

**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)

Department of the Treasury  
Internal Revenue Service

▶ 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 and ending**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C Name of organization</b> WEST SUBURBAN PADS, INC.		<b>D Employer identification number</b> 36-3876660
	Doing Business As		<b>E Telephone number</b> (708) 338-1724
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	P.O. BOX 797		<b>G Gross receipts \$</b> 1,471,436.
City or town, state or country, and ZIP + 4 OAK PARK, IL 60303		<b>H(a) Is this a group return for affiliates?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b) Are all affiliates included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see Instructions)	
<b>F Name and address of principal officer:</b> LAURA KLIEWER SAME AS C ABOVE		<b>H(c) Group exemption number</b> ▶	
<b>I Tax-exempt status:</b> <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
<b>J Website:</b> ▶ WWW.WESTSUBURBANPADS.ORG			
<b>K Form of organization:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L Year of formation:</b> 1992 <b>M State of legal domicile:</b> IL	

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <b>TO SERVE THE HOMELESS THROUGH SHELTER, HOUSING AND SUPPORTIVE SERVICES.</b>		
	2 Check this box <input type="checkbox"/> If the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	22
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	22
	5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	41
	6 Total number of volunteers (estimate if necessary)	6	1000
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	692.
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	1,143,949.	1,403,055.
	9 Program service revenue (Part VIII, line 2g)	19,289.	17,435.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,345.	692.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	97,511.	29,042.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,263,094.	1,450,224.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	210,284.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	701,030.	856,795.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 121,843.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	426,184.	494,075.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,127,214.	1,561,154.
19 Revenue less expenses. Subtract line 18 from line 12	135,880.	<110,930.>	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 698,643.	End of Year 633,053.
	21 Total liabilities (Part X, line 26)	41,262.	86,602.
	22 Net assets or fund balances. Subtract line 21 from line 20	657,381.	546,451.

**Part II Signature Block**

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

Sign Here	Signature of officer	Date
	Type or print name and title	
Preparer Use Only	Print/Type preparer's name JEFF SCHROEDER	Preparer's signature <i>Jeff Schroeder</i>
	Firm's name ▶ SASSETTI LLC	Date JUN 13 2011
	Firm's address ▶ 6611 W. NORTH AVE. OAK PARK, IL 60302	Check <input type="checkbox"/> self-employed Firm's EIN ▶ Phone no. (708) 386-1433

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

Part IV Checklist of Required Schedules

Table with 3 columns: Question Number, Question Text, Yes, No. Rows include questions 1 through 20b regarding organizational requirements and financial reporting.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question number, description, sub-questions (1a-14b), and Yes/No checkboxes. Includes questions about Form 1099-B, Form W-2G, Form W-3, Form 990-T, Form 8886-T, Form 8899, Form 1098-C, Form 990, Form 1041, and Form 720.

**Part VIII Statement of Revenue**

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1 a	Federated campaigns .....	1a	63,893.				
	b	Membership dues .....	1b					
	c	Fundraising events .....	1c	73,552.				
	d	Related organizations .....	1d					
	e	Government grants (contributions)	1e	1,027,419.				
	f	All other contributions, gifts, grants, and similar amounts not included above .....	1f	238,191.				
	g	Noncash contributions included in lines 1a-1f: \$ .....						
	h	<b>Total. Add lines 1a-1f</b> .....			1,403,055.			
Program Service Revenue	2 a	PROGRAM RENT	Business Code 532000	17,435.	17,435.			
	b							
	c							
	d							
	e							
	f	All other program service revenue .....						
	g	<b>Total. Add lines 2a-2f</b> .....			17,435.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) .....		692.		692.		
	4	Income from investment of tax-exempt bond proceeds .....						
	5	Royalties .....						
	6 a	Gross Rents .....	(i) Real	(ii) Personal				
	b	Less: rental expenses .....						
	c	Rental income or (loss) .....						
	d	Net rental income or (loss) .....						
	7 a	Gross amount from sales of assets other than inventory .....	(i) Securities	(ii) Other				
	b	Less: cost or other basis and sales expenses .....						
c	Gain or (loss) .....							
d	Net gain or (loss) .....							
8 a	Gross income from fundraising events (not including \$ <u>73,552.</u> of contributions reported on line 1c). See Part IV, line 18 .....	a	36,312.					
		b	Less: direct expenses .....	b	21,212.			
		c	Net income or (loss) from fundraising events .....		15,100.		15,100.	
9 a	Gross income from gaming activities. See Part IV, line 19 .....	a						
		b	Less: direct expenses .....	b				
		c	Net income or (loss) from gaming activities .....					
10 a	Gross sales of inventory, less returns and allowances .....	a						
		b	Less: cost of goods sold .....	b				
		c	Net income or (loss) from sales of inventory .....					
Miscellaneous Revenue				Business Code				
11 a	OTHER	900099	13,942.	13,942.				
b								
c								
d	All other revenue .....							
e	<b>Total. Add lines 11a-11d</b> .....			13,942.				
12	<b>Total revenue. See instructions.</b> .....			1,450,224.	31,377.	692.	15,100.	

