

Return of Organization Exempt From Income Tax

2010

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

▶ 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 **JUL 1, 2010** and ending **JUN 30, 2011**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization DUDLEY STREET NEIGHBORHOOD INITIATIVE, INC.		D Employer identification number 04-2859066
	Doing Business As		E Telephone number 617-442-9670
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 823,415.
	504 DUDLEY ST.		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
City or town, state or country, and ZIP + 4 ROXBURY, MA 02119		H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	H(c) Group exemption number ▶
F Name and address of principal officer: JOHN BARROS SAME AS C ABOVE		If "No," attach a list. (see instructions)	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: ▶ WWW.DSNI.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			L Year of formation: 1985
			M State of legal domicile: MA

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: EMPOWER DUDLEY RESIDENTS TO ORGANIZE, PLAN FOR, CREATE AND CONTROL A VIBRANT, DIVERSE AND HIGH
	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
	4 Number of independent voting members of the governing body (Part VI, line 1b) 4
	5 Total number of individuals employed in calendar year 2010 (Part V, line 2a) 41
	6 Total number of volunteers (estimate if necessary) 50
	7 a Total unrelated business revenue from Part VIII, column (C), line 12 0.
b Net unrelated business taxable income from Form 990-T, line 34 0.	
Revenue	8 Contributions and grants (Part VIII, line 1h) 1,147,139.
	9 Program service revenue (Part VIII, line 2g) 27,340.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 326.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 29,141.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 1,203,946.
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0.
Expenses	14 Benefits paid to or for members (Part IX, column (A), line 4) 0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 434,302.
	16a Professional fundraising fees (Part IX, column (A), line 11e) 0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 51,165.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 318,347.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 752,649.
Net Assets or Fund Balances	19 Revenue less expenses. Subtract line 18 from line 12 451,297.
	20 Total assets (Part X, line 16) 1,104,592.
	21 Total liabilities (Part X, line 26) 200,003.
	22 Net assets or fund balances. Subtract line 21 from line 20 904,589.

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 <i>[Signature]</i>	Date 4/2/12			
	JOHN BARROS, EXECUTIVE DIRECTOR Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name RANDALL S. DAVIS	Preparer's signature <i>[Signature]</i>	Date 03/16/12	Check if self-employed <input type="checkbox"/>	PTIN
	Firm's name DANIEL DENNIS & COMPANY LLP	Firm's EIN	Phone no. (617) 262-9898		
Firm's address 116 HUNTINGTON AVENUE BOSTON, MA 02116					

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

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Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: EMPOWER DUDLEY RESIDENTS TO ORGANIZE, PLAN FOR, CREATE AND CONTROL A VIBRANT, DIVERSE AND HIGH QUALITY NEIGHBORHOOD IN COLLABORATION WITH COMMUNITY PARTNERS

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No

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

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

4a (Code:) (Expenses \$ 305,596. including grants of \$) (Revenue \$) SUSTAINABLE AND ECONOMIC DEVELOPMENT (ECONOMIC POWER)

THE DUDLEY WORKFORCE INITIATIVE SURPASSED OUR SUBCONTRACTOR GOAL FOR MINORITY AND WOMAN OWNED BUSINESS ENTERPRISE (M/WBE) PARTICIPATION ON THE KROC CENTER. OUR GOAL WAS TO HAVE THE TOTAL VALUE OF SUBCONTRACT AWARDS FOR THE CENTER BE MADE UP OF 35% M/WBE. THE TOTAL VALUE WAS ACTUALLY 55% M/WBE; 30% GOING TO MINORITY OWNED BUSINESSES WITH A TOTAL VALUE OF APPROXIMATELY \$8 MILLION AND 25% GOING TO WOMEN OWNED BUSINESSES WITH A TOTAL VALUE OF APPROXIMATELY \$7 MILLION! OUR TOTAL WORKFORCE GOALS FOR THE KROC CENTER FELL JUST SHORT OF OUR GOALS OF 51% MINORITY, 51% FEMALE AND 15% FEMALE. THE PROJECT ENDED WITH THE TOTAL WORKFORCE BEING COMPRISED OF 44% MINORITY, 45% RESIDENT AND 8% FEMALE.

