

# 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)

OMB No 1545-0047  
**2012**  
Open to Public Inspection

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 2012 calendar year, or tax year beginning **JUL 1, 2012** and ending **JUN 30, 2013**

<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</b> Name of organization <b>DUDLEY STREET NEIGHBORHOOD INITIATIVE, INC.</b>		<b>D</b> Employer identification number <b>04-2859066</b>
	Doing Business As		<b>E</b> Telephone number <b>617-442-9670</b>
	Number and street (or P.O. box if mail is not delivered to street address) <b>504 DUDLEY ST.</b>	Room/suite	
	City, town, or post office, state, and ZIP code <b>ROXBURY, MA 02119</b>		<b>G</b> Gross receipts \$ <b>2,061,206.</b>
<b>F</b> Name and address of principal officer: <b>CHRISTOPHER JONES</b> <b>SAME AS C ABOVE</b>		<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c)</b> Group exemption number	
<b>I</b> 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			
<b>J</b> Website: <b>WWW.DSNI.ORG</b>			
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		<b>L</b> Year of formation: <b>1985</b> <b>M</b> State of legal domicile: <b>MA</b>	

### Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <b>EMPOWER DUDLEY RESIDENTS TO ORGANIZE, PLAN FOR, CREATE AND CONTROL A VIBRANT, DIVERSE AND HIGH</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	29
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	27
	5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5	45
	6	Total number of volunteers (estimate if necessary)	6	50
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	1,111,889.	1,987,865.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	28,833.	60,746.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	288.	236.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<67.>	12,359.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,140,943.	2,061,206.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	14,134.	334,500.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	847,801.	1,071,413.
	b	Total fundraising expenses (Part IX, column (D), line 25) <b>55,374.</b>	100,797.	30,740.
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	325,826.	602,071.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	-1,288,558.	-2,038,724.
19	Revenue less expenses. Subtract line 18 from line 12	<147,615.>	22,482.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	636,843.	744,275.
	22	Net assets or fund balances. Subtract line 21 from line 20	171,433.	256,383.
		465,410.	487,892.	

### 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			
	<b>CHRISTOPHER JONES, EXECUTIVE DIRECTOR</b>	<b>1/31/14</b>			
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed	PTIN
	<b>RANDALL S. DAVIS</b>	<b>RANDALL S. DAVIS</b>	<b>01/29/14</b>	<input type="checkbox"/>	<b>P01427372</b>
	Firm's name	Firm's EIN	Phone no.		
	<b>RANDALL S. DAVIS &amp; COMPANY LLP</b>	<b>46-3169148</b>	<b>617-848-4547</b>		
	Firm's address				
	<b>75 ARLINGTON ST, SUITE 500</b> <b>BOSTON, MA 02116</b>				

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 No X

If "Yes," describe these new services on Schedule O

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations 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 \$ 333,355. including grants of \$ ) (Revenue \$ 692.) SUSTAINABLE AND ECONOMIC DEVELOPMENT (ECONOMIC POWER)

ACTIVELY ENGAGING NEIGHBORHOOD ASSOCIATIONS AND ABUTTERS TO ADDRESS QUALITY OF LIFE ISSUES IN THE COMMUNITY, INCLUDING PROMOTING RESPONSIBLE LIQUOR STORE PRACTICES.

DSNI PARTICIPATED IN FAIRMOUNT INDIGO PLANNING INITIATIVE, TO ENGAGE RESIDENTS OF ROXBURY, DORCHESTER AND HYDE PARK TO PLAN FOR OPEN SPACES IN THE FAIRMOUNT COMMUTER RAIL CORRIDOR.

LAUNCHED COMMUNITY PLANNING PROCESS IN PARTNERSHIP WITH CITY OF BOSTON TO COMPLETE DISPOSITION OF ALL REMAINING CITY OWNED LAND IN THE DUDLEY

4b (Code ) (Expenses \$ 695,689. including grants of \$ 334,500.) (Revenue \$ 31,712.) RESIDENT LEADERSHIP

DURING THIS PERIOD, WE LAUNCHED THE DUDLEY LEARNING CENTER (DLC) WITH A SEPTEMBER 2012 CONFERENCE, GROWING COMMUNITY: DEVELOPMENT WITHOUT DISPLACEMENT. THE CONFERENCE ATTRACTED ABOUT 125 PEOPLE FROM THE DUDLEY NEIGHBORHOOD AND THE BOSTON METROPOLITAN AREA, AS WELL AS COMMUNITY CHANGE AND COMMUNITY LAND TRUST PRACTITIONERS FROM OTHER PARTS OF THE US AND FROM THE UNITED KINGDOM, FRANCE, AND AUSTRALIA. THE CONFERENCE INCLUDED WORKSHOPS, TOURS, A SCREENING OF GAINING GROUND, AND KEYNOTE ADDRESSES BY PROMINENT EXPERTS FROM THE COMMUNITY BUILDING FIELD. THE DLC IS AN OUTGROWTH OF DSNI'S WORK, INCLUDING THE WORK OF THE RESIDENT DEVELOPMENT INSTITUTE. DSNI PROVIDED TRAINING AND CONSULTING SUPPORTS AS WELL AS HOSTED HUNDREDS OF VISITORS. WE OFFERED