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year	
Assets	1	Cash - non-interest-bearing .....	52,669.	1	72,233.
	2	Savings and temporary cash investments .....	138,377.	2	74,809.
	3	Pledges and grants receivable, net .....	217,809.	3	235,170.
	4	Accounts receivable, net .....		4	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) .....		6	
	7	Notes and loans receivable, net .....		7	
	8	Inventories for sale or use .....		8	
	9	Prepaid expenses and deferred charges .....	3,000.	9	3,000.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	10a 321,055.		
	b	Less: accumulated depreciation .....	10b 73,214.	10c	247,841.
	11	Investments - publicly traded securities .....		11	
	12	Investments - other securities. See Part IV, line 11 .....		12	
	13	Investments - program-related. See Part IV, line 11 .....		13	
	14	Intangible assets .....		14	
	15	Other assets. See Part IV, line 11 .....		15	
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	698,643.	16	633,053.	
Liabilities	17	Accounts payable and accrued expenses .....	11,726.	17	16,100.
	18	Grants payable .....		18	
	19	Deferred revenue .....		19	
	20	Tax-exempt bond liabilities .....		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D .....		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		22	
	23	Secured mortgages and notes payable to unrelated third parties .....		23	
	24	Unsecured notes and loans payable to unrelated third parties .....		24	
	25	Other liabilities. Complete Part X of Schedule D .....	29,536.	25	70,502.
	26	<b>Total liabilities.</b> Add lines 17 through 25 .....	41,262.	26	86,602.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets .....	488,214.	27	421,298.
	28	Temporarily restricted net assets .....	169,167.	28	125,153.
	29	Permanently restricted net assets .....		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds .....		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund .....		31	
	32	Retained earnings, endowment, accumulated income, or other funds .....		32	
33	<b>Total net assets or fund balances</b> .....	657,381.	33	546,451.	
34	<b>Total liabilities and net assets/fund balances</b> .....	698,643.	34	633,053.	

**SCHEDULE A**  
(Form 990 or 990-EZ)

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2010**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

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

Name of the organization **WEST SUBURBAN PADS, INC.** Employer identification number **36-3876660**

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

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

- 1  A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2  A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4  A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8  A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.  
 a  Type I      b  Type II      c  Type III - Functionally Integrated      d  Type III - Other
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? ..... <b>11g(i)</b>		
(ii) A family member of a person described in (i) above? ..... <b>11g(ii)</b>		
(iii) A 35% controlled entity of a person described in (i) or (ii) above? ..... <b>11g(iii)</b>		
- h Provide the following information about the supported organization(s).