4b (Code:) (Expenses \$ 279,681. including grants of \$) (Revenue \$ 17,475.) RESIDENT LEADERSHIP

DSNI WORKS IN A NON-PARTISAN WAY TO INCREASE VOTER PARTICIPATION AND EDUCATION. AS MEMBERS OF THE ROXVOTE COLLABORATIVE, WE ORGANIZED CANDIDATE FORUMS AND PRODUCED CANDIDATE INFORMATION IN THREE LANGUAGES. WE MOBILIZED VOTERS THROUGH DOOR-TO-DOOR CANVASSING AND PHONE BANKING. WE PARTICIPATED IN A NUMBER OF ORGANIZING EFFORTS TO INCREASE RESOURCES AND ACCESS FOR THE DUDLEY COMMUNITY.

IN JUNE 2011, WE ORGANIZED FOR COMMUNITY-WIDE ELECTIONS FOR THE DSNI BOARD OF DIRECTORS, A RESIDENT-LED, COMMUNITY REPRESENTATIVE COLLABORATIVE NEIGHBORHOOD GOVERNANCE STRUCTURE. THE COMMUNITY ELECTED 32 MEMBERS TO THE NEW BOARD.

4c (Code:) (Expenses \$ 420,563. including grants of \$) (Revenue \$) YOUTH OPPORTUNITIES & DEVELOPMENT

YOUTH OPPORTUNITIES AND DEVELOPMENT SUPPORTED YOUTH IN THE NEIGHBORHOOD BY:

- CONVENING TEENS IN THE DUDLEY YOUTH COUNCIL (DYC) TO ESTABLISH A YOUTH VOICE IN THE DUDLEY AREA MOTIVATING AND EMPOWERING YOUNG PEOPLE TO BETTER THE LOCAL AND BROADER COMMUNITY THROUGH POSITIVE ACTION. DYC HOSTED 10 LIVE RADIO SHOES AND PRODUCED 2 SHORT FILMS.
- BEING THE LEAD ORGANIZATION IN THE GOTCHA YOUTH JOBS COLLABORATIVE SUPPORTING 400 TEENS WORKING AT 20 NONPROFIT AGENCIES WITH 50 OF THOSE TEENS EMPLOYED AT DSNI DURING THE SCHOOL YEAR AND THE SUMMER.
- PARTNERING WITH 2 LOCAL TURNAROUND SCHOOLS (DEARBORN AND ORCHARD GARDENS) TO DEVELOP AND ALIGN PARTNER ORGANIZATIONS WITH EACH SCHOOL'S

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

4e Total program service expenses 1,005,840.

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Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		
6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	X	
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	X	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		X
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20a Did the organization operate one or more hospitals? If "Yes," complete Schedule H		X
b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)		

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Part IV Checklist of Required Schedules (continued)

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

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

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Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
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		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		X
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7d	If "Yes," indicate the number of Forms 8282 filed during the year		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966?		
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
10a	Initiation fees and capital contributions included on Part VIII, line 12		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter:		
11a	Gross income from members or shareholders		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
13b	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		
13c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
1a			34
b	Enter the number of voting members included in line 1a, above, who are independent		
1b			34
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Does the organization have members or stockholders?		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
8a			
b	Each committee with authority to act on behalf of the governing body?	X	
8b			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?		X
10b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?		X
11b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
13	Does the organization have a written whistleblower policy?	X	
14	Does the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	The organization's CEO, Executive Director, or top management official	X	
15b	Other officers or key employees of the organization		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
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?		

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed **MA**
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
 Own website Another's website Upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **▶**
JOHN BARROS - EXECUTIVE DIRECTOR - 617-442-9670
504 DUDLEY ST, ROXBURY MA, MA 02119-2719

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INC.

