
<td>Explanation</td>
</tr>
<tr>
<td>------------</td>
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<td>-------------</td>
</tr>
<tr>
<td></td>
<td>Form 990 Part XI Line 2c Oversight of Audit of Financial Statements</td>
<td>The Board of Directors and management provide oversight for the audit of the financial statements and their selection of the independent auditors</td>
</tr>
</tbody>
</table>
## Part I  Identification of Disregarded Entities

(Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

<table>
<thead>
<tr>
<th>(a) Name, address, and EIN of disregarded entity</th>
<th>(b) Primary activity</th>
<th>(c) Legal domicile (state or foreign country)</th>
<th>(d) Total income</th>
<th>(e) End-of-year assets</th>
<th>(f) Direct controlling entity</th>
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<tbody>
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</table>

## Part II  Identification of Related Tax-Exempt Organizations

(Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

<table>
<thead>
<tr>
<th>(a) Name, address, and EIN of related organization</th>
<th>(b) Primary activity</th>
<th>(c) Legal domicile (state or foreign country)</th>
<th>(d) Exempt Code section</th>
<th>(e) Public charity status if section 501(c)(3))</th>
<th>(f) Direct controlling entity</th>
<th>(g) Section 512(b)(13) controlled organization</th>
</tr>
</thead>
<tbody>
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<tr>
<td>(1) Buffalo Neighborhood Stabilization Company Inc (BNSC)</td>
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</tr>
<tr>
<td>271 Grant Street</td>
<td>Housing development</td>
<td>NY</td>
<td>501(c)(3)</td>
<td>public charity</td>
<td>PUSH is a sole member of the entity</td>
<td>Yes</td>
</tr>
<tr>
<td>Buffalo, NY 14213</td>
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<tr>
<td>27-0580274</td>
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<tr>
<td>(2) Massachusetts Avenue Housing Development Fund Corporation</td>
<td></td>
<td>Low-income housing</td>
<td>NY</td>
<td>501(c)(3)</td>
<td>public charity</td>
<td>PUSH is a sole member of the entity</td>
</tr>
<tr>
<td>271 Grant Street</td>
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</tr>
<tr>
<td>Buffalo, NY 14213</td>
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<tr>
<td>27-2382090</td>
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</table>

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.
### Part III Identification of Related Organizations Taxable as a Partnership

<table>
<thead>
<tr>
<th>(a) Name, address, and EIN of related organization</th>
<th>(b) Primary activity</th>
<th>(c) Legal domicile (state or foreign country)</th>
<th>(d) Direct controlling entity</th>
<th>(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)</th>
<th>(f) Share of total income</th>
<th>(g) Share of end-of-year assets</th>
<th>(h) Disproportionate allocations?</th>
<th>(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)</th>
<th>(j) General or managing partner?</th>
<th>(k) Percentage ownership</th>
</tr>
</thead>
<tbody>
<tr>
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<td></td>
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<td>Yes</td>
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</table>

### Part IV Identification of Related Organizations Taxable as a Corporation or Trust

<table>
<thead>
<tr>
<th>(a) Name, address, and EIN of related organization</th>
<th>(b) Primary activity</th>
<th>(c) Legal domicile (state or foreign country)</th>
<th>(d) Direct controlling entity</th>
<th>(e) Type of entity (C corp, S corp, or trust)</th>
<th>(f) Share of total income</th>
<th>(g) Share of end-of-year assets</th>
<th>(h) Percentage ownership</th>
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</thead>
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</tbody>
</table>
### Part V  Transactions With Related Organizations

(Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 35A, or 36.)

**Note.** Complete line 1 if any entity is listed in Parts II, III or IV

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>a</td>
<td>Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity</td>
</tr>
<tr>
<td>b</td>
<td>Gift, grant, or capital contribution to other organization(s)</td>
</tr>
<tr>
<td>c</td>
<td>Gift, grant, or capital contribution from other organization(s)</td>
</tr>
<tr>
<td>d</td>
<td>Loans or loan guarantees to or for other organization(s)</td>
</tr>
<tr>
<td>e</td>
<td>Loans or loan guarantees by other organization(s)</td>
</tr>
<tr>
<td>f</td>
<td>Sale of assets to other organization(s)</td>
</tr>
<tr>
<td>g</td>
<td>Purchase of assets from other organization(s)</td>
</tr>
<tr>
<td>h</td>
<td>Exchange of assets</td>
</tr>
<tr>
<td>i</td>
<td>Lease of facilities, equipment, or other assets to other organization(s)</td>
</tr>
<tr>
<td>j</td>
<td>Lease of facilities, equipment, or other assets from other organization(s)</td>
</tr>
<tr>
<td>k</td>
<td>Performance of services or membership or fundraising solicitations for other organization(s)</td>
</tr>
<tr>
<td>l</td>
<td>Performance of services or membership or fundraising solicitations by other organization(s)</td>
</tr>
<tr>
<td>m</td>
<td>Sharing of facilities, equipment, mailing lists, or other assets</td>
</tr>
<tr>
<td>n</td>
<td>Sharing of paid employees</td>
</tr>
<tr>
<td>o</td>
<td>Reimbursement paid to other organization for expenses</td>
</tr>
<tr>
<td>p</td>
<td>Reimbursement paid by other organization for expenses</td>
</tr>
<tr>
<td>q</td>
<td>Other transfer of cash or property to other organization(s)</td>
</tr>
<tr>
<td>r</td>
<td>Other transfer of cash or property from other organization(s)</td>
</tr>
</tbody>
</table>

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

<p>| | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>(a) Name of other organization</td>
<td>(b) Transaction type(a-r)</td>
<td>(c) Amount involved</td>
<td>(d) Method of determining amount involved</td>
</tr>
<tr>
<td>(1) Buffalo Neighborhood Stabilization Company Inc</td>
<td>D</td>
<td>45,980</td>
<td>LOC balance</td>
</tr>
<tr>
<td>(2) Buffalo Neighborhood Stabilization Company Inc</td>
<td>H</td>
<td>137,001</td>
<td>Pass through grants</td>
</tr>
<tr>
<td>(3) Buffalo Neighborhood Stabilization Company Inc</td>
<td>R</td>
<td>14,204</td>
<td>Net assets transferred</td>
</tr>
<tr>
<td>(4) Buffalo Neighborhood Stabilization Company Inc</td>
<td>N</td>
<td>28,188</td>
<td>Payroll allocation/ reimbursement</td>
</tr>
<tr>
<td>(5)</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>(6)</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

Schedule R (Form 990) 2010
### Part VI  Unrelated Organizations Taxable as a Partnership

(Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

<table>
<thead>
<tr>
<th>(a) Name, address, and EIN of entity</th>
<th>(b) Primary activity</th>
<th>(c) Legal domicile (state or foreign country)</th>
<th>(d) Are all partners section 501(c)(3) organizations?</th>
<th>(e) Share of end-of-year assets</th>
<th>(f) Disproportionate allocations?</th>
<th>(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)</th>
<th>(h) General or managing partner?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Yes No</td>
<td>Yes No</td>
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Complete this part to provide additional information for responses to questions on Schedule R (see instructions).