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

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	816,580.	843,483.	1,133,054.	1,061,721.	1,267,861.	5,122,699.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
3 Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
5 The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....	<b>816,580.</b>	<b>843,483.</b>	<b>1,133,054.</b>	<b>1,061,721.</b>	<b>1,267,861.</b>	<b>5,122,699.</b>
7a Amounts included on lines 1, 2, and 3 received from disqualified persons .....						0.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						0.
c Add lines 7a and 7b .....						0.
<b>8 Public support</b> (Subject line 7c from line 6) .....						<b>5,122,699.</b>

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6 .....	816,580.	843,483.	1,133,054.	1,061,721.	1,267,861.	5,122,699.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....		5,110.	1,980.	2,345.	692.	10,127.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
c Add lines 10a and 10b .....		5,110.	1,980.	2,345.	692.	10,127.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....	93,460.	111,994.	158,506.	192,758.	177,430.	734,148.
<b>13 Total support</b> (Add lines 9, 10c, 11, and 12.) .....	<b>910,040.</b>	<b>960,587.</b>	<b>1,293,540.</b>	<b>1,256,824.</b>	<b>1,445,983.</b>	<b>5,866,974.</b>

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

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

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f)) .....	15	87.31 %
16 Public support percentage from 2009 Schedule A, Part III, line 15 .....	16	%

**Section D. Computation of Investment Income Percentage**

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

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

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

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

**SCHEDULE D**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2010**

Open to Public Inspection

Name of the organization

WEST SUBURBAN PADS, INC.

Employer identification number

36-3876660

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate contributions to (during year) .....		
3 Aggregate grants from (during year) .....		
4 Aggregate value at end of year .....		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

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

Preservation of land for public use (e.g., recreation or education)     Preservation of an historically important land area

Protection of natural habitat     Preservation of a certified historic structure

Preservation of open space

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

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

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

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

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

Yes  No

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

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

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

Yes  No

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

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

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

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

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

▶ \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X .....

▶ \$ \_\_\_\_\_

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

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

▶ \$ \_\_\_\_\_

b Assets included in Form 990, Part X .....

▶ \$ \_\_\_\_\_

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

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

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

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

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

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

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

1. (a) Description of liability	(b) Amount
(1) Federal income taxes	
(2) ACCRUED PAYROLL AND WITHHOLDING	
(3) TAXES	36,572.
(4) DEFERRED REVENUE	18,325.
(5) DUE TO SUB-GRANTEE	15,605.
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	70,502.

FIN 48 (ASQ 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 (ASQ 740).





**SCHEDULE O**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

OMB No. 1545-0047

**2010**

Open to Public  
Inspection

Name of the organization

WEST SUBURBAN PADS, INC.

Employer identification number  
36-3876660

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

PROJECT WIN (WELLNESS INITIATIVE NETWORK) PROVIDES HOMELESS WITH  
INCREASED ACCESS TO MEDICAL, MENTAL HEALTH AND SUBSTANCE ABUSE  
TREATMENT AND HOMELESS PREVENTION AND AWARENESS.

EXPENSES \$ 255,252. INCLUDING GRANTS OF \$ 0. REVENUE \$ 13,942.

FORM 990, PART VI, SECTION B, LINE 11: A COPY OF FORM 990 IS PROVIDED TO  
THE ENTIRE BOARD, WHICH REVIEWS THE FORM AND APPROVES AT A REGULARLY  
SCHEDULED MEETING.

FORM 990, PART VI, SECTION B, LINE 12C: THE ORGANIZATION ADOPTED ITS  
CONFLICT OF INTEREST POLICY IN OCTOBER 2003. A PROCESS TO MONITOR AND  
ENFORCE COMPLIANCE WITH THE POLICY WAS ADOPTED IN MAY 2009. EACH OFFICER,  
DIRECTOR AND COMMITTEE MEMBER ARE NOW REQUIRED TO EXECUTE AN ANNUAL  
DISCLOSURE STATEMENT. THESE STATEMENTS ARE RETAINED ON FILE AT THE  
CORPORATE OFFICE.

FORM 990, PART VI, SECTION B, LINE 15A: THE BOARD OF DIRECTORS REVIEWS THE  
SALARY OF MANAGEMENT AT THERE ANNUAL REVIEW. QUESTION 15B IS NOT  
APPLICABLE.

FORM 990, PART VI, SECTION C, LINE 19: GOVERNING DOCUMENTS, CONFLICT OF  
INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON  
REQUEST.

THE ORGANIZATION HAS A FINANCE COMMITTEE WHO HOLDS THESE

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

Schedule O (Form 990 or 990-EZ) (2010)

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