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
KEILA BARROS	0.50	X					0.	0.	0.	
JOLIVIA BARROS	0.50	X					0.	0.	0.	
PAUL BOTHWELL	0.50	X					0.	0.	0.	
KIMBERLY BAUTISTA	0.50	X					0.	0.	0.	
JONATHAN CORREIA	0.50	X					0.	0.	0.	
EVELYN CORREA	0.50	X					0.	0.	0.	
DIANE DUJON	0.50	X					0.	0.	0.	
LUIS M. CRUZ	0.50	X					0.	0.	0.	
ROSA GALVAO	0.50	X					0.	0.	0.	
THERESA GLYNN	0.50	X					0.	0.	0.	
MARGOT DANIELS-TYLER	0.50	X					0.	0.	0.	
JOSEPH DELER	0.50	X					0.	0.	0.	
DARRYL DRUMGOLD	0.50	X					0.	0.	0.	
ALEX KNOWLES	0.50	X					0.	0.	0.	
GLENN KNOWLES	0.50	X					0.	0.	0.	
JANICE FIDALGO	0.50	X					0.	0.	0.	
RAFAEL GONZALEZ	0.50	X					0.	0.	0.	

41-0011-000

**DUDLEY STREET NEIGHBORHOOD INITIATIVE,
INC.**

Form 990 (2010)

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
CHRIS JONES	0.50	X						0.	0.	0.
JOSEPHINE TAVARES	0.50	X						0.	0.	0.
RON VERNA	0.50	X		X				0.	0.	0.
FRED WOODARD	0.50	X						0.	0.	0.
THE FOOD PROJECT	0.50		X					0.	0.	0.
SAINT PATRICK'S CHURCH	0.50		X					0.	0.	0.
QUINCY STREET MISSIONAL CHURCH	0.50		X					0.	0.	0.
MADISON PARK CDC	0.50		X					0.	0.	0.
PROJECT HOPE	0.50		X					0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								67,643.	0.	0.
d Total (add lines 1b and 1c)								67,643.	0.	0.

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 0

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. NONE

(A) Name and business address	(B) Description of services	(C) Compensation

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 0

SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 (2010)

DUDLEY STREET NEIGHBORHOOD INITIATIVE,
INC.

Form 990 (2010)

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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				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	779,553.			
	g Noncash contributions included in lines 1a-1f: \$					
	h Total. Add lines 1a-1f		779,553.			
Program Service Revenue	2 a PROGRAM FEES	Business Code 541610	15,075.	15,075.		
	b MANAGEMENT FEE	561000	2,400.	2,400.		
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f		17,475.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		481.		481.	
	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 \$ _____ of contributions reported on line 1c). See Part IV, line 18	a	15,918.			
		b Less: direct expenses	b	5,581.		
c Net income or (loss) from fundraising events			10,337.		10,337.	
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 INCOME	900099	9,988.	9,988.			
b						
c						
d All other revenue						
e Total. Add lines 11a-11d		9,988.				
12 Total revenue. See instructions.		817,834.	27,463.	0.	10,818.	

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Form 990 (2010)

DUDLEY STREET NEIGHBORHOOD INITIATIVE,
INC.

Form 990 (2010)

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Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	61,680.	55,761.	2,840.	3,079.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	371,943.	346,275.	14,127.	11,541.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	52,074.	47,432.	2,051.	2,591.
10 Payroll taxes	41,142.	38,310.	1,521.	1,311.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	23,441.	2,903.	20,538.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	27,700.			27,700.
f Investment management fees				
g Other	368,288.	364,595.	3,693.	
12 Advertising and promotion	865.		865.	
13 Office expenses	31,648.	28,589.	2,441.	618.
14 Information technology				
15 Royalties				
16 Occupancy	62,005.	56,447.	2,475.	3,083.
17 Travel	13,556.	12,683.	873.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	1,951.	1,777.	77.	97.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	22,775.	20,745.	897.	1,133.
23 Insurance	656.	506.	138.	12.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a PROGRAM COSTS	26,335.	26,335.		
b EDUCATION MATERIALS	2,800.	2,800.		
c DONATIONS	1,595.	445.	1,150.	
d OTHER COSTS	1,496.	237.	1,259.	
e BANK CHARGES	604.		604.	
f All other expenses	720.		720.	
25 Total functional expenses. Add lines 1 through 24f	1,113,274.	1,005,840.	56,269.	51,165.
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

DUDLEY STREET NEIGHBORHOOD INITIATIVE,
INC.