4c (Code ) (Expenses \$ 686,807. including grants of \$ ) (Revenue \$ 28,344.) YOUTH OPPORTUNITIES & DEVELOPMENT

DUDLEY CHILDREN THRIVE ENROLLED OVER 450 FAMILIES-90% OF WHO HAVE ENGAGED WITH AT LEAST ONE EVENT OR ACTIVITY AROUND NUTRITION, WORD BUILDING OR WELLNESS.

DUDLEY STREET NEIGHBORHOOD CHARTER SCHOOL OPENED ITS DOORS IN SEPTEMBER WITH 132 KIDS IN K1, K2, AND 1ST GRADES. OVER 7 PARTNERS ARE ENGAGED IN EXTENDED LEARNING OPPORTUNITIES, INCLUDING READING BUDDIES, WHICH ENGAGED 25 VOLUNTEERS READING WITH STUDENTS EACH WEEK. DEMAND GREW WITH OVER 500 STUDENTS ENTERING THE LOTTERY FOR 44 K1 SEATS IN SEPTEMBER 2013.

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

4e Total program service expenses 1,715,851.

**DUDLEY STREET NEIGHBORHOOD INITIATIVE,  
INC.**

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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)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	X	
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

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INC.

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**Part IV Checklist of Required Schedules** (continued)

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

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

Form 990 (2012)

**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
<b>1a</b>	5		
<b>1b</b>	0		
<b>c</b>			
<b>2a</b> 45			
<b>b</b>		X	
<b>3a</b>			X
<b>3b</b>			
<b>4a</b>			X
<b>b</b>			
<b>5a</b>			X
<b>5b</b>			X
<b>5c</b>			
<b>6a</b>			X
<b>6b</b>			
<b>7a</b>			X
<b>7b</b>			
<b>7c</b>			X
<b>7d</b>			
<b>7e</b>			X
<b>7f</b>			X
<b>7g</b>			
<b>7h</b>			
<b>8</b>			
<b>9a</b>			
<b>9b</b>			
<b>10a</b>			
<b>10b</b>			
<b>11a</b>			
<b>11b</b>			
<b>12a</b>			
<b>12b</b>			
<b>13a</b>			
<b>13b</b>			
<b>13c</b>			
<b>14a</b>			X
<b>14b</b>			

**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
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
<b>1b</b>	Enter the number of voting members included in line 1a, above, who are independent.		
<b>2</b>	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	
<b>3</b>	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
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?		X
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
<b>7b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>8a</b>	The governing body?	X	
<b>8b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	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
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		X
<b>10b</b>	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>11b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13.	X	
<b>12b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>12c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.	X	
<b>13</b>	Did the organization have a written whistleblower policy?	X	
<b>14</b>	Did the organization have a written document retention and destruction policy?	X	
<b>15</b>	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?		
<b>15a</b>	The organization's CEO, Executive Director, or top management official.	X	
<b>15b</b>	Other officers or key employees of the organization. If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		X
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
<b>16b</b>	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take 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 (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website  Another's website  Upon request  Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization **▶**  
**CHRISTOPHER JONES - EXECUTIVE DIRECTOR - 617-442-9670**  
**504 DUDLEY ST, ROXBURY MA, MA 02119-2719**

**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 (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
(1) ALEXANDRA KNOWLES DIRECTOR	0.50	X					0.	0.	0.	
(2) CHRISTOPHER JONES VICE CHAIR/EXECUTIVE DIRECTOR	0.50	X		X			24,112.	0.	491.	
(3) DIANE DUJON DIRECTOR	0.50	X					0.	0.	0.	
(4) EVELYN CORREA DIRECTOR	0.50	X					0.	0.	0.	
(5) FRED WOODARD DIRECTOR	0.50	X					0.	0.	0.	
(6) GLENN KNOWLES BOARD CHAIR	0.50	X		X			0.	0.	0.	
(7) JANICE FIDALGO DIRECTOR	0.50	X					0.	0.	0.	
(8) JONATHAN CORREIA DIRECTOR	0.50	X					0.	0.	0.	
(9) JOSEPH DELER DIRECTOR	0.50	X					0.	0.	0.	
(10) JOSEPHINE TAVARES DIRECTOR	0.50	X					0.	0.	0.	
(11) KEILA BARROS CLERK	0.50	X		X			0.	0.	0.	
(12) LUIS M. CRUZ DIRECTOR	0.50	X					0.	0.	0.	
(13) MARGARET DANIELS-TYLER DIRECTOR	0.50	X					0.	0.	0.	
(14) PAUL BOTHWELL DIRECTOR	0.50	X					0.	0.	0.	
(15) RON VERNA TREASURER	0.50	X		X			0.	0.	0.	
(16) ROSA GALVAO DIRECTOR	0.50	X					0.	0.	0.	
(17) JOHN BARROS FORMER EXECUTIVE DIRECTOR	40.00	X		X			80,184.	0.	3,612.	

DUDLEY STREET NEIGHBORHOOD INITIATIVE, INC.

Form 990 (2012)

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
(18) THE FOOD PROJECT DIRECTOR	0.50		X					0.	0.	0.
(19) CHILDREN'S SERVICES OF ROXBURY DIRECTOR	0.50		X					0.	0.	0.
(20) DORCHESTER BAY EDC DIRECTOR	0.50		X					0.	0.	0.
(21) IDEAL SUB SHOP DIRECTOR	0.50		X					0.	0.	0.
(22) MADISON PARK DEVELOPMENT CORP DIRECTOR	0.50		X					0.	0.	0.
(23) PROJECT HOPE DIRECTOR	0.50		X					0.	0.	0.
(24) QUINCY STREET MISSIONAL CHURCH DIRECTOR	0.50		X					0.	0.	0.
(25) SAINT PATRICK'S CHURCH DIRECTOR	0.50		X					0.	0.	0.
(26) SUFFOLK CONSTRUCTION CO DIRECTOR	0.50		X					0.	0.	0.
<b>1b Sub-total</b>								104,296.	0.	4,103.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								104,296.	0.	4,103.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of 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		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

SEE PART VII, SECTION A CONTINUATION SHEETS



DUDLEY STREET NEIGHBORHOOD INITIATIVE, INC.

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**Part VIII Statement of Revenue**

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	1 a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e	739,229.			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	1,248,636.			
	g Noncash contributions included in lines 1a-1f \$					
	<b>h Total.</b> Add lines 1a-1f		<b>1,987,865.</b>			
<b>Program Service Revenue</b>	2 a <b>FEES</b>	Business Code 541610	43,902.	43,902.		
	b <b>CONTRACT INCOME</b>	561499	16,844.	16,844.		
	c					
	d					
	e					
	f All other program service revenue					
	<b>g Total.</b> Add lines 2a-2f		<b>60,746.</b>			
<b>Other Revenue</b>	3 Investment income (including dividends, interest, and other similar amounts)		236.		236.	
	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				
	b Less: direct expenses	b				
c Net income or (loss) from fundraising events						
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 <b>OTHER INCOME</b>	900099	12,359.	12,359.			
b						
c						
d All other revenue						
<b>e Total.</b> Add lines 11a-11d		<b>12,359.</b>				
<b>12 Total revenue.</b> See instructions.		<b>2,061,206.</b>	<b>73,105.</b>	<b>0.</b>	<b>236.</b>	

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DUDLEY STREET NEIGHBORHOOD INITIATIVE,  
INC.

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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)

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

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 United States. See Part IV, line 21	334,500.	334,500.		
2 Grants and other assistance to individuals in the United States See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	110,654.	64,662.	39,857.	6,135.
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	755,968.	701,450.	48,783.	5,735.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	123,919.	110,113.	12,567.	1,239.
10 Payroll taxes	80,872.	72,096.	7,797.	979.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	41,546.		41,546.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	30,740.			30,740.
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	289,826.	225,904.	63,673.	249.
12 Advertising and promotion	3,399.	1,275.		2,124.
13 Office expenses	85,901.	68,934.	12,705.	4,262.
14 Information technology	9,296.	7,512.	1,415.	369.
15 Royalties				
16 Occupancy	55,335.	48,520.	6,026.	789.
17 Travel	13,039.	12,050.		989.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	45,129.	33,271.	10,584.	1,274.
20 Interest	1,011.	356.	641.	14.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	28,465.	25,002.	3,085.	378.
23 Insurance	4,544.	2,381.	2,135.	28.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <b>BAD DEBT EXPENSE</b>	11,151.		11,151.	
b <b>DONATIONS-SPECIAL EVENT</b>	7,038.	6,684.	354.	
c <b>OTHER</b>	6,391.	1,141.	5,180.	70.
d _____				
e All other expenses _____				
<b>25 Total functional expenses.</b> Add lines 1 through 24e	<b>2,038,724.</b>	<b>1,715,851.</b>	<b>267,499.</b>	<b>55,374.</b>
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here  if following SOP 98-2 (ASC 958-720)