Form 990 (2010)

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Part X Balance Sheet

		(A) Beginning of year		(B) End of year	
Assets	1	Cash - non-interest-bearing	134,094.	1	284,971.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	549,045.	3	225,562.
	4	Accounts receivable, net	21,113.	4	4,322.
	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	298,496.	7	320,399.
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	22,599.	9	10,839.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 133,948.		
	b	Less: accumulated depreciation	10b 84,051.		
	11	Investments - publicly traded securities	323.	11	323.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11	27,131.	13	27,202.
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
16	Total assets. Add lines 1 through 15 (must equal line 34)	1,104,592.	16	923,515.	
Liabilities	17	Accounts payable and accrued expenses	90,380.	17	206,966.
	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	27,508.	21	26,729.
	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	82,115.	23	76,795.
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities. Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	200,003.	26	310,490.
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	288,313.	27	285,608.
	28	Temporarily restricted net assets	616,276.	28	327,417.
	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	Total net assets or fund balances	904,589.	33	613,025.	
34	Total liabilities and net assets/fund balances	1,104,592.	34	923,515.	

Form 990 (2010)

DUDLEY STREET NEIGHBORHOOD INITIATIVE,
INC.

Form 990 (2010)

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Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	817,834.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,113,274.
3	Revenue less expenses. Subtract line 2 from line 1	3	<295,440.>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	904,589.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	3,876.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	613,025.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
2b	Were the organization's financial statements audited by an independent accountant?	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
3a	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input checked="" type="checkbox"/> Both consolidated and separate basis		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

Form 990 (2010)

DUDLEY STREET NEIGHBORHOOD INITIATIVE,

Schedule A (Form 990 or 990-EZ) 2010 INC.

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	486,484.	537,649.	754,183.	1147139.	779,553.	3705008.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	486,484.	537,649.	754,183.	1147139.	779,553.	3705008.
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)						876,415.
6 Public support. Subtract line 5 from line 4.						2828593.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	486,484.	537,649.	754,183.	1147139.	779,553.	3705008.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	3,864.	2,721.		326.	481.	7,392.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	6,525.	20,960.	12,316.	29,141.	20,365.	89,307.
11 Total support. Add lines 7 through 10						3801707.
12 Gross receipts from related activities, etc. (see instructions)					12	33,170.

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	14	74.40 %
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	97.66 %

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

b 33 1/3% support test - 2009. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

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

b 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

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

Schedule A (Form 990 or 990-EZ) 2010

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

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

Section A. Public Support

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

Section B. Total Support

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

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

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

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

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

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990. See separate instructions.

OMB No. 1545-0047

2010

Open to Public Inspection

Name of the organization DUDLEY STREET NEIGHBORHOOD INITIATIVE, INC.

Employer identification number 04-2859066

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-6 regarding donor advised funds.

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).
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution...
a Total number of conservation easements
b Total acreage restricted by conservation easements
c Number of conservation easements on a certified historic structure included in (a)
d Number of conservation easements included in (c) acquired after 8/17/06...
3 Number of conservation easements modified, transferred, released, extinguished, or terminated...
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...
6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year
7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?
9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet...

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

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

- 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.
b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
(i) Revenues included in Form 990, Part VIII, line 1
(ii) Assets included in Form 990, Part X
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:
a Revenues included in Form 990, Part VIII, line 1
b Assets included in Form 990, Part X

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

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

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

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

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

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

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

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

	Amount
c Beginning balance	27,508.
d Additions during the year	
e Distributions during the year	779.
f Ending balance	26,729.

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and 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:

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

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		133,948.	84,051.	49,897.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				49,897.