**DUDLEY STREET NEIGHBORHOOD INITIATIVE,  
INC.**

Form 990 (2012)

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year		
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing	83,638.	1	83,664.		
	<b>2</b> Savings and temporary cash investments	25,000.	2	24,994.		
	<b>3</b> Pledges and grants receivable, net	34,950.	3	13,404.		
	<b>4</b> Accounts receivable, net	500.	4	1,306.		
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			5		
	<b>6</b> Loans and other 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 instr) Complete Part II of Sch L			6		
	<b>7</b> Notes and loans receivable, net	420,221.	7	517,798.		
	<b>8</b> Inventories for sale or use			8		
	<b>9</b> Prepaid expenses and deferred charges	8,386.	9	14,894.		
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	205,791.				
	<b>b</b> Less: accumulated depreciation	134,037.				
	<b>11</b> Investments - publicly traded securities	45,692.	10c	71,754.		
	<b>12</b> Investments - other securities. See Part IV, line 11	323.	11	323.		
	<b>13</b> Investments - program-related. See Part IV, line 11	4,994.	12	2,928.		
	<b>14</b> Intangible assets	13,139.	13	13,210.		
	<b>15</b> Other assets. See Part IV, line 11			15		
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34)	636,843.	16	744,275.			
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses	79,734.	17	123,469.		
	<b>18</b> Grants payable			18		
	<b>19</b> Deferred revenue			19	3,150.	
	<b>20</b> Tax-exempt bond liabilities			20		
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D	19,449.	21	19,089.		
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			22		
	<b>23</b> Secured mortgages and notes payable to unrelated third parties	72,250.	23	110,675.		
	<b>24</b> Unsecured notes and loans payable to unrelated third parties			24		
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D			25		
	<b>26 Total liabilities.</b> Add lines 17 through 25	171,433.	26	256,383.		
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>					
	<b>27</b> Unrestricted net assets	394,910.	27	407,826.		
	<b>28</b> Temporarily restricted net assets	70,500.	28	80,066.		
	<b>29</b> Permanently restricted net assets			29		
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>					
	<b>30</b> Capital stock or trust principal, or current funds			30		
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund			31		
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds			32		
<b>33</b> Total net assets or fund balances	465,410.	33	487,892.			
<b>34</b> Total liabilities and net assets/fund balances	636,843.	34	744,275.			

Form 990 (2012)

**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)	2,061,206.
2	Total expenses (must equal Part IX, column (A), line 25)	2,038,724.
3	Revenue less expenses. Subtract line 2 from line 1	22,482.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	465,410.
5	Net unrealized gains (losses) on investments	
6	Donated services and use of facilities	
7	Investment expenses	
8	Prior period adjustments	
9	Other changes in net assets or fund balances (explain in Schedule O)	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	487,892.

**Part XII Financial Statements and Reporting**

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

- 1 Accounting method used to prepare the Form 990  Cash  Accrual  Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?  
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant?  
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

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

Form 990 (2012)

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

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

OMB No 1545-0047

**2012**

Open to Public Inspection

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

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

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

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule A (Form 990 or 990-EZ) 2012

DUDLEY STREET NEIGHBORHOOD INITIATIVE,

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Schedule A (Form 990 or 990-EZ) 2012 INC.

**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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	754,183.	1147139.	779,553.	1111889.	1846567.	5639331.
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					141,298.	141,298.
4 Total. Add lines 1 through 3	754,183.	1147139.	779,553.	1111889.	1987865.	5780629.
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)						1937381.
6 Public support. Subtract line 5 from line 4						3843248.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4	754,183.	1147139.	779,553.	1111889.	1987865.	5780629.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources		326.	481.	288.	236.	1,331.
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.)	12,316.	29,141.	20,365.	22,111.	29,889.	113,822.
11 Total support. Add lines 7 through 10						5895782.
12 Gross receipts from related activities, etc (see instructions)					12	122,799.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

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

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	14	65.19 %
15 Public support percentage from 2011 Schedule A, Part II, line 14	15	63.21 %
16a 33 1/3% support test - 2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
b 33 1/3% support test - 2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

Schedule A (Form 990 or 990-EZ) 2012

**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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> 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>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>13 Total support.</b> (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**

<b>15</b> Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2011 Schedule A, Part III, line 15	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2011 Schedule A, Part III, line 17	<b>18</b>	%

**19a 33 1/3% support tests - 2012.** 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 - 2011.** 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, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.  
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

**2012**

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.

	(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	
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, and not on a historic structure listed in the National Register	

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  Yes  No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?  Yes  No

9 In Part XIII, 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 XIII, 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 XIII.

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 XIII and complete the following table:

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

	Amount
1c	19,449.
1d	
1e	360.
1f	19,089.

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

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

**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 current year end balance (line 1g, column (a)) held as

- a Board designated or quasi-endowment  %
- b Permanent endowment  %
- c Temporarily restricted endowment  %

The percentages in lines 2a, 2b, and 2c should equal 100%.

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

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

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

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

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

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

Description of property	(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		41,562.	591.	40,971.
d Equipment		164,229.	133,446.	30,783.
e Other				
<b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				71,754.

DUDLEY STREET NEIGHBORHOOD INITIATIVE,  
INC.

Schedule D (Form 990) 2012

**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) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25) ▶	

2. FIN 48 (ASC 740) Footnote. In Part XIII, 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). Check here if the text of the footnote has been provided in Part XIII

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

1	Total revenue, gains, and other support per audited financial statements		1	2,077,748.
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	16,542.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e		16,542.
3	Subtract line 2e from line 1	3		2,061,206.
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 XIII.)	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		2,061,206.

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

1	Total expenses and losses per audited financial statements		1	2,055,266.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	16,542.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e		16,542.
3	Subtract line 2e from line 1	3		2,038,724.
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 XIII.)	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		2,038,724.

**Part XIII 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, lines 2d and 4b, and Part XII, 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 X, LINE 2: NO UNCERTAIN TAX POSITIONS



DUDLEY STREET NEIGHBORHOOD INITIATIVE,

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		(event type)	(event type)	(total number)	(add col (a) through col. (c))
Revenue	1	Gross receipts			
	2	Less: Contributions			
	3	Gross income (line 1 minus line 2)			
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses			
	10	Direct expense summary. Add lines 4 through 9 in column (d)			( )
	11	Net income summary. Combine line 3, column (d), and line 10			( )

**Part III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a

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

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,

Schedule G (Form 990 or 990-EZ) 2012 INC.

04-2859066 Page 3

- 11 Does the organization operate gaming activities with nonmembers?  Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13 Indicate the percentage of gaming activity operated in:
 

a The organization's facility	%
b An outside facility	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_.

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

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

- 16 Gaming manager information:

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

Director/officer       Employee       Independent contractor

- 17 Mandatory distributions:

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

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

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

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

(I) NAME OF FUNDRAISER: STRATEGY MATTERS

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

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

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

OMB No 1545-0047

**2012**

Open to Public  
Inspection

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.

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

Employer identification number  
**04-2859066**

**Part I General Information on Grants and Assistance**

**1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No

**Part II Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DUDLEY STREET NEIGHBORHOOD CHARTER SCHOOL - 6 SHIRLEY STREET - ROXBURY, MA 02119	45-5357149	115	256,000.	0.			TO GO TOWARDS EXPANDING STUDENT LEARNING TIME AND TO SUPPORT THE SCHOOL'S EFFORTS TOWARDS TO PROVIDE EVICTION PREVENTION SERVICES, HOUSING SEARCH SERVICES AND CASE MANAGEMENT
LITTLE SISTERS OF THE ASSUMPTION FAMILY HEALTH SERVICES - 550 DUDLEY STREET - ROXBURY, MA 02119	04-2748880	501C3	78,500.	0.			

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 1.

**3** Enter total number of other organizations listed in the line 1 table 1.

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

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

**DUDLEY STREET NEIGHBORHOOD INITIATIVE, INC.**

04-2859066

**Part III Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

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

**SCHEDULE I, PART I, LINE 2:**

**FROM TIME TO TIME, DUDLEY STREET NEIGHBORHOOD INITIATIVE, INC. (DSNI) MAY FIND IT PRACTICAL TO MAKE SUBAWARDS OF FEDERAL FUNDS TO OTHER ORGANIZATIONS. ALL SUBAWARDS IN EXCESS OF THE SMALL PURCHASE THRESHOLD SHALL BE SUBJECT TO THE SAME PROCUREMENT POLICIES DESCRIBED IN THE PRECEDING SECTION. IN ADDITION, ALL SUBRECIPIENTS MUST BE APPROVED IN WRITING BY THE FEDERAL AWARDING AGENCY AND AGREE TO THE SUBRECIPIENT MONITORING PROVISIONS.**

**Part IV** Supplemental Information

WITH RESPECT TO SUBRECIPIENTS WITH WHOM DSNI HAS NOT RECENTLY HAD A SUBAWARD RELATIONSHIP, THE ACCOUNTING DEPARTMENT SHALL DETERMINE AN APPROPRIATE LEVEL OF PRE-AWARD INQUIRY THAT SHALL BE PERFORMED. THE PURPOSE OF SUCH INQUIRY, WHICH MAY INVOLVE A SITE VISIT TO A POTENTIAL SUBRECIPIENT, IS TO GAIN ASSURANCE THAT A POTENTIAL SUBRECIPIENT HAS ADEQUATE POLICIES AND PROCEDURES IN PLACE TO PROVIDE REASONABLE ASSURANCE THAT IT IS CAPABLE OF COMPLYING WITH ALL APPLICABLE LAWS, REGULATIONS AND AWARD PROVISIONS.