DUDLEY STREET NEIGHBORHOOD INITIATIVE, INC.

Schedule D (Form 990) 2010

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

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

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

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

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

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

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

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

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

032053 12-20-10

Schedule D (Form 990) 2010

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements			
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	817,834.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	1,113,274.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	<295,440.
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	3,876.
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	3,876.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	<291,564.>

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return			
1	Total revenue, gains, and other support per audited financial statements	1	823,415.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	5,581.
e	Add lines 2a through 2d	2e	5,581.
3	Subtract line 2e from line 1	3	817,834.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	817,834.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return			
1	Total expenses and losses per audited financial statements	1	1,118,855.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	5,581.
e	Add lines 2a through 2d	2e	5,581.
3	Subtract line 2e from line 1	3	1,113,274.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	1,113,274.

Part XIV Supplemental Information

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

PART IV, LINE 1B: WE HOLD FUNDS FOR THE RALPH WALDO EMERSON ELEMENTARY

SCHOOL FOR A NEW LIBRARY PROJECT.

PART IV, LINE 2B: WE HOLD FUNDS FOR THE RALPH WALDO EMERSON ELEMENTARY

SCHOOL FOR A NEW LIBRARY PROJECT.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENTS

5,581.

DUDLEY STREET NEIGHBORHOOD INITIATIVE,
INC.

Schedule D (Form 990) 2010

04-2859066 Page 5

Part XIV Supplemental Information (continued)

PART XIII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENTS 5,581.

DUDLEY STREET NEIGHBORHOOD INITIATIVE,

Schedule G (Form 990 or 990-EZ) 2010 INC.

04-2859066 Page 2

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

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		MULTICULTURAL FESTIVAL (event type)	(event type)	NONE (total number)	
1	Gross receipts	15,918.			15,918.
2	Less: Charitable contributions				
3	Gross income (line 1 minus line 2)	15,918.			15,918.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	5,581.			5,581.
10	Direct expense summary. Add lines 4 through 9 in column (d)				(5,581)
11	Net income summary. Combine line 3, column (d), and line 10				10,337.

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.

Revenue		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
1	Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7	Direct expense summary. Add lines 2 through 5 in column (d)				()
8	Net gaming income summary. Combine line 1, column d, and line 7				

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: _____

DUDLEY STREET NEIGHBORHOOD INITIATIVE, INC.

Schedule G (Form 990 or 990-EZ) 2010

04-2859066 Page 3

- 11 Does the organization operate gaming activities with nonmembers?
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?
13 Indicate the percentage of gaming activity operated in:
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name

Address

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?

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

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

Name

Address

16 Gaming manager information:

Name

Gaming manager compensation

Description of services provided

- Director/officer Employee Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

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

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

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

(I) NAME OF FUNDRAISER: STRATEGY MATTERS

(I) ADDRESS OF FUNDRAISER: 15 BRAEBURN RD, HYDE PARK, MA 02136

(II) ACTIVITY: GRANT WRITING, REPORTING, BRIEFING AND PRESENTATIONS; RESOUR

SCHEDULE G, PART I, LINE 2B, COLUMN (V): FEE BASED PAYMENTS, NOT A PERCENTAGE OF RECEIPTS.

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2010
Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

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.

Name of the organization

DUDLEY STREET NEIGHBORHOOD INITIATIVE,
INC.

Employer identification number
04-2859066

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

QUALITY NEIGHBORHOOD IN COLLABORATION WITH COMMUNITY PARTNERS

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

WE ARE NOW PREPARING A BEST PRACTICES MANUAL TO GUIDE FUTURE PROJECTS.

LEGISLATION HAS RECENTLY BEEN FILED IN THE STATE LEGISLATURE TO CAP THE
FEES THAT CAN BE CHARGED BY CHECK CASHIERS.