PART II, LINE 1, COLUMN (H):

(H) PURPOSE OF GRANT OR ASSISTANCE: TO GO TOWARDS EXPANDING STUDENT LEARNING TIME AND TO SUPPORT THE SCHOOL'S EFFORTS TOWARDS PROFICIENCY IN READING, WRITING AND PROBLEM SOLVING BY THE THIRD GRADE AND HAVING EVERY SCHOOL GRADUATE BE ON A PATHWAY TOWARDS ATTENDING COLLEGE AND SERVE AS A RESPONSIBLE CITIZEN AND CONTRIBUTING COMMUNITY MEMBER.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE EVICTION PREVENTION SERVICES, HOUSING SEARCH SERVICES AND CASE MANAGEMENT SERVICES TO FAMILIES WITHIN THE DUDLEY VILLAGE CAMPUS IN ORDER TO IMPACT HOUSING STABILITY AND ULTIMATELY, STUDENT SCHOOL ATTENDANCE AND STUDENT MOBILITY RATE.

**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

**2012**

Open to Public  
Inspection

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:

TRIANGLE.

PARTNERSHIP WITH THE FOOD PROJECT AND ACE TO CREATE DUDLEY REAL FOOD  
HUB TO EXPAND NEIGHBORHOOD ACCESS TO FRESH HEALTHY FOOD THROUGH FARMERS  
MARKETS, BACKYARD GARDENS, AND THE COMMUNITY GREENHOUSE, AND TO ENGAGE  
YOUTH AND FAMILIES IN ACTIVITIES THAT PROMOTE HEALTHY EATING AND  
FITNESS.

SERVING AS NEIGHBORHOOD PARTNER IN QUINCY AND WHITTIER STREET CHOICE  
NEIGHBORHOODS INITIATIVE TO CONNECT FAMILIES TO ECONOMIC OPPORTUNITIES  
AND SECURE AGREEMENTS FROM LOCAL DEVELOPERS TO MAXIMIZE CONSTRUCTION  
HOURS FOR LOCAL RESIDENTS, MINORITIES AND WOMEN ON NEIGHBORHOOD  
DEVELOPMENT PROJECTS.

PARTNERSHIP WITH PROJECT HOPE AND NEIGHBORHOOD SCHOOLS TO IMPLEMENT NO  
CHILD GOES HOMELESS INITIATIVE TO SUPPORT HOMELESS STUDENTS AND  
FAMILIES.

PARTNERSHIP ON UPHAMS CORNER ARTPLACE INITIATIVE WITH UPHAM'S CORNER  
MAIN STREET AND DESIGN STUDIO FOR SOCIAL INTERVENTION TO EXPAND ARTS  
AND CULTURAL PROGRAMMING AND PROMOTE CREATIVE ECONOMIC OPPORTUNITIES IN  
THE NEIGHBORHOOD.

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

Employer identification number  
**04-2859066**

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

TRAININGS IN FIVE COMMUNITY LEADERSHIP COMPETENCIES.

WE CONTINUED TO REFINE OUR BOSTON PROMISE INITIATIVE PLAN AND  
RESUBMITTED TO THE US DEPARTMENT OF EDUCATION AT THE END OF JULY 2012.  
WE WERE SUCCESSFUL IN BEING DESIGNATED FOR AN IMPLEMENTATION GRANT TO  
HELP US ACHIEVE OUTCOMES IN THESE AREAS: CHILDREN ENTERING SCHOOL READY  
TO SUCCEED, SUCCESSFUL STUDENTS/SUCCESSFUL SCHOOLS, POST-SECONDARY  
COMPLETION AND CAREER SUCCESS, STRONG & HEALTHY FAMILIES, VIBRANT &  
THRIVING COMMUNITY. IMPLEMENTATION BEGAN IN JANUARY 2013. DSNI'S  
PROMISE WORK IS PART OF A NATIONAL EFFORT TO DEPLOY PLACE-BASED  
STRATEGIES TO SUPPORT CHILDREN'S ACADEMIC AND LIFE SUCCESS, THROUGH THE  
CREATION OF A CONTINUUM OF SOLUTIONS FROM AGE 0 TO 24. WE ARE PART OF  
A NATIONAL LEARNING COMMUNITY AROUND THIS WORK. WE ARE GROWING OUR  
CAPACITY TO USE DATA AND RESEARCH TO UNDERSTAND CURRENT REALITY, TO  
IDENTIFY AND ALIGN AROUND PROMISING STRATEGIES, TO TRACK PROGRESS, AND  
TO IMPROVE PRACTICE.

IN JUNE 2013, THE DUDLEY COMMUNITY ELECTED THE NEW 2013-2015 DSNI BOARD  
OF DIRECTORS. RESIDENTS, AGENCIES, BUSINESSES, AND FAITH-BASED  
ORGANIZATIONS RAN IN A COMPETITIVE DEMOCRATIC PROCESS.  
DSNI WORKS IN A NON-PARTISAN MANNER TO INCREASE VOTER PARTICIPATION AND  
EDUCATION. AS MEMBERS OF THE ROXVOTE COLLABORATIVE AND MASSVOTE®  
CIVIC ENGAGEMENT INITIATIVE, WE ORGANIZED CANDIDATE FORUMS AND PRODUCED  
CANDIDATE INFORMATION IN THREE LANGUAGES. WE MOBILIZED VOTERS THROUGH  
DOOR-TO-DOOR CANVASSING AND PHONE BANKING. NEIGHBORHOOD PRECINCTS HAD  
RECORD VOTER TURNOUT IN THE NOVEMBER 2012 NATIONAL AND STATE ELECTIONS.

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

Employer identification number  
**04-2859066**

THERE WERE ALSO TWO SPECIAL ELECTIONS IN THE SPRING 2013 - TO ELECT THE  
FIRST SUFFOLK STATE SENATOR AND A US SENATOR FROM MASSACHUSETTS.

DSNI PARTICIPATES IN THE BOSTON PLACE-BASED COMMUNITY OF PRACTICE,  
CONVENED BY THE UMASS BOSTON CENTER FOR DEMOCRATIC LITERACY AND  
COMMUNITY DEMOCRACY. WE SHARE LEARNINGS AND ALIGN OUR EFFORTS SO THAT  
WE CAN HAVE GREATER IMPACT TOGETHER.

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

TWENTY-TWO TRAINED COMMUNITY VOLUNTEERS PROVIDED 60 HOURS OF TUTORING  
THROUGH SATURDAY SCHOOL WITH 70 ENGLISH LANGUAGE STUDENTS FROM DEARBORN  
MIDDLE SCHOOL AND 18 BURKE HIGH SCHOOL STUDENTS, HALF OF WHO NEEDED TO  
RETAKE THE MCAS EXAM IN ORDER TO GRADUATE.

THREE LOCAL TURNAROUND SCHOOLS (DEARBORN, ORCHARD GARDENS AND BURKE)  
PARTNERED TO DEVELOP AND ALIGN PARTNER ORGANIZATIONS WITH EACH SCHOOL'S  
STRATEGIC PLAN, TO EXTEND LEARNING OPPORTUNITIES FOR STUDENTS AND TO BE  
A REPRESENTATIVE ON THE SCHOOL BOARD AND SCHOOL COUNCIL. ALL 4  
PRINCIPALS MEET MONTHLY DURING THE SCHOOL YEAR AS A COMMUNITY OF  
PRACTICE.

WORKING WITH BPE TO DEVELOP THE DUDLEY PROMISE CORP WHICH HIRED 27  
AMERICORP VOLUNTEERS TO WORK IN 2 OF THE 4 PARTNERS SCHOOLS.

FORTY-SEVEN YOUTH AND YOUNG ADULTS HIRED DURING THE SUMMER OF 2012,  
HOSTED 22 EVENTS THAT BROUGHT TOGETHER OVER 500 RESIDENTS AROUND ISSUES  
RELATED TO EARLY LITERACY, COMMUNITY PLANNING, FOOD SUSTAINABILITY AND  
CULTURAL EXPLORATION.

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

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TWELVE YOUTH COMMUNITY ORGANIZERS EMPLOYED DURING THE SCHOOL YEAR, EDITED DOWN OVER 6 HOURS OF FOOTAGE OF EVENTS AND INTERVIEWS WITH PARENTS, TEACHERS AND PROFESSIONALS INTO A 16-MINUTE FILM HIGHLIGHTING THE IMPORTANCE OF EARLY LITERACY.

FOURTEEN 8TH-12TH GRADERS WERE MATCHED WITH COMMUNITY MENTORS IN THE STRONGER LEADERS BRIGHTER FUTURE MENTORING PILOT.