A GREENER HEALTHIER DUDLEY:

FAMILIES GROWING FOOD: DSNI WORKED CLOSELY WITH THE FOOD PROJECT TO
DEVELOP A SHARED VISION FOR GROWING IN THE NEIGHBORHOOD AND THE
OPERATION OF THE

DUDLEY COMMUNITY GREENHOUSE. THE GREENHOUSE IS NOW A VIBRANT URBAN GROW
CENTER OPERATED BY THE FOOD PROJECT. THEY MADE IT POSSIBLE FOR 27
LOCAL FAMILIES TO GROW FOOD IN THE GREENHOUSE, ALONG WITH THE HUNDREDS
WHO ARE GROWING THROUGH THE FOOD PROJECT'S BUILD-A-GARDEN PROGRAM.

DSNI PARTICIPATED IN A COLLABORATION OF NON-PROFIT AGENCIES IN ROXBURY,
DORCHESTER AND HYDE PARK TO PLAN FOR GREEN OPEN SPACES IN THE FAIRMOUNT
COMMUTER RAIL CORRIDOR.

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

WITH A US DEPARTMENT OF EDUCATION PROMISE NEIGHBORHOODS PLANNING GRANT,
WE CONVENED AN EXTENSIVE COMMUNITY AND COLLABORATIVE LISTENING,

Name of the organization **DUDLEY STREET NEIGHBORHOOD INITIATIVE,
INC.**

Employer identification number
04-2859066

LEARNING, AND PLANNING PROCESS. GROUNDED IN A COMMUNITY DIALOGUE /
COMMUNITY ENGAGEMENT PROCESS THAT INVOLVED ALMOST 600 PEOPLE, DSNI
CONVENED PUBLIC AGENCIES, NON-PROFIT AND COMMUNITY-BASED ORGANIZATIONS,
COMMUNITY DEVELOPERS, ADVOCACY GROUPS, SCHOOLS AND EDUCATORS TO PLAN A
DUDLEY PROMISE NEIGHBORHOOD. OUR VISION IS OF A DUDLEY VILLAGE CAMPUS
IN WHICH ALL CHILDREN HAVE ACCESS TO EFFECTIVE SCHOOLS AND STRONG
SYSTEMS OF FAMILY AND COMMUNITY SUPPORT THAT WILL PREPARE THEM TO
ATTAIN AN EXCELLENT EDUCATION AND SUCCESSFULLY TRANSITION TO COLLEGE
AND CAREER, A NEIGHBORHOOD THAT SUPPORTS THEM TO ACHIEVE, CONNECT, AND
THRIVE. OUR PLAN FOR AN IMPLEMENTATION GRANT WAS SUBMITTED IN
SEPTEMBER.

DUDLEY CHILDREN THRIVE (DCT) IS CONNECTING FAMILIES AND CARETAKERS OF
YOUNG CHILDREN WITH INFORMATION AND RESOURCES. ALONG WITH PARTNERS, WE
INCREASED EARLY CHILDHOOD PROGRAMMING IN THE NEIGHBORHOOD. WE
MOBILIZED CHILDREN & FAMILIES TO THE BOSTON CHILDREN'S MUSEUM AND
STORYMOBILE. WE ORGANIZED FAMILY EVENTS. WE DISTRIBUTED A REGULAR
NEWSLETTER, CALENDAR OF EVENTS, BOOKS AND THE FOOD PROJECT'S FARMER'S
MARKET COUPONS. DCT PARENTS AND STAFF PARTICIPATED IN BPOA'S PARENT
LEADERSHIP PROGRAM.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:
STRATEGIC PLAN, TO EXTEND LEARNING OPPORTUNITIES FOR STUDENTS AND TO BE
A REPRESENTATIVE ON THE SCHOOL BOARD AND SCHOOL COUNCIL.

FORM 990, PART VI, SECTION A, LINE 2: KELIA BARROS, BOARD OF DIRECTORS,
CLERK - COUSIN TO JOHN BARROS, EXECUTIVE DIRECTOR

JOLIVIA BARROS, BOARD OF DIRECTORS - COUSIN TO JOHN BARROS, EXECUTIVE

Name of the organization DUDLEY STREET NEIGHBORHOOD INITIATIVE, INC.