FIFTEEN TO TWENTY TEENS MET WEEKLY AS A PART OF 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 COLLEGE TRIPS AND SUPPORTS FOR STUDENTS GRADUATING FROM HIGH SCHOOL, INCLUDING A REVERSE COLLEGE FAIR WITH COLLEGE STUDENTS.

THE YOUNG ALUMNI NETWORK WAS LAUNCHED TO ENGAGE 18-30 YEAR OLDS THAT WERE ONCE CONNECTED TO DSNI.

CARE PACKAGES WERE SENT OUT TO COLLEGE STUDENTS TO ENCOURAGE THEM BEFORE TAKING THEIR FINAL EXAMS.

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 DIRECTOR

GLENN KNOWLES, BOARD CHAIR IS THE FATHER TO ALEXANDRA KNOWLES, BOARD OF DIRECTORS

Name of the organization DUDLEY STREET NEIGHBORHOOD INITIATIVE, INC.

Employer identification number 04-2859066

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.

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

Name of the organization <b>DUDLEY STREET NEIGHBORHOOD INITIATIVE, INC.</b>	Employer identification number <b>04-2859066</b>
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PARTICULAR BOARD MEMBER FROM BRIEFLY STATING HIS/HER POSITION ON THE 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 IX, LINE 11G, OTHER FEES:

CONSULTING:

PROGRAM SERVICE EXPENSES	225,904.
MANAGEMENT AND GENERAL EXPENSES	63,673.
FUNDRAISING EXPENSES	249.
TOTAL EXPENSES	289,826.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	289,826.

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

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**FORM 990, PART XII, 2C**

**NO CHANGES IN THE PROCESS FROM THE PRIOR YEAR.**

Multiple horizontal lines for additional text entry.





**DUDLEY STREET NEIGHBORHOOD INITIATIVE, INC.**

**Part V Transactions With Related Organizations** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35b, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		Yes	No
<b>1</b>	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?		
<b>a</b>	Receipt of (i) interest (iii) royalties or (iv) rent from a controlled entity		X
<b>b</b>	Gift, grant, or capital contribution to related organization(s)		X
<b>c</b>	Gift, grant, or capital contribution from related organization(s)		X
<b>d</b>	Loans or loan guarantees to or for related organization(s)		X
<b>e</b>	Loans or loan guarantees by related organization(s)	X	
<b>f</b>	Dividends from related organization(s)		X
<b>g</b>	Sale of assets to related organization(s)		X
<b>h</b>	Purchase of assets from related organization(s)		X
<b>i</b>	Exchange of assets with related organization(s)		X
<b>j</b>	Lease of facilities, equipment, or other assets to related organization(s)		X
<b>k</b>	Lease of facilities, equipment, or other assets from related organization(s)		X
<b>l</b>	Performance of services or membership or fundraising solicitations for related organization(s)		X
<b>m</b>	Performance of services or membership or fundraising solicitations by related organization(s)		X
<b>n</b>	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
<b>o</b>	Sharing of paid employees with related organization(s)	X	
<b>p</b>	Reimbursement paid to related organization(s) for expenses		X
<b>q</b>	Reimbursement paid by related organization(s) for expenses		X
<b>r</b>	Other transfer of cash or property to related organization(s)		X
<b>s</b>	Other transfer of cash or property from related 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-s)	(c) Amount involved	(d) Method of determining amount involved
(1) DUDLEY NEIGHBORS, INC	E	517,798.	CASH PAYMENTS
(2) DUDLEY NEIGHBORS, INC	O	7,893.	CASH PAYMENTS
(3)			
(4)			
(5)			
(6)			





## Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

▶ **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

*Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.*

**Electronic filing (e-file).** You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*.

**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only

*All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns*

<b>Type or print</b>	Name of exempt organization or other filer, see instructions. <b>DUDLEY STREET NEIGHBORHOOD INITIATIVE, INC.</b>	Employer identification number (EIN) or <b>04-2859066</b>
File by the due date for filing your return. See instructions	Number, street, and room or suite no. If a P.O. box, see instructions. <b>504 DUDLEY ST.</b>	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions <b>ROXBURY, MA 02119</b>	

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

0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**CHRISTOPHER JONES - 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) \_\_\_\_\_ If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

**1** I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **FEBRUARY 15, 2014**, to file the exempt organization return for the organization named above. The extension is for the organization's return for.

- ▶  calendar year \_\_\_\_\_ or
- ▶  tax year beginning **JUL 1, 2012**, and ending **JUN 30, 2013**.

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

<b>3a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0.
<b>b</b> If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	0.
<b>c</b> <b>Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0.

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8868** (Rev. 1-2013)