Employer identification number
04-2859066

DIRECTOR

FORM 990, PART VI, SECTION B, LINE 11: DSNI'S POLICY IS TO PRESENT THE FORM 990 TO THE FULL BOARD OF DIRECTORS INCLUDING SIGNIFICANT SCHEDULES. EACH MEMBER OF THE BOARD OF DIRECTORS WILL RECEIVE A COPY OF THE FORM 990 PRIOR TO THE SUBMISSION OF THE FORM TO THE INTERNAL REVENUE SERVICE. WE WILL NOT FILE THE FORM 990 UNTIL ALL MEMBERS OF THE BOARD HAVE REVIEWED THE COMPLETED FORM 990.

FORM 990, PART VI, SECTION B, LINE 12C: BOARD MEMBERS ARE TO DISCLOSE IN WRITING TO THE ENTIRE BOARD IF THEY, OR ANY MEMBER OF THEIR IMMEDIATE FAMILIES, OR ANY ORGANIZATION WITH WHICH THEY ARE AFFILIATED, PRESENTLY TRANSACT BUSINESS WITH DUDLEY STREET NEIGHBORHOOD INITIATIVE INC OR ANY OF ITS AFFILIATES OR MIGHT REASONABLY BE EXPECTED TO DO SO IN THE FUTURE. AN AFFILIATION WITH AN ORGANIZATION WILL BE CONSIDERED TO EXIST WHEN A BOARD MEMBER OR A MEMBER OF HIS OR HER IMMEDIATE FAMILY IS AN OFFICER, DIRECTOR, TRUSTEE, PARTNER, EMPLOYEE OR AGENT OF THE ORGANIZATION OR CONTROLLING INTEREST IN THE ORGANIZATION; OR HAS ANY OTHER SUBSTANTIAL INTEREST OR DEALINGS WITH THE ORGANIZATION.Ø

BOARD MEMBERS WITH SUCH RELATIONSHIPS WILL NOT BE ELIGIBLE TO VOTE ON MATTERS DIRECTLY PERTAINING TO THE BUSINESS TO BE TRANSACTED WITH THE IDENTIFIED PERSON OR ORGANIZATION OR ON ISSUES THAT MAY RESULT IN ANY BENEFIT INURING TO THE BENEFIT OF THE IDENTIFIED PERSON OR ORGANIZATION. MINUTES OF APPROPRIATE MEETINGS ARE TO REFLECT THAT SUCH DISCLOSURE WAS MADE, THAT SUCH BOARD MEMBER ABSTAINED FROM VOTING, AND THAT SUCH BOARD MEMBER WAS NOT COUNTED FOR THE PURPOSE OF DETERMINING A QUORUM. THE FOREGOING REQUIREMENTS, HOWEVER, ARE NOT BE CONSTRUED TO PREVENT A PARTICULAR BOARD MEMBER FROM BRIEFLY STATING HIS/HER POSITION ON THE

Name of the organization DUDLEY STREET NEIGHBORHOOD INITIATIVE, INC.

Employer identification number 04-2859066

MATTER, NOR FROM ANSWERING PERTINENT QUESTIONS OF OTHER DIRECTORS BY REASON OF THE FACT THAT PERSONAL KNOWLEDGE ON THE MATTER MAY BE OF ASSISTANCE TO THE OTHER BOARD MEMBERS IN REACHING THEIR DECISION. BOARD MEMBERS MAINTAINING NO SUCH RELATIONSHIPS WILL ATTEST TO THAT FACT IN WRITING AND AGREE TO NOTIFY THE BOARD SHOULD THEIR STATUS CHANGE.

FORM 990, PART VI, SECTION B, LINE 15A: WHEN HIRING THE EXECUTIVE DIRECTOR AND OTHER KEY EMPLOYEES, AND THEREAFTER ON AN ANNUAL BASIS, THE BOARD WILL PERFORM A THOROUGH REVIEW TO DETERMINE SUITABLE COMPENSATION. THIS PROCESS IS TO INCLUDE A REVIEW OF COMPARABILITY DATA OR AN INDEPENDENT COMPENSATION CONSULTANT HIRED BY THE BOARD. COMPARABILITY DATA CAN INCLUDE COMPENSATION SURVEYS, WRITTEN EMPLOYMENT CONTRACTS AND 990S OF SIMILAR ORGANIZATIONS. THE BOARD WILL RETAIN DOCUMENTATION OF THE DELIBERATION AND FINAL DECISION.

FORM 990, PART VI, SECTION C, LINE 18: THE 990 IS AVAILABLE UPON REQUEST.

FORM 990, PART VI, SECTION C, LINE 19: DOCUMENTS ARE MADE AVAILABLE UPON REQUEST

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

PRIOR PERIOD ADJUSTMENTS: 3,876.

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization **DUDLEY STREET NEIGHBORHOOD INITIATIVE, INC.** Employer identification number **04-2859066**

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

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

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
DUDLEY NEIGHBORS, INC - 04-2859066 504 DUDLEY STREET ROXBURY, MA 02119	COMMUNITY LAND TRUST	MASSACHUSETTS	501 (C) (3)	170 (B) (1) (A) (VI)	DUDLEY STREET NEIGHBORHOOD INITIATIVE, INC.	X	

DUDLEY STREET NEIGHBORHOOD INITIATIVE,
INC.

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to 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 of this schedule.

	Yes	No
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?		
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to other organization(s)		X
c Gift, grant, or capital contribution from other organization(s)		X
d Loans or loan guarantees to or for other organization(s)		X
e Loans or loan guarantees by other organization(s)	X	
f Sale of assets to other organization(s)		X
g Purchase of assets from other organization(s)		X
h Exchange of assets		X
i Lease of facilities, equipment, or other assets to other organization(s)		X
j Lease of facilities, equipment, or other assets from other organization(s)		X
k Performance of services or membership or fundraising solicitations for other organization(s)	X	
l Performance of services or membership or fundraising solicitations by other organization(s)		X
m Sharing of facilities, equipment, mailing lists, or other assets		X
n Sharing of paid employees	X	
o Reimbursement paid to other organization for expenses		X
p Reimbursement paid by other organization for expenses		X
q Other transfer of cash or property to other organization(s)		X
r Other transfer of cash or property from other organization(s)		X

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.

(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) DUDLEY NEIGHBORS, INC	E	320,399.	CASH PAYMENTS
(2) DUDLEY NEIGHBORS, INC	N	7,209.	CASH PAYMENTS
(3) DUDLEY NEIGHBORS, INC	K	2,400.	CASH PAYMENTS
(4)			
(5)			
(6)			

If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).
Name of exempt organization: DUDLEY STREET NEIGHBORHOOD INITIATIVE, INC.
Employer identification number: 04-2859066
Number, street, and room or suite no.: 504 DUDLEY ST.
City, town or post office, state, and ZIP code: ROXBURY, MA 02119

Enter the Return code for the return that this application is for (file a separate application for each return) 01

Table with 4 columns: Application Is For, Return Code, Application Is For, Return Code. Rows include Form 990, Form 990-BL, Form 990-EZ, Form 990-PF, Form 990-T (sec. 401(a) or 408(a) trust), and Form 990-T (trust other than above).

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

JOHN BARROS - EXECUTIVE DIRECTOR

The books are in the care of 504 DUDLEY ST - ROXBURY MA, MA 02119-2719
Telephone No. 617-442-9670 FAX No.

If the organization does not have an office or place of business in the United States, check this box

If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) and attach a list with the names and EINs of all members the extension is for.

I request an additional 3-month extension of time until MAY 15, 2012

For calendar year or other tax year beginning JUL 1, 2010 and ending JUN 30, 2011

If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return Change in accounting period

State in detail why you need the extension
INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN IS NOT YET AVAILABLE.

Table with 3 columns: Description, 8a, 8b, 8c. Rows include 8a (tentative tax), 8b (refundable credits), and 8c (Balance due).

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature EXECUTIVE DIRECTOR Date 4/